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ONLINE CONTINUING EDUCATION FOR THE LIFE OF YOUR CAREER

Unique Coding, Billing, Reimbursement, and Supervision Issues for SLP Voice Specialists

Dee Adams Nikjeh, PhD, CCC-SLP, ASHA Fellow

Moderated by:
Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com

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Unique Coding, Billing, Reimbursement, and Supervision Issues for SLP Voice Specialists

Dee Adams Nikjeh, PhD, CCC-SLP, ASHA Fellow

Learner Outcomes

At the end of this presentation, you will be able to:

1) Describe the differences between procedural and diagnostic coding systems with examples specific to laryngeal function and voice disorders.
2) Identify CCI edits and modifiers used to bill for voice procedures provided to the same patient on the same date of service.
3) Describe 3 levels of supervision determined by the Centers for Medicare and Medicaid Services (CMS) that may impact provision of laryngeal videostroboscopy.
4) List at least three factors that affect reimbursement for Medicare Part B SLP services.

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AGENDA

- Healthcare Common Procedure Coding System (HCPCS) Levels I and II
  - Current Procedural Terminology (aka CPT codes)
  - Services, Supplies, Durable Medical Equipment (DME)
- National Correct Coding Initiative
- Factors Affecting Medicare Part B Payment
- International Classifications of Diseases, 10th Rev, Clinical Modification
- Laryngeal Videostroboscopy
  - Supervision Issues
  - Billing Options for SLPs
- Know Your Payer Options
  - Private Insurance Carriers
  - Direct Payment by Client
  - Medicare A, B, & C,
  - Medicaid
- Clinical Practice Scenarios for SLP Voice Specialists

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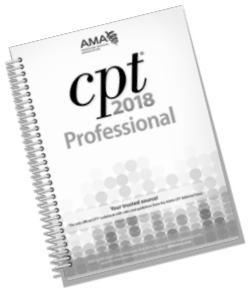

HCPCS Level I Current Procedural Terminology (aka CPT codes)

HCPCS Level II Codes used to report supplies, equipment, and devices (e.g., TEP supplies, Electrolarynx)

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HCPCS Level I
Current Procedural Terminology (aka CPT Codes)

- Every medical, surgical, and diagnostic procedure assigned a 5-digit code
- Represent what we ***DO*** (procedures and services) with the client/patient
- CPT codes are used to provide
  - common language among providers, third-party payers, and benefits administrators
  - standardized descriptions of procedures
  - data for government to evaluate utilization patterns and appropriateness of health care costs
  - data for health-related research
- Approximately 10,000+ codes
- Developed, maintained, and copyrighted by the American Medical Association (AMA)
- Updated annually

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HCPCS Level II
Supplies, Equipment, Devices, and Procedures not found in the CPT system, e.g., durable medical equipment (DME)

- Administered by the Centers for Medicare and Medicaid Services (CMS)
- Codes begin with single letter (A - V) followed by 4 numeric digits
  - L8500 Artificial larynx, any type
  - L8509 Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
  - Other – speech generating devices, voice amplifiers
- Grouped by the type of service or supply they represent
- Updated annually by CMS with input from private insurance companies
- Medicare claims for E and L codes and V5336 fall under the jurisdiction of Durable Medical Equipment Medicare Administrative Contractors (DME MACs)
- For more info: www.asha.org/practice/reimbursement/coding/hcpcs_slp/

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HCPCS Level I
Voice and Resonance CPT Codes for SLPs

- CPT 31579 Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
- CPT 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- CPT 92511 Nasopharyngoscopy with endoscope (separate procedure)
- CPT 92520 Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
- CPT 92524 Behavioral and qualitative analysis of voice and resonance
- CPT 92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech

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CPT Relative Value Unit (RVU)
How is payment for procedure determined?

- Payment for procedures is determined by the **resource costs** needed to provide them
- Every CPT procedure or service has a resource-based relative value
- Each code has a "relative value" based on three components:
  - Professional work
  - Practice expense
  - Professional liability insurance
- All CPT procedures are ranked on the same scale
- → Standardized physician payment schedule
  aka Medicare Physician Fee Schedule

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Relative Value Unit - Three Components

- **Professional Work**
  - Time it takes to perform the service
  - Technical skill and physical effort
  - Required mental effort and judgment
  - Stress due to the potential risk to the patient
- **Practice Expense**
  - Time of support personnel
  - Supplies
  - Equipment
  - Overhead
- **Professional Liability/Malpractice Insurance Costs**

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Relative Value → Dollar Value

- Relative Value Units (RVUs) are determined thru a rigorous process developed by the AMA
- AMA recommendations sent to Centers for Medicare and Medicaid (CMS)
  - Accepted, rejected, or adjusted
  - Ranked
- RVU **x** *monetary conversion factor* (CF) determines Medicare payment per procedure
- **CF for 2018 is $35.9996** (2017 = $35.8887)
- Establishes the **Medicare Physician Fee Schedule**
- Payment adjusted for geographic location

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Relative Value
2018 Reimbursement for CPT 92524

- CPT 92524 – Behavioral and qualitative analysis of voice and resonance (non-instrumental)
- Total Relative Value = **2.49**
  - Professional Work =1.50
  - Practice Expense = 0.92
  - Malpractice Practice = 0.07
- Medicare Part B Payment (outpatient)
  - 2.49 x $35.9996 = **$89.64**

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Medicare Physician Fee Schedule Comparison of 2018 to 2017 Voice Procedures

CPT Code	Descriptor	2018 Non-Facility National Rate	2017 Non-Facility National Rate
92524	Behavioral and qualitative analysis of voice and resonance	$89.64	$$90.08
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	$79.92	$80.03
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	$78.48	$$77.16
31579	Laryngoscopy, flexible or rigid telescopic; with stroboscopy	$183.24	$$178.01

www.asha.org/practice/reimbursement/medicare/feeschedule

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Other factors to consider when calculating reimbursement for Medicare Part B services

- Facility & Non-Facility Rates
- Multiple Procedure Payment Reductions (MPPR)
- Medicare Provider status
  - Non-Participating versus Participating Health Care Professional Provider
  - Incident to physician
- Therapy Cap and Exceptions Process

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Facility and Non-Facility Rates

- MPFS provides both facility and non-facility rates
- SLP services are allowed at **non-facility** rates in **all** settings (including facilities) because of a section in the Medicare statute permitting therapy services to receive non-facility rates regardless of setting
- Non-facility rates are higher allowing for over-head expenses

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Multiple Procedure Payment Reduction (MPPR) Per-day Medicare policy that applies across disciplines and settings

- MPPR applies to therapy procedure codes billed to Medicare Part B on same date of service regardless of discipline (SLP, PT, OT)
- Code with greatest Practice Expense (PE) gets full payment and others have 50% PE reduced
- There are 8 SLP CPT codes that fall under MPPR
  - **31579 and 92520 are NOT included**
- Example: Based on 2018 MPFS, CPT 92524 (Eval) and 92507 (Tx) billed on the same day for the same beneficiary
  - CPT 92524 PE = 0.92, $33.12
  - CPT 92507 PE = 0.87, $31.32
  - Therefore, 92524 gets paid in full ($89.64) but 92507 has PE reduced by 50% ($15.66); provider receives $64.26 rather than $79.92

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Participating VS Nonparticipating Health Care Professional Medicare Provider

Participating

- Provider submits the 1500 claim form to Medicare for reimbursement
- Uses the Medicare Physician Fee Schedule for rates
- Provider collects only 20% from the patient
- Medicare forwards the claim to secondary/Medicaid for additional processing
- Medicare sends payment to provider

Nonparticipating

- Patient submits the claim for reimbursement
- Accept assignment on a case-by-case basis
- Uses a formula for different rates (115% of 95% of MPFS)
- Provider collects full amount from patient at the time service is provided
- Is NOT an option if the patient has Medicaid
- Medicare issues payment to the beneficiary

www.asha.org/Practice/reimbursement/medicare/Calculating-Medicare-Fee-Schedule-Rates/#Non-Participating

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Options for Billing Medicare Part B Medicare Health Care Professional or Incident to Billing

- Enroll as a Medicare Health Care Professional (participating or nonparticipating provider)
  - For enrollment info: www.asha.org/practice/reimbursement/medicare/SLPprivatepractice
- Bill Medicare as "incident to" a physician under the physician's national provider number in a physician-directed setting (e.g., hospital inpatient, physician outpatient setting).
  - In this case, "incident to" implies that a procedure is performed in a physician's office under direct physician supervision.

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Therapy Cap, NO Exceptions Process

- 2018 Therapy Cap for physical therapy/speech-language pathology is a **HARD CAP** of **$2,010**
- Currently, **NO** exception process (KX or manual medical review)
- Jan 24, 2018 - CMS instructed providers to apply the KX modifier to all claims exceeding $2,010. CMS will hold claims with KX modifier for processing (approx 2 weeks) hoping for Congressional solution
- ASHA recommends
  - Use KX modifier if approaching therapy cap
  - Use Advanced Beneficiary Notice (ABN) signed in advance by patient in case you need to collect fee (80% of Medicare rate) for skilled services from patient
- Contact supplemental insurers (remaining 20%) to see how payment will be handled for continued medically necessary skilled SLP services
- Check with your facility for guidance

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National Correct Coding Initiative Edits (CCI Edits)

How do I know which procedures codes may be billed together on the same day to the same patient?

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National Correct Coding Initiative (CCI edits)

- Two types of similar edit systems depending on setting
  - **National Correct Coding Initiative (CCI) – any outpatient services not rendered in a hospital including Medicaid**
  - Outpatient Code Editor (OCE) – outpatient hospital services
  - CCI is updated quarterly, and OCE follows one quarter later
- Automated edit systems used by CMS to control specific CPT code pairs that can be reported on the same day for the same patient
- Some procedures considered to be "mutually exclusive" and may **not** be billed together for the same patient on the same day
  - **92607** (Speech-generating device evaluation) & **92597** (Voice prosthetic evaluation)
  - **92520** (Laryngeal Function Study) & **92512** (FEES)
- Other procedures may be billed together but require a modifier

www.asha.org/practice/reimbursement/coding/CCI_edits_SLP.htm

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Modifiers SLPs Need to Know

- -**59 Only** modifier used with CCI edits for SLP-related codes
- For two distinct procedures not ordinarily performed on same day by same practitioner but which, under certain circumstances, may be appropriate to perform and therefore code on the same day
  - CPT **31579** (LVS) & **92520** (Laryngeal Function Study)
  - CPT **92607** (SGD eval) & **92524** (Voice & Resonance eval)
  - CPT **92508** (Group tx) & **92507** (Indiv tx)
  - CPT **92524** (Voice eval) & **96105** (Aphasia assessment)
- If SLP code-pairs are **not** listed, then they are **not** subject to CCI restrictions and **can be billed on the same day without a modifier**
- -**52 Indicates Reduced Service**
  - Use when a service is partially reduced or eliminated at the discretion of the clinician
  - Use of the modifier should not change the identification of the basic service described by the code
- Stay tuned for possible new modifiers for 2019 – Patient Relationship Modifiers

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CCI Edits for SLP Procedures Same Day Billing

Table 1: CCI Edits and OCE Edits [1] for Speech-Language Pathology Procedures

Column 1 *CPT Procedure (one)*	Column 2 *Paired With (one)*	Can be performed on same date? Yes/No		If so, use what modifier?[2]
		Office setting	Hospital outpatient setting [1]	
31575[3]	31579	N	N	N/A
31579[4] (videostrobe)	70371, 92520	Y	Y	-59
74230[5]	70731, 74210, 74220	N/A	N	N/A
92507, 92508 [6]	97532, 97533	N (when both are provided by SLP)	N (when both are provided by SLP)	N/A
92508 (SLP group)	92507	Y	Y	-59

www.asha.org/practice/reimbursement/coding/CCI_edits_SLP.htm

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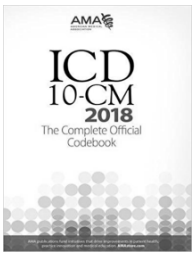
International Classification of Diseases and Disorders, 10th Revision, Clinical Modification (ICD-10-CM)



Diagnostic coding system

Describes the disease or the disorder

Describes the ***REASON*** for the evaluation or treatment

ICD 10 is translated into 43 languages and used in 100+ countries

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CONTINUED

ICD-10-CM

- ICD-10 includes approximately 160,000
  - ICD-10-CM diagnosis codes for all settings
  - > 68,000 codes in Clinical Modification
  - ICD-10-PCS procedure codes for hospital inpatients
- Chapters based on body systems (e.g., nervous, circulatory, respiratory, digestive)
- 3-7 alphanumeric characters
- Owned by the World Health Organization (WHO)
- Required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA)
- Does NOT affect CPT coding

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CONTINUED

Examples of ICD-10 typically used by SLPs when evaluating laryngeal function, vocal quality, and/or resonance

- R49 Voice and resonance disorders
  - Excludes1: psychogenic voice and resonance disorders (F44.4)
  - R49.0 Dysphonia Hoarseness
  - R49.1 Aphonia Loss of voice
  - R49.2 Hypernasality and hyponasality
    - R49.21 Hypernasality
    - R49.22 Hyponasality
  - R49.8 Other voice and resonance disorders
  - R49.9 Unspecified voice and resonance disorder; Change in voice NOS; Resonance disorder NOS
- Ch. 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

For list of common SLP ICD-10 codes:
www.asha.org/uploadedFiles/ICD-10-Codes-SLP.pdf

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ICD-10 examples commonly associated with laryngeal function or vocal quality

Ch. 10 Diseases of the respiratory system (J00-J99)

- J38.0 Paralysis of vocal cords and larynx Laryngoplegia
  Paralysis of glottis
- J38.00 Paralysis of vocal cords and larynx, unspecified
- J38.01 Paralysis of vocal cords and larynx, unilateral
- J38.02 Paralysis of vocal cords and larynx, bilateral
- J38.1 Polyp of vocal cord and larynx
  Excludes 1: adenomatous polyps (D14.1)
- J38.2 Nodules of vocal cords
  Chorditis (fibrinous) (nodosa) (tuberosa)
  Singer's nodes
  Teacher's nodes
- J38.3 Other diseases of vocal cords
  Abscess of vocal cords
  Cellulitis of vocal cords
  Granuloma of vocal cords
  Leukokeratosis of vocal cords
  Leukoplakia of vocal cords
- J38.4 Edema of larynx
  Edema (of) glottis
  Subglottic edema
  Supraglottic edema
  Excludes1: acute obstructive laryngitis [croup] (J05.0) edematous laryngitis (J04)
- J38.5 Laryngeal spasm
  Laryngismus (stridulus)
- J38.6 Stenosis of larynx

Ch. 11 Diseases of the digestive system (K00-K95)

- K21 Gastro-esophageal reflux disease
  - Excludes1: newborn esophageal reflux (P78.83)
  - K21.0 Gastro-esophageal reflux disease with esophagitis Reflux esophagitis
  - K21.9 Gastro-esophageal reflux disease without esophagitis Esophageal reflux NOS

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ICD-10 Coding Principle

Highest Degree

- Highest degree of medical certainty or specificity
- Carry out to the 4th or 5th character when possible
- For example – General
  - J38.0 Paralysis of vocal cords and larynx
- More specific
  - J38.01 Paralysis of vocal cords and larynx, unilateral

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ICD-10 Coding Principle

"Other" and NEC codes

- When possible, **avoid** codes titled **"other"** or **"other specified"** (usually a code with a 4th character "8" or 5th character "9" for diagnosis codes)
  - Use when the information in the **medical record provides detail** for why a specific code does not exist
  - Example: R49.8 Other voice and resonance disorders
- Code labeled **"not elsewhere classified"** (NEC) is used when a condition is recorded to a **level of specificity not identified by a specific code**
  - Example: R47 Speech disturbances, not elsewhere classified

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ICD-10 Coding Principle

Avoid NOS

- When possible **avoid "Not otherwise specified"** (NOS) and **"unspecified"** codes (US)
- Usually a code with a 4th character "9" or 5th character "0" for diagnosis codes
  - Use only when the information in the **medical record is insufficient** to assign a more specific code
  - Example: R49.9 Unspecified voice and resonance disorder; Change in voice NOS; Resonance disorder NOS

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CONTINUED

ICD-10 Coding Principle

Normal Results

- When results of diagnostic testing are **NORMAL**, code signs or symptoms to report the **reason** for test/procedure and explain normal result in report

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CONTINUED

Official Instructions How to Code When Results Are Normal

- For **outpatient** services, ICD-10-CM guidelines state, **"Do not code diagnoses documented as 'probable,' 'suspected,' 'questionable,' 'rule out,' or 'working diagnosis' or other similar terms indicating uncertainty.** Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other **reason for the visit."**
- For **inpatient** services (including short-term, acute, and long-term care), ICD-10-CM advises, "If the diagnosis documented at the time of discharge is qualified as 'probable,' 'suspected,' 'likely,' 'questionable,' 'possible,' or 'still to be ruled out' or other similar terms indicating uncertainty, **code the condition as if it existed or was established."**
- www.cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf

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ICD-10 Coding Principle

ICD Supports CPT

- ICD code (reason) and CPT code (procedure) for the encounter should **correspond and support** each other
- Example:
  - ICD R49.0 Dysphonia
    J38.2 Nodules of vocal cords
  - CPT 92524 Behavioral and Qualitative Analysis of Voice and Resonance

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ICD-10 Coding Principle

Primary and Secondary

- Primary diagnosis – condition (disease, symptom, injury) chiefly responsible for visit or reason for encounter
- Secondary diagnoses – co-existing conditions or symptoms, or condition found after study
  - Primary R49.21 Hypernasality
  - Secondary Q37.4 Cleft Palate
- Exceptions stated in the ICD Manual – Instructions for "code first," "use additional code," or "in diseases classified elsewhere"
  - I69.391 Dysphagia following cerebral infarction "*use additional code to identify the type of dysphagia, if known*"
  - R13.1 Dysphagia "*Code first, if applicable, dysphagia following cerebral vascular disease"*
- Procedures may also be specific to your work setting or payer

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ICD-10 Coding Principle

Excludes 1

- **Excludes 1**
  - Indicates that codes should never be listed together because the two conditions ***cannot*** occur together
- Example:
- J38.4 Edema of larynx
  Edema (of) glottis
  Subglottic edema
  Supraglottic edema
- **Excludes 1**: acute laryngitis (J04.0)
  acute obstructive laryngitis [croup](J05.0)

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ICD-10 Coding Principle

Excludes 2

- **Excludes 2**
  - Indicates codes that ***may*** be listed together because the conditions may occur together, even if they are unrelated
- Example
- J37.0 Chronic laryngitis
  Catarrhal laryngitis
  Hypertrophic laryngitis
  Sicca laryngitis
- **Excludes 2**: acute laryngitis (J04.0)
  obstructive (acute) laryngitis (J05.0)

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New and Revised ICD-10 codes

REVISED

R63.3 Feeding difficulties

Feeding problem (elderly) (infant) NOS

Add **Picky eater**

Excludes 1: eating disorders (F50.-)
feeding problems of newborn (P92.-)
infant feeding disorder of nonorganic origin (F98.2-)

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New and Revised ICD-10 codes

NEW - Effective October 1, 2017
F50.82 Avoidant/restrictive food intake disorder

ASHA notes:

- F50.82 is listed in section F50 (eating disorders) of ICD-10
- Current practice – SLPs assign **R63.3 (feeding difficulties; picky eater)** to describe patients with restrictive food intake when dysphagia codes are not appropriate.
- At this time, it is unclear whether F50.82 may be assigned by SLP or only by physician
- Check with your payer and/or state licensing board.

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Supervision
Laryngeal Videostroboscopy Procedure
CPT 31579

Is a supervising physician required to be in the room when an SLP provides laryngeal imaging with stroboscopy?

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Centers for Medicare and Medicaid Services Levels of Supervision

GENERAL	• **requires physician's involvement** • **signature on the plan of care** • **certification of the plan of care**
DIRECT	• requires that physician is "immediately available" while procedure is performed • does not require physician to be in room, but must be on premises
PERSONAL	• requires that physician is present in the room during the performance of the procedure

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Laryngeal Videostroboscopy

What is the physician supervision requirement for SLPs?

- Effective October 1, 2011, there is no national Medicare requirement for physician supervision of speech-language pathologists for provision of laryngeal videostrobscopy (CPT 31579) or nasopharyngoscopy (CPT 92511). There is no distinction assigned whether the SLP is employed by a physician practice or if the SLP performs the procedure as an independent practitioner.

HOWEVER…

- Regional Medicare Administrative Contractors (MACs) may supersede national Medicare requirements and issue a Local Coverage Determination (LCD). Know your local coverage determination!
- Know your state licensure laws/regulations! Some states have endoscopy laws/regulations specific to speech-language pathology that take precedence over national and regional Medicare requirements.
- Niikjeh, D.A. (2011). Dollars $$ Sense: Centers for Medicare and Medicaid services (CMS) decision on videostroboscopy and nasopharyngoscopy supervision, *Perspectives on Voice and Voice Disorders*, 21 (3), 85-88.
- www.asha.org/Practice/reimbursement/medicare/Medicare-Supervision-Requirements-for-Videostroboscopy-and-Nasopharyngoscopy-Procedures/

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Medicare Administrative Contractor (MAC)

- A/B MACs
  - Regional contractors responsible for processing Medicare Part A and Part B claims for a defined geographic area or "jurisdiction" within the US
  - Insurance companies are contracted by CMS to process claims
- CMS Medicare Intermediary-Carrier Directory http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf
- http://www.asha.org/Practice/reimbursement/Medicare/Medicare-Administrative-Contractor-Resources/
- https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html

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- To find the appropriate Local Coverage Determination for your state, go to: https://www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx

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CONTINUED

Laryngeal Videostroboscopy

May I use topical anesthetics if a physician is not present?

- Depends on your state laws and/or regulations
- Some state licensure laws do not allow SLPs to use topical anesthetics
- Other state laws, regulations, or restrictions may also specify the level of physician supervision related to anesthetics
- ASHA Resources
  - ASHA State-By-State web page (licensure requirements, contact info, advocacy resources, trending state issues, etc.) www.asha.org/advocacy/state/
  - Call ASHA at 800-498-2071 and ask for a State Advocacy Team member for specific information regarding your state's requirements

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CONTINUED

Know Your Payer Options

Private Insurance Carriers

Private Pay

Government Sponsored Health Care

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- PRIVATE INSURANCE CARRIERS
  - May require physician supervision for endoscopy procedures
  - May require prior authorization
  - Inconsistent coverage of voice evaluation and/or management
  - Number of visits usually limited
- PRIVATE PAY
  - Clients/Patients pay you directly
- GOVERNMENT SPONSORED HEALTH CARE
  - Medicare - Prospective Payment System (DRG, RUG) or Fee For Service
    - Part A – acute care, inpt rehab facility, skilled nursing facility (1st 100 days), home health, hospice
    - Part B (original Medicare) – out-patient settings, SNF after 1st 100 days, long term care
    - Part C (Medicare Advantage) - managed care plans, private companies under Medicare contract, may provide Part A, B and/or D benefits
  - Medicaid – multiple choices depending on location and/or setting
- KNOW YOUR PAYER REQUIREMENTS

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Government Sponsored Healthcare Programs Medicaid versus Medicare

- Medicaid is an assistance program that covers low and no income families and individuals. It is a federal/state partnership implemented based on state priorities
- Medicare is an insurance program that primarily covers seniors ages 65 and older and disabled individuals who qualify for Social Security. Medicare is a Federal program
- Medicaid and Medicare use same ICD and CPT health care coding systems

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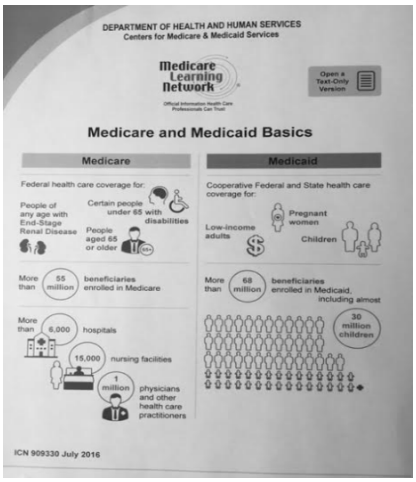
MEDICARE
AND MEDICAID
BASICS
RESOURCE

July 2016



https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProgramBasics.pdf

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Clinical Practice Scenarios Unique to the SLP Voice Specialist

Let's Practice

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Scenario 1: Voice CPT Question

- **What CPT procedures do I code for a voice evaluation and a laryngeal function study?**
- **Is there a CCI edit and -59 modifier needed for me to bill for these two procedures on the same date of service?**

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Scenario 1: Voice CPT Answer

- Code CPT 92524 for the behavioral and qualitative analysis of voice and resonance **AND** Code CPT 92520 for laryngeal function study (acoustic and aerodynamic assessment of voice)
- There is **no** CCI edit preventing these codes from being billed together.; therefore, no modifier is required
- CPT 92524 (Behavioral and qualitative assessment of voice and resonance) and 92520 (Laryngeal Function Study-Acoustic and Aerodynamic Assessment) may be billed together on the same day to the same patient without a modifier. One is a qualitative assessment and one is an instrumental assessment.

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Scenario 2: Voice CPT Question

- **A patient is referred for a voice evaluation secondary to hoarseness. There is no resonance disorder.**
- **Do I code CPT 92524 with -52 modifier to indicate a shortened evaluation?**

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Scenario 2: Voice CPT Answer

- No, -52 modifier is not required if only voice or only resonance is evaluated
- Recommend a statement of observation that one or the other is not impaired
- CPT 92524 Behavioral and qualitative analysis of voice and resonance was developed so that colleagues who evaluate impairments of resonance (e.g., cleft palate, TBI, CVA) have an appropriate choice for evaluation
- As always, complete documentation is required

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Scenario 3: Voice CPT Question

- **When I evaluate a child who has a cleft palate and speech and language problems, what procedures may I provide and code on the same date of service?**

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Scenario 3: Voice CPT Answer

- CPT 92524 Behavioral and qualitative analysis of voice and resonance
- CPT 92523 Speech-sound production (e.g., articulation, phonological process, apraxia, dysarthria); **with** evaluation of language comprehension and expression (e.g., receptive and expressive language)
- No modifier is required to bill these two procedures on the same day

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Scenario 4: Laryngeal Videostroboscopy Question

- **May I provide laryngeal videostroboscopy in a non-medical facility without a physician on site?**

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Scenario 4: Laryngeal Videostroboscopy Answer

- Centers for Medicare and Medicaid Services (CMS) recognizes SLPs as providers of CPT 31579 and does not require a specific level of physician supervision;
  HOWEVER; CHECK
  - Your regional Medicare Administrative Contractor (MAC) and read the Local Coverage Determination (LCD)
  - Your state regulations
- Also, check with your private health care providers (including Medicare Part C contractors) to see what their requirements are for endoscopy procedures.
- Supervision level may be specified by the payer source...or not.

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Scenario 5: Voice CPT Question

- **A gentleman with a diagnosis of Parkinson's disease presents with dysarthria and voice impairment.**
- **Which evaluation procedures are appropriate and may be billed on the same date of service?**

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Scenario 5: Voice CPT Answer

- If your patient's communication impairment warrants the evaluation of both dysarthria and voice, then BOTH CPT 92522 and 92524 are appropriate
- CPT 92522 Speech-sound production(e.g., articulation, phonological process, apraxia, dysarthria)
- CPT 92524 Qualitative and behavioral analysis of voice and resonance
- Document completely including your recommendations for plan of care based on your two evaluations
- Remember…for Medicare billing, MPPR will be applied

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Scenario 6: Voice CPT Question

- **When I complete an evaluation of voice and resonance, I also perform an oral peripheral examination.**
- **May I bill CPT 92524 (Behavioral and Qualitative Analysis of Voice and Resonance) and 92522 (Evaluation of Speech Sound Production)?**

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Scenario 6: Voice CPT Answer

- **No**
- An oral peripheral examination is an integral part of every speech, language, fluency, and voice evaluation and the time spent on the examination is already built into each evaluation code.

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Scenario 7: Voice CPT Question

- **A patient who has had a laryngectomy is scheduled for an evaluation to determine his candidacy for placement of a tracheo esophageal prosthesis (TEP).**
- **What is the appropriate evaluation procedure code?**

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Scenario 7: Voice CPT Answer

- This was discussed at the annual membership meeting of Special Interest Group 3 (Voice) at the ASHA 2013 convention. The consensus was that because the SLP is evaluating the patient's ability to produce speech sounds with a prosthesis, the more appropriate evaluation procedure is **CPT 92522 Evaluation of Speech-Sound Production.**
- An evaluation of voice (phonation) does not seem appropriate because the patient has no larynx.

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Scenario 8: TEP
CPT Question

- **What is the appropriate ICD code and CPT code for fitting or changing a tracheoesophageal prosthesis?**

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Scenario 8: TEP
CPT Answer

- **ICD R49.1 Aphonia**
- There may also be an ICD code related to the type of cancer responsible for the laryngectomy (e.g., C32.0 Malignant neoplasm of glottis)
- For **change and fitting of TE prosthesis**, code **CPT 92597** (Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech)
- Do **NOT** use CPT 92607 Evaluation for the use of speech-generating device, first hour. This is for an AAC device
- For **training and instruction in use of TE prosthesis**, cleaning and care of prosthesis, or use of any modifications like a speaking valve, code CPT 92507

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Scenario 9: Speaking Valve CPT Question

- **What is the CPT code for fitting a patient for a speaking valve?**
- **The patient comes back for follow-up and is instructed in the use of housing for hands-free speech.**
- **Which CPT code is correct for this instruction and training?**

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Scenario 9: Speaking Valve Answer

- **FITTING of Voice Prosthetic**
- **CPT 92597** (Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech) may be used for Passy Muir evaluation, especially if evaluating patient's tolerance for the valve, ability to put on and off, etc.
- Sometimes an SLP may use the Voice eval code (92524) if they are evaluating more the phonation related to wearing the valve.

- **INSTRUCTION AND TRAINING**
- **CPT 92507** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

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Scenario 10: Voice CPT 92520 Question

- **CPT 92520 Laryngeal Function Study (acoustic and aerodynamic instrumental assessment)**
- **What measures constitute this procedure?**
- **Can it be acoustic only? Or aerodynamic only?**

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Scenario 10: Voice CPT 92520 Answer

- January 2006 CPT Assistant states:
  - Code 92520 has been revised to clarify that this code is intended to describe aerodynamic testing and acoustic testing of voice production. Aerodynamic testing measures may include average airflow, peak airflow, vocal efficiency, and subglottal pressure. Acoustic testing measures include pitch, loudness, jitter, shimmer, signal-to-noise ratio, and spectral analysis. In an instance when only one of these two tests is performed, modifier 52, Reduced services, should be appended.
- There are 3 parenthetical notes instructing users on proper use of code 92520:
  - (For performance of a single test, use modifier 52)
  - (To report flexible fiberoptic laryngeal evaluation of swallowing and laryngeal sensory testing, see 92611-92617)
  - (To report other testing of laryngeal function (e.g., electroglottography), use 92700)

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Scenario 11: Voice CPT & ICD Question

- **Which CPT and ICD codes do I use for the evaluation of Paradoxical Vocal Fold Motion (PVFM) or Vocal Cord Dysfunction (VCD)?**

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Scenario 11: Voice CPT Answer

- The best choice at this time is to use **CPT 92524** Behavioral and Qualitative Analysis of Voice and Resonance. CMS advises to use the code closest to the actual procedure
- The acceptable **ICD-10 code is J38.5 LARYNGEAL SPASM.**

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Scenario 12: Endoscopy CPT Question

- **Which CPT code is appropriate for a laryngeal exam by SLP using flexible scope without stroboscopy (e.g., examining laryngeal function for paradoxical vocal fold movement)?**

A. **CPT 31575 - Laryngoscopy, flexible fiberoptic; diagnostic)**
B. **CPT 31579 –Diagnostic laryngoscopy with stroboscopy**
C. **CPT 92511 – Nasopharyngoscopy with endoscope**

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Scenario 12: Endoscopy CPT Answer

- Answer : **C**
- **CPT 92511** Nasopharyngoscopy with endoscope may be provided and billed to Medicare by independent SLPs without supervision, unless physician supervision is determined by state law or regional Medicare Administrative Contractors.
- CPT 31575 **may *not*** be billed to Medicare by SLPs. The procedure is for **medical diagnosis by a physician**.
- CPT 31579 should *not* be billed if stroboscopy was not part of the examination

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Scenario 13: Muscle Tension Dysphonia, Denial Question

- **Insurance carriers in my area are denying authorization or payment for treatment of muscle tension dysphonia or functional dysphonia.**
- **What are my options?**

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Scenario 13: Muscle Tension Dysphonia Insurance Appeal

- Contact the insurance carrier to confirm **specifically** why coverage for voice therapy is denied. Request a back-up response in writing.
- If patient's insurance carrier does not cover service, patient has option to pay out-of-pocket for treatment
- If speech therapy is covered benefit but authorization is denied, then patient may initiate appeal process with the carrier
- Include following documentation
  - Letter of medical necessity from the referring physician
  - Copy of all SLP documentation (e.g., evaluation report)
  - Letter from SLP highlighting:
    - patient's needs and limitations due to the voice impairment
    - effectiveness of voice treatment (include published references)
    - time-frame for treatment
    - projected patient outcome
- For more information on the appeal process: http://www.asha.org/practice/reimbursement/private-plans/appeals/
- Contact ASHA's Healthcare Economics and Advocacy Staff at reimbursement@asha.org for assistance

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CONTINUED

THANK YOU!

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2018 Coding, Billing, and Reimbursement
Specific Issues for SLP Voice Specialists

Web Seminar
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