



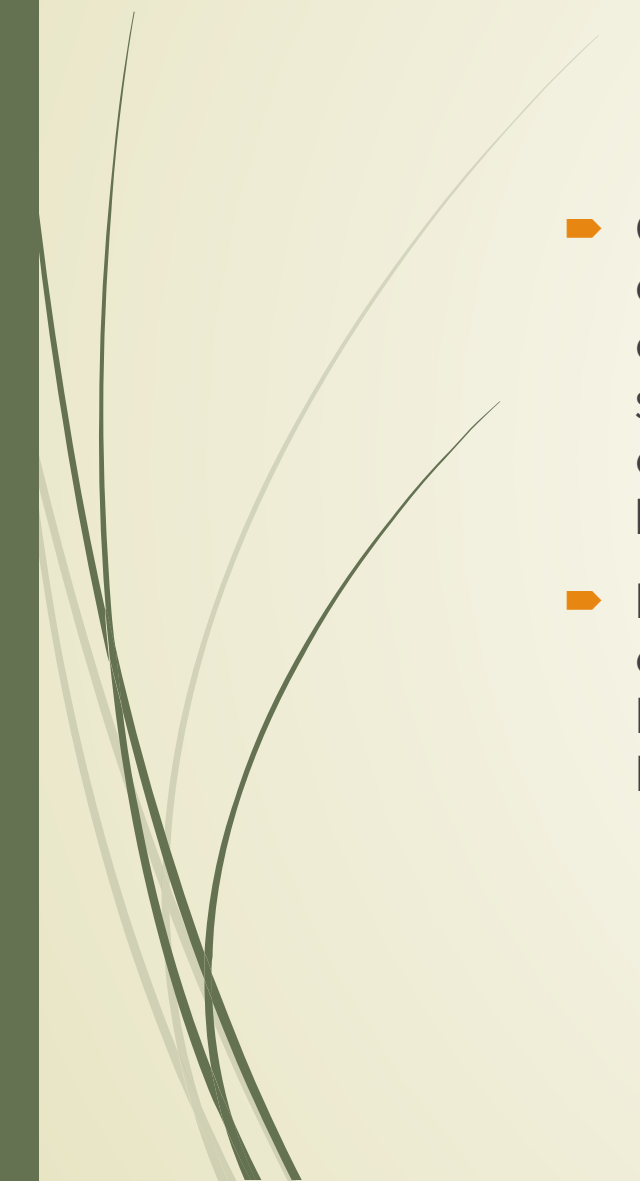
# CAPCSD Medicare Webinar

➤ October 17, 2018





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# Medicare Implementation in a University Clinic: Training & Teamwork

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# Disclosures

<b>Danielle Varnedoe</b>	<b>Heidi Verticchio</b>	<b>Lisa Scott</b>
Financial	Financial	Financial
Employed by University of South Carolina	Employed by Illinois State University	Employed by Florida State University
Receiving a stipend from CAPCSD for this webinar	Receiving a stipend from CAPCSD for this webinar	
Non-Financial	Non-Financial	Non-Financial
None to report	None to report	Secretary of CAPCSD
		CAA site visitor




# Learning Objectives

- ▶ Discuss the compliance requirements for University settings in the implementation of providing services to Medicare beneficiaries
  - ▶ Identify considerations for University settings for each of the compliance requirements
  - ▶ Implement coding principles for correct claims submission
- 



# Who is involved in the training team?

- ▶ Clinic Administrators
    - ▶ Understanding of the rules and regulations
  - ▶ Clinical Educators
    - ▶ Responsible for the correct coding and documentation of services
    - ▶ Responsible for training of graduate student clinicians in clinical coding and documentation of services
  - ▶ Front office staff
    - ▶ Authorizes and submits claims
    - ▶ Collects co-payments
- 



# Medicare Compliance Requirements

- ▶ Supervision Requirements
  - ▶ Reasonable and Necessary Services
  - ▶ Documentation
  - ▶ Claims Submission
- 
- ▶ Resource: [Medicare Benefit Policy Manual, Chapter 15](#)





# Supervision Requirements

- ▶ **Personal supervision (REQUIRED)**

- ▶ In the room with the patient and clinician (1:1 supervision)
- ▶ Medicare uses the term Active Participation: Guiding and personally engaged the services

- ▶ Direct supervision

- ▶ On the premises and immediately available if needed

- ▶ General supervision

- ▶ Available to the clinician; but not necessarily on the premises

- ▶ Resource: [ASHA, Medicare Coverage of Students and CFs for SLP](#)






# Considerations on Implementation of Supervision Requirements

- ▶ Fostering independence with 1:1 personal supervision
- ▶ Licensed, provider is the responsible individual for proper coding and documentation.
- ▶ It is unlikely that an entire caseload would consist of Medicare beneficiaries
  - ▶ Can alter the number/percentage of patients who are Medicare beneficiaries
  - ▶ We must provide students with a wide range of experiences to cover the breadth and depth of the field



# Reasonable and Necessary Services

- ▶ As defined by the [Medicare Benefit Policy Manual Chapter 15](#)
  - ▶ “The services shall be of such a level of complexity and sophistication or the condition of the patient shall be such that the services required can be safely and effectively performed only by the therapist.”
  - ▶ “ Services that do NOT require the performance of a therapist are not skilled and are not considered reasonable or necessary, even if they are performed by a qualified professional.”
  - ▶ “The key issue is whether the skills of a therapist are needed to treat the patient, or whether the services can be carried out by nonskilled personnel.”



# Rehabilitation vs. Maintenance Therapy

- ▶ Medicare does recognize a distinction between rehabilitation and maintenance therapy
- ▶ Type of intervention needs to be supported in the documentation
  - ▶ Rehabilitation
    - ▶ Skilled services to address recovery or improvement in function
  - ▶ Maintenance
    - ▶ Skilled services to maintain functional status or prevent/slow further loss of skill
- ▶ Resources:
  - ▶ [Medicare Benefit Policy Manual, Chapter 15](#)
  - ▶ [ASHA, Medicare Guidance for University Clinics](#)



# Considerations on Implementation of Services that are Reasonable and Necessary

- ▶ Determination of medical necessity
- ▶ Understanding the difference between skilled and unskilled services
- ▶ Resources:
  - ▶ [ASHA, Guideline on admission and discharge criteria in SLP](#)
  - ▶ [ASHA, Documentation of Skilled vs. UnSkilled Care for Medicare Beneficiaries](#)
  - ▶ [ASHA, Examples of Documentation of skilled vs. unskilled services](#)



# Documentation (AUD)



- ▶ Reason for the test
  - ▶ Examples of this documentations: the physician's order, the audiology report, the medical record
- ▶ Documenting skilled services
  - ▶ Indicate what was ordered
  - ▶ Reason services should be covered
  - ▶ Services completed by qualified audiologist
- ▶ Resources:
  - ▶ [ASHA, Documentation FAQs for AUD](#)
  - ▶ [ASHA, Practice Portal on Documentation of AUD services](#)



# Documentation (SLP)

- ▶ Medicare has documentation for each of these types of service visits
  - ▶ Evaluation
  - ▶ Plan of Care/Plan of Treatment
  - ▶ Certification/Recertification
  - ▶ Daily visit notes
  - ▶ Progress notes
  - ▶ Discharge notes
- ▶ Resources:
  - ▶ [ASHA, Overview of Documentation for SLP](#)
  - ▶ [ASHA, Practice Portal on Documentation in Health Care](#)





# Plan of Care

- ▶ Must be established before treatment begins
  - ▶ It's established when it is created (dictated/written)
- ▶ Must contain
  - ▶ Patient's diagnosis
  - ▶ Long term treatment goals
  - ▶ Type of therapy services
  - ▶ Amount of therapy services
  - ▶ Duration of therapy services
  - ▶ Frequency of therapy services
- ▶ Must be certified by a physician within 30 calendar days of first treatment day





# Certification/Recertification



- ▶ Initial certification must be done within 30 calendar days of the initial treatment day
- ▶ Certification indicates
  - ▶ the patient is under the care of the physician
  - ▶ Indicates concurrence with plan of care contents
- ▶ Recertification occurs when
  - ▶ Significant modification to plan of care
  - ▶ Every 90 calendar days after first treatment day

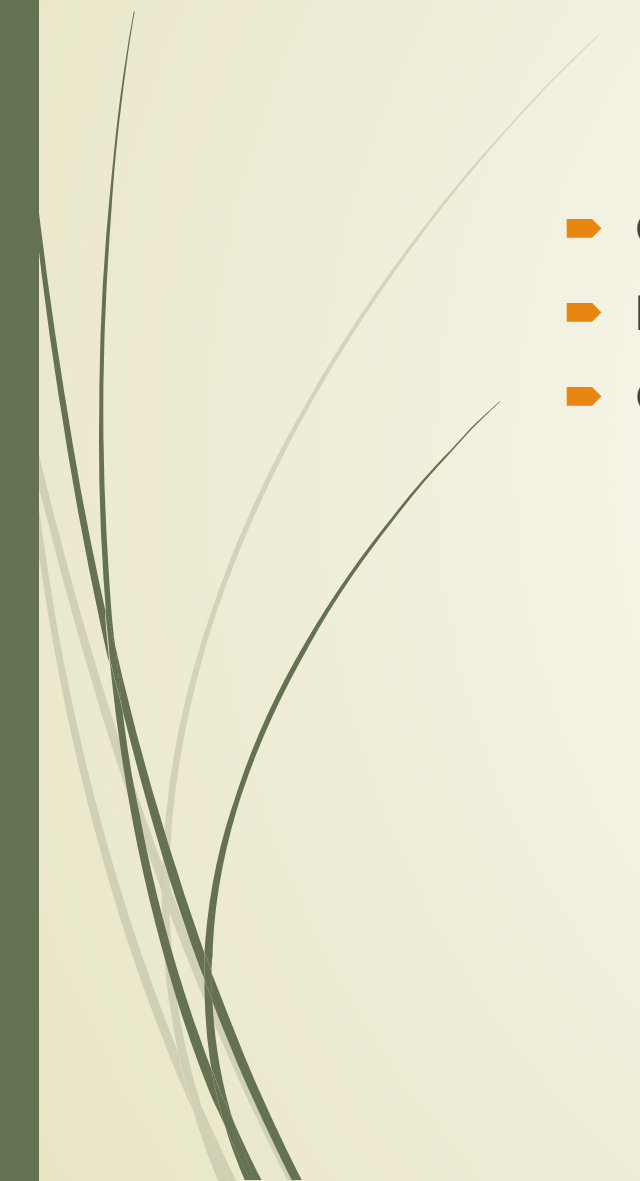


# Considerations on Implementation of Documentation Requirements

- ▶ If it is not documented, it did not happen.
- ▶ Create a time-line/flowsheet to assist clinical educators with documentation requirements
- ▶ The licensed provider is responsible for coding and documentation
- ▶ Teaching students the proper documentation requirements



# Claims Submission

- ▶ CPT codes
  - ▶ ICD-10 codes
  - ▶ G-codes and Severity Modifiers
- 



# CPT (Current Procedural Terminology)

- ▶ Owned by the American Medical Association
- ▶ These codes indicate what we do with our patients
  - ▶ Procedure based codes which are reported regardless of appointment length
- ▶ Most CPT codes for both AUD and SLP do not have a time component associated with them.
  
- ▶ Resources:
  - ▶ [ASHA, CPT codes for AUD](#)
  - ▶ [ASHA, CPT codes for SLP](#)
  - ▶ [ASHA, Timed and Untimed CPT codes](#)



# Timed code documentation

- ▶ Documentation must be provided to match the timed code justification
- ▶ To bill for the additional time, the time with the patient must exceed the halfway point of the time identified in the code
  - ▶ An additional hour charge must be greater or equal to 31 minutes
  - ▶ An additional 30-minute charge must be greater or equal to 16 minutes
  - ▶ An additional 15-minute charge must be greater or equal to 8 minutes



# NCCI edits

- ▶ National Correct Coding Initiative
- ▶ Identifies specific CPT codes that can be reported/billed on the same day
- ▶ Includes how these codes must be reported (modified) for proper billing/reimbursement
  
- ▶ Resources:
  - ▶ [ASHA, NCCI edits for Audiology](#)
  - ▶ [ASHA, NCCI edits for SLP](#)



# Modifiers

- ▶ -22 Unusual Services
  - ▶ Service was greater than usually required for the listed procedure
  - ▶ A report may be necessary to document this
- ▶ -52 Reduced Services
  - ▶ Service is partially reduced or eliminated at the providers discretion
  - ▶ Identifying the basic service with a reduction in service
- ▶ -59 Distinct Procedural Service
  - ▶ Distinct, independent services provided on the same day
  - ▶ Example: 92507 and 92508 on the same day (individual and group therapy)
  - ▶ See NCCI/OCE Edit for coding procedures





# Modifiers

- ▶ -96 Habilitative Services
  - ▶ Help patients learn skills and functioning for daily living that they **have not yet developed**, and then keep and/or improve those new learned skills
  - ▶ Help patient keep, learn, or improve skills and functioning for daily living
- ▶ -97 Rehabilitative Services
  - ▶ Help patients keep, get back or improve skills and functioning for daily living that **have been lost or impaired** because the individual was sick, hurt, or disabled
- ▶ Resources:
  - ▶ [ASHA, Medicare Coding Rules for AUD](#)
  - ▶ [ASHA, Medicare Coding Rules for SLP](#)

# CPT codes for SLP

## SERVICES:

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE	<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<b>Swallowing Function</b>					
<input type="checkbox"/> Treatment of swallowing dysfunction and/or oral function for feeding	92526	_____	<input type="checkbox"/> Behavioral and qualitative analysis of voice and resonance	92524	_____
<input type="checkbox"/> Evaluation of oral & pharyngeal swallowing function	92610	_____	<input type="checkbox"/> Evaluation of auditory rehabilitation status, first hour	92626	_____
<input type="checkbox"/> Motion fluoroscopic evaluation of swallowing function by cine or video recording	92611	_____	<input type="checkbox"/> each additional 15 minutes	92627	_____
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording	92612	_____	<input type="checkbox"/> Auditory rehabilitation, pre-lingual hearing loss	92630	_____
<input type="checkbox"/> interpretation and report only	92613	_____	<input type="checkbox"/> Auditory rehabilitation, post-lingual hearing loss	92633	_____
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording	92614	_____	<input type="checkbox"/> Assessment of aphasia with interpretation and report, per hour	96105	_____
<input type="checkbox"/> interpretation and report only	92615	_____	<input type="checkbox"/> Developmental screening, with interpretation and report, per standardized instrument form	96110	_____
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing	92616	_____	<input type="checkbox"/> Developmental testing, (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	96111	_____
<input type="checkbox"/> interpretation and report only	92617	_____	<input type="checkbox"/> Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	96125	_____
<b>Speech and Language</b>					
<input type="checkbox"/> Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual	92507	_____	<input type="checkbox"/> Laryngoscopy; flexible; diagnostic	31575	_____
<input type="checkbox"/> group, two or more individuals	92508	_____	<input type="checkbox"/> Laryngoscopy; flexible or rigid telescopic, with stroboscopy	31579	_____
<input type="checkbox"/> Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one patient contact by the provider, each 15 minutes	97532	_____	<b>Augmentative and Alternative Communication</b>		
<input type="checkbox"/> Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes	97533	_____	<input type="checkbox"/> Evaluation for use/fitting of voice prosthetic device to supplement oral speech	92597	_____
<input type="checkbox"/> Nasopharyngoscopy w/ endoscope	92511	_____	<input type="checkbox"/> Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient, first hour	92605	_____
<input type="checkbox"/> Laryngeal function studies	92520	_____	<input type="checkbox"/> each additional 30 minutes	92618	_____
<input type="checkbox"/> Evaluation of speech fluency (eg, stuttering, cluttering)	92521	_____	<input type="checkbox"/> Therapeutic service(s) for the use of non-speech generating augmentative and alternative communication device, including programming and modification	92606	_____
<input type="checkbox"/> Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	92522	_____			
<input type="checkbox"/> Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)	92523	_____			

<input type="checkbox"/> Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient, first hour	92607	_____
<input type="checkbox"/> each additional 30 minutes	92608	_____
<input type="checkbox"/> Therapeutic services for the use of speech-generating device, including programming and modification	92609	_____
<input type="checkbox"/> Repair/Modification of AAC device (excluding adaptive hearing aid)	V5336	_____
<b>Other Procedures</b>		
<input type="checkbox"/> Otorhinolaryngological service or procedure	92700	_____
<input type="checkbox"/> Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment;		
<input type="checkbox"/> 5-10 minutes of medical discussion	98966	_____
<input type="checkbox"/> 11-20 minutes of medical discussion	98967	_____
<input type="checkbox"/> 21-30 minutes of medical discussion	98968	_____

<input type="checkbox"/> Online assessment & management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment & management service provided within the previous 7 days, using the Internet or similar electronic communications network.	98969	_____
<input type="checkbox"/> Medical team conference with interdisciplinary team of health care professionals; face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional	99366	_____
<input type="checkbox"/> Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	99368	_____

**Total Charges: \$** \_\_\_\_\_

# CPT codes for AUD

## SERVICES:

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE	<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<b>Audiological Assessment Procedures</b>					
<input type="checkbox"/> Tympanometry and reflex threshold measurements	92550		<input type="checkbox"/> Auditory evoked potentials, comprehensive	92585	
<input type="checkbox"/> Screening test, pure tone, air only	92551		<input type="checkbox"/> Auditory evoked potentials, limited	92586	
<input type="checkbox"/> Pure tone audiometry (threshold); air only	92552		<input type="checkbox"/> Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	92558	
<input type="checkbox"/> Pure tone audiometry (threshold); air and bone	92553		<input type="checkbox"/> Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	92587	
<input type="checkbox"/> Speech audiometry threshold	92555		<input type="checkbox"/> Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	92588	
<input type="checkbox"/> Speech audiometry threshold; w/speech recognition	92556		<input type="checkbox"/> Evaluation of central auditory function, with report; initial 60 minutes	92620	
<input type="checkbox"/> Comprehensive audiometry threshold evaluation and speech recognition	92557		<input type="checkbox"/> each additional 15 minutes	92621	
<input type="checkbox"/> Audiometric testing of groups	92559		<input type="checkbox"/> Assessment of tinnitus (includes pitch, loudness matching, and masking)	92625	
<input type="checkbox"/> Bekesy audiometry; screening	92560		<b>Hearing Aid Assessment and Fitting Procedures</b>		
<input type="checkbox"/> Bekesy audiometry; diagnostic	92561		<input type="checkbox"/> Hearing aid exam and selection; monaural	92590	
<input type="checkbox"/> Loudness balance test, alternate binaural or monaural	92562		<input type="checkbox"/> Hearing aid exam and selection; binaural	92591	
<input type="checkbox"/> Tone decay test	92563		<input type="checkbox"/> Hearing aid check; monaural	92592	
<input type="checkbox"/> Short increment sensitivity index (SISI)	92564		<input type="checkbox"/> Hearing aid check; binaural	92593	
<input type="checkbox"/> Stenger test, pure tone	92565		<input type="checkbox"/> Electroacoustic evaluation for hearing aid; monaural	92594	
<input type="checkbox"/> Tympanometry (impedance testing)	92567		<input type="checkbox"/> binaural	92595	
<input type="checkbox"/> Acoustic reflex testing, threshold	92568		<input type="checkbox"/> Ear protector attenuation measurements	92596	
<input type="checkbox"/> Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	92570		<b>Vestibular and Balance System Assessment Procedures</b>		
<input type="checkbox"/> Filtered speech test	92571		<input type="checkbox"/> Spontaneous nystagmus, including gaze	92531	
<input type="checkbox"/> Staggered spondaic word test	92572		<input type="checkbox"/> Positional nystagmus test	92532	
<input type="checkbox"/> Sensorineural acuity level test	92575		<input type="checkbox"/> Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	92533	
<input type="checkbox"/> Synthetic sentence identification test	92576		<input type="checkbox"/> Optokinetic nystagmus test	92534	
<input type="checkbox"/> Stenger test, speech	92577				
<input type="checkbox"/> Visual reinforcement audiometry (VRA)	92579				
<input type="checkbox"/> Conditioning play audiometry	92582				
<input type="checkbox"/> Select picture audiometry	92583				
<input type="checkbox"/> Electrocochleography	92584				

<input type="checkbox"/> Caloric vestibular test with recording, bilateral; bithermal	92537		<input type="checkbox"/> bone conduction	V5040	
<input type="checkbox"/> monothermal	92538		<input type="checkbox"/> Hearing Aid, Monaural, in the ear (ITE)	V5050	
<input type="checkbox"/> Basic vestibular evaluation, incl. spontaneous nystagmus test w/eccentric gaze fixation nystagmus, w/recording, positional nystagmus test, min. of 4 positions, w/recording, optokinetic nystagmus test, bidirectional foveal & peripheral stimulation, w/recording, & oscillating tracking test, w/recording	92540		<input type="checkbox"/> Hearing Aid, Monaural, behind the ear (BTE)	V5060	
<input type="checkbox"/> Spontaneous nystagmus test, incl. gaze and fixation nystagmus, with recording	92541		<input type="checkbox"/> Glasses, air conduction	V5070	
<input type="checkbox"/> Positional nystagmus test, minimum of four positions	92542		<input type="checkbox"/> Glasses, bone conduction	V5080	
<input type="checkbox"/> Optokinetic nystagmus test, bi-directional, foveal or peripheral stimulation, w/ recording	92544		<input type="checkbox"/> Dispensing fee, Unspecified Hearing Aid	V5090	
<input type="checkbox"/> Oscillating tracking test, with recording	92545		<input type="checkbox"/> Hearing Aid, bilateral, body worn	V5100	
<input type="checkbox"/> Sinusoidal vertical axis rotational testing	92546		<input type="checkbox"/> Dispensing fee, bilateral	V5110	
<input type="checkbox"/> Use of vertical electrodes in any or all of the above tests	92547		<input type="checkbox"/> Binaural, body	V5120	
<input type="checkbox"/> Computerized dynamic posturography	92548		<input type="checkbox"/> Binaural, ITE	V5130	
<b>Vestibular and Balance Rehabilitation Services</b>			<input type="checkbox"/> Binaural, BTE	V5140	
<input type="checkbox"/> Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day.	95992		<input type="checkbox"/> Binaural, glasses	V5150	
<b>Cerumen Management Services</b>			<input type="checkbox"/> Dispensing fee, binaural	V5160	
<input type="checkbox"/> Removal impacted cerumen using irrigation/lavage, unilateral	69209		<input type="checkbox"/> Hearing Aid, CROS, ITE	V5170	
<input type="checkbox"/> Removal impacted cerumen requiring instrumentation, unilateral	69210		<input type="checkbox"/> Hearing Aid, CROS, BTE	V5180	
<b>Auditory Implant Services</b>			<input type="checkbox"/> Hearing Aid, CROS, glasses	V5190	
<input type="checkbox"/> Cochlear implant follow-up exam <7 years of age	92601		<input type="checkbox"/> Dispensing fee, CROS	V5200	
<input type="checkbox"/> Reprogram cochlear implant <7 years of age	92602		<input type="checkbox"/> Hearing Aid, BICROS, ITE	V5210	
<input type="checkbox"/> Cochlear implant follow-up exam >7 years of age	92603		<input type="checkbox"/> Hearing Aid, BICROS, BTE	V5220	
<input type="checkbox"/> Reprogram cochlear implant >7 years of age	92604		<input type="checkbox"/> Hearing Aid, BICROS, glasses	V5230	
<input type="checkbox"/> Diagnostic analysis with programming of auditory brainstem implant, per hour	92640		<input type="checkbox"/> Dispensing Fee, BICROS	V5240	
<b>Habilitative and Rehabilitative Services</b>			<input type="checkbox"/> Dispensing Fee, Monaural Hearing Aid	V5241	
<input type="checkbox"/> Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507		<input type="checkbox"/> Hearing Aid, Analog, monaural, completely in the ear canal (CIC)	V5242	
<input type="checkbox"/> group, two or more individuals	92508		<input type="checkbox"/> Hearing aid, analog, monaural, in the canal (ITC)	V5243	
<input type="checkbox"/> Evaluation of auditory rehabilitation status, 1st hour	92626		<input type="checkbox"/> Hearing aid, digitally programmable analog, monaural, CIC	V5244	
<input type="checkbox"/> each additional 15 minutes	92627		<input type="checkbox"/> Hearing aid, digitally programmable analog, monaural, ITC	V5245	
<input type="checkbox"/> Auditory rehabilitation; pre-lingual hearing loss	92630		<input type="checkbox"/> Hearing aid, digitally programmable analog, monaural, ITE	V5246	
<input type="checkbox"/> Auditory rehabilitation; post-lingual hearing loss	92633		<input type="checkbox"/> Hearing aid, digitally programmable analog, monaural, BTE	V5247	
<b>Hearing Aids/FM Systems (HCPCS Level II Codes)</b>			<input type="checkbox"/> Hearing aid, analog, binaural, CIC	V5248	
<input type="checkbox"/> Assessment for Hearing Aid	V5010		<input type="checkbox"/> Hearing aid, analog, binaural, ITC	V5249	
<input type="checkbox"/> Fitting/Orientation/Checking of Hearing Aid	V5011		<input type="checkbox"/> Hearing aid, digitally programmable analog, binaural, CIC	V5250	
<input type="checkbox"/> Repair/Modification of a Hearing Aid	V5014		<input type="checkbox"/> Hearing aid, digitally programmable analog, binaural, ITC	V5251	
			<input type="checkbox"/> Hearing aid, digitally programmable, binaural, ITE	V5252	
			<input type="checkbox"/> Hearing aid, digitally programmable, binaural, BTE	V5253	
			<input type="checkbox"/> Hearing aid, digital, monaural, CIC	V5254	
			<input type="checkbox"/> Hearing aid, digital, monaural, ITC	V5255	
			<input type="checkbox"/> Hearing aid, digital, monaural, ITE	V5256	
			<input type="checkbox"/> Hearing aid, digital, monaural, BTE	V5257	
			<input type="checkbox"/> Hearing aid, digital, binaural, CIC	V5258	
			<input type="checkbox"/> Hearing aid, digital, binaural, ITC	V5259	

# CPT codes for AUD (cont.)

<input type="checkbox"/>	Hearing aid, disposable, any type, binaural	V5263	_____	<input type="checkbox"/>	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	95930	_____
<input type="checkbox"/>	Earmold/insert, not disposable, any type	V5264	_____	<input type="checkbox"/>	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	95937	_____
<input type="checkbox"/>	Earmold/insert, disposable, any type	V5265	_____	<input type="checkbox"/>	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	95940	_____
<input type="checkbox"/>	Battery for use in hearing device	V5266	_____	<input type="checkbox"/>	Continuous neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	95941	_____
<input type="checkbox"/>	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	V5267	_____	<b>Other Procedures</b>			
<input type="checkbox"/>	Assistive listening device, telephone amplifier, any type	V5268	_____	<input type="checkbox"/>	Otorhinolaryngological service or procedure	92700	_____
<input type="checkbox"/>	Assistive listening device, alerting, any type	V5269	_____	<input type="checkbox"/>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	98966	_____
<input type="checkbox"/>	Assistive listening device, television amplifier, any type	V5270	_____	<input type="checkbox"/>	11-20 minutes of medical discussion	98967	_____
<input type="checkbox"/>	Assistive listening device, television caption decoder	V5271	_____	<input type="checkbox"/>	21-30 minutes of medical discussion	98968	_____
<input type="checkbox"/>	Assistive listening device, TDD	V5272	_____	<input type="checkbox"/>	Online assessment & management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment & management service provided within the previous 7 days, using the Internet or similar electronic communications network.	98969	_____
<input type="checkbox"/>	Assistive listening device, for use with cochlear implant	V5273	_____	<input type="checkbox"/>	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional	99366	_____
<input type="checkbox"/>	Assistive learning device not otherwise specified	V5274	_____	<input type="checkbox"/>	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	99368	_____
<input type="checkbox"/>	Ear impression, each	V5275	_____	<b>Total Charges: \$</b> _____			
<input type="checkbox"/>	Personal FM/DM system, monaural (one receiver, transmitter and microphone)	V5281	_____				
<input type="checkbox"/>	Personal FM/DM system, binaural (two receivers, transmitter and microphone)	V5282	_____				
<input type="checkbox"/>	Personal FM/DM neck, loop induction receiver	V5283	_____				
<input type="checkbox"/>	Personal FM/DM, ear level receiver	V5284	_____				
<input type="checkbox"/>	Personal FM/DM, direct audio input receiver	V5285	_____				
<input type="checkbox"/>	Personal blue tooth FM/DM receiver	V5286	_____				
<input type="checkbox"/>	Personal FM/DM receiver, not otherwise specified	V5287	_____				
<input type="checkbox"/>	Personal FM/DM transmitter assistive listening device	V5288	_____				
<input type="checkbox"/>	Personal FM/DM adapter/boot coupling device for receiver, any type	V5289	_____				
<input type="checkbox"/>	Transmitter microphone, any type	V5290	_____				
<input type="checkbox"/>	Hearing Service, Miscellaneous	V5299	_____				
<b>Electrophysiology Procedures</b>							
<input type="checkbox"/>	Nerve conduction studies; 1-2 studies	95907	_____				
<input type="checkbox"/>	3-4 studies	95908	_____				
<input type="checkbox"/>	5-6 studies	95909	_____				
<input type="checkbox"/>	7-8 studies	95910	_____				
<input type="checkbox"/>	9-10 studies	95911	_____				
<input type="checkbox"/>	11-12 studies	95912	_____				
<input type="checkbox"/>	13 or more studies	95913	_____				
<input type="checkbox"/>	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	95925	_____				
<input type="checkbox"/>	in lower limbs	95926	_____				
<input type="checkbox"/>	in upper & lower limbs	95938	_____				
<input type="checkbox"/>	in the trunk or head	95927	_____				





# ICD-10 (International Classification of Diseases and Disorders, 10<sup>th</sup> revision)

- ▶ These codes indicate the reason for our services
- ▶ Used to describe this disease or disorder
- ▶ Required as a component of HIPAA
- ▶ They should *relate* to the CPT codes
  - ▶ ICD is the reason the patient is coming and the CPT is what we do with the patient
- ▶ Resource: [ASHA, ICD-10 Diagnosis codes and information for AUD and SLP](#)



# ICD-10 coding principles

- ▶ “Code to highest degree of specificity”
  - ▶ Those that provide the greatest degree of completeness
  - ▶ Use the full number of characters available
- ▶ Unspecified and Other
  - ▶ Unspecified means there isn't enough information in the record to assign a more specific ICD-10 code
  - ▶ Other means that sufficient documentation exists in the record to assign a diagnosis, but no ICD-10 code exists for the specific condition



# ICD-10 coding principles

- ▶ Excludes1 and Excludes2

- ▶ Excludes1

- ▶ Never use these codes together

- ▶ Refers to codes that should never be used together because the conditions cannot occur together

- ▶ Example: R47.01 Aphasia, Excludes1:aphasia following cerebrovascular disease (I69. with final characters -20); progressive isolated aphasia (G31.01)

- ▶ Excludes2

- ▶ Can use these codes together

- ▶ Refers to codes that may be listed together because the conditions may occur together, even if they are unrelated

- ▶ Example: F80.2 Mixed receptive-expressive language disorder, Excludes2: selective mutism (F94.0)





# ICD-10 coding principles

- ▶ What if results of an evaluation indicate normal function?
  - ▶ Code the reason you preformed the service
- ▶ Order of the codes?
  - ▶ First code
    - ▶ Known as the primary or treating diagnosis
    - ▶ Why is the patient coming to see you?
  - ▶ Secondary code(s)
    - ▶ Known as the medical diagnosis – the cause or the contributing factor to speech, language, or hearing disorder
- ▶ NOTE: Some payers request a medical diagnosis is listed first followed by the reason they are coming for SLP/AUD services. If so, follow this.



# More Resources for ICD-10 codes

- ▶ General ICD-10 resources page on ASHA
  - ▶ <https://www.asha.org/Practice/reimbursement/coding/ICD-10/>
- ▶ ICD-10 codes (2018) related to hearing and vestibular disorders (PDF)
  - ▶ <https://www.asha.org/uploadedFiles/ICD-10-Codes-Audiology.pdf>
- ▶ ICD-10 codes (2018) for related to speech, language, and swallowing disorders (PDF)
  - ▶ <https://www.asha.org/uploadedFiles/ICD-10-Codes-SLP.pdf>



# G codes and Severity Modifiers

- ▶ Non-payable reporting codes for Medicare claims
- ▶ Must report on one of the following conditions
  - ▶ Swallowing
  - ▶ Motor Speech
  - ▶ Spoken Language Comprehension
  - ▶ Spoken Language Expression
  - ▶ Attention
  - ▶ Memory
  - ▶ Voice
  - ▶ Other SLP functional limitation
- ▶ There is a current status, projected goal, and discharge status for each condition

# G codes and Severity Modifiers

- ▶ A seven-point severity modifier system is used in conjunction with the G codes

## Severity Modifiers


**Note:** Corresponding National Outcomes Measurement System (NOMS) Functional Communication Measures (FCM) levels are listed here. Use of NOMS can assist with G-code and severity modifier selection, but is not required by CMS. Visit the [NOMS website](#) for more information on individual and facility participation in NOMS.

Modifier	Impairment Limitation Restriction	FCM Level
CH	0 percent impaired, limited or restricted	7
CI	At least 1 percent but less than 20 percent impaired, limited or restricted	6
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted	5
CK	At least 40 percent but less than 60 percent impaired, limited or restricted	4
CL	At least 60 percent but less than 80 percent impaired, limited or restricted	3
CM	At least 80 percent but less than 100 percent impaired, limited or restricted	2
CN	100 percent impaired, limited or restricted	1



# Reporting G codes and Severity Modifiers

- ▶ G codes for either current or discharge and projected along with appropriate modifier must be reported
  - ▶ Every evaluation
  - ▶ Admission
  - ▶ Discharge
  - ▶ Every 10<sup>th</sup> treatment day
- ▶ Resource: [ASHA, G Codes and Severity Modifiers for Claims](#)



# Considerations on Implication of Claims Submission

- ▶ Training of clinical educator and students on CPT, ICD-10, G codes, severity modifiers
  - ▶ Includes modifiers and NCCI edits
- ▶ Training of front office staff on reviewing superbills for accuracy
- ▶ Knowledge and training of coding requirements for various payers
- ▶ Re-training of all stakeholders based on denials





# A word about the therapy cap

- ▶ The hard cap of \$2010 was temporarily repealed by congress (2/9/18)
- ▶ ASHA is meeting with congress to permanently repeal the hard cap
- ▶ Medicare will pay for therapy up to \$3,000 (KX modifier needed to denote services are still medically necessary and skilled)
- ▶ There is an exception process after \$3,000
  - ▶ Must meet medical necessity
  - ▶ Must be skilled
  - ▶ Opens the door for review of patient(s) medical record by Medicare

<https://www.medicare.gov/coverage/pt-and-ot-and-speech-language-pathology.html>

<http://www.medicareadvocacy.org/congress-did-repeal-outpatient-therapy-caps-despite-lack-of-information-on-www-cms-gov/>





# Let's Practice!

<https://www.asha.org/uploadedFiles/G-code-Scenarios.pdf>


Note: CPT codes and descriptions are copyright ©2016 American Medical Association. All Rights Reserved.



# Functional Limitation Reporting (G-Codes): Update for Outpatient Facilities

- ▶ CMS proposal: eliminate G-Codes effective January 1, 2019 per on-going requests from ASHA.
- ▶ Final ruling – Target date: early November, 2018
- ▶ Replaced by Merit-Based Incentive Payment System (MIPS)
  - ▶ Most university clinics will not qualify to participate in MIPS due to low volume thresholds
  - ▶ CMS to allow an opt-in for clinicians who meet or exceed 1 or 2 of the low volume thresholds

ASHA Leader, September, 2018



# Scenario: Evaluation, **Treatment NOT Recommended**

- ▶ Functional Limitation – Motor Speech Limitation
  - ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech (GN)
  - ▶ Line 2: G-code for **current** status of motor speech limitation; Severity modifier is CJ
  - ▶ Line 3: G-code for status of **projected goal** for motor speech limitation at discharge with severity modifier \_\_\_\_
  - ▶ Line 4: G-code for status of motor speech limitation **at discharge** with severity modifier \_\_\_\_

Add to Charges

**CPT Template(s):**

- Speech Services**
  - G Codes - PQRS
  - G Codes - Progress
  - Speech Services
- Audiology**
- Electrophysiology**
- Hearing Aids**
- Medicaid Codes**

**CPT(s):**

- 1036F CURRENT TOBACCO NON-USER
- 4004F Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or bc
- G8427 List of current medications documented by provider (name, dosage, freq, route)
- G8428 Current medications not documented, reason not specified
- G8430 Patient not eligible for Medication assessment
- G8442 DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR A PAIN ASSESSMENT
- G8509 DOCUMENTATION OF POSITIVE PAIN ASSESMENT;NO DOCUMENTATION OF A FOLLOW-UP PLAN, REASC
- G8730 PAIN ASSESMENT DOCUMENTED AS POSITIVE UTILIZING A STANDARDIZED TOOL AND A FOLLOW-UP PI

**General:**

Bill is not Generated for this Visit.

Go To


Case\* General - 01 - 07/14/11 Auth. No.:

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

	Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
1.	11:03 AM	92523 Evaluation of Speech	I69.322	GN	11	175.00	1.00	.00			N
2.	11:03 AM	G8999 Motor speech functio	I69.322	GN CJ	11	.01	1.00	.00			N
3.	11:03 AM	G9186 Motor speech functio	I69.322	GN CJ	11	.01	1.00	.00			N
>	11:03 AM	G9158 Motor speech functio	I69.322	GN CJ	11	.01	1.00	.00			N



# Scenario: Evaluation, **Referred** for Treatment (Provider 1)

- ▶ Functional Limitation –Motor Speech Limitation
- ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech (GN)
  - ▶ Line 2: G-code for **current** status of motor speech limitation; Severity modifier is CM
  - ▶ Line 3: G-code for status of **projected** goal for motor speech limitation at discharge with severity modifier CI
  - ▶ Line 4: G-code for status of motor speech limitation at **discharge** with **severity modifier** \_\_\_\_\_

Referred to another provider

**Add to Charges**

**CPT Template(s):**

- Speech Services**
- G Codes - PQRS
- G Codes - Progress
- Speech Services
- Audiology**
- Electrophysiology**
- Hearing Aids**
- Medicaid Codes**

**CPT(s):**

- 1036F CURRENT TOBACCO NON-USER
- 4004F Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or bc
- G8427 List of current medications documented by provider (name, dosage, freq, route)
- G8428 Current medications not documented, reason not specified
- G8430 Patient not eligible for Medication assessment
- G8442 DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR A PAIN ASSESSMENT
- G8509 DOCUMENTATION OF POSITIVE PAIN ASSESMENT;NO DOCUMENTATION OF A FOLLOW-UP PLAN, REASC
- G8730 PAIN ASSESMENT DOCUMENTED AS POSITIVE UTILIZING A STANDARDIZED TOOL AND A FOLLOW-UP PI

**General:**

**Bill is not Generated for this Visit.**

**Go To** ▼

Case\* General - 01 - 07/14/11 ▼ Auth. No.: ▼

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

	Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
1.	11:45 AM	92523 Evaluation of Speech	I69.322	Dx GN	11	175.00	1.00	.00			N
2.	11:45 AM	G8999 Motor speech functio	I69.322	Dx GN CM	11	.01	1.00	.00			N
3.	11:45 AM	G9158 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.00			N
>	11:45 AM	G9186 Motor speech functio	I69.322	Dx GN CM	11	.01	1.00	.00			N



# Scenario: Motor Speech Limitation, Initial Treatment Visit (Provider 2)

- ▶ Functional Limitation: Motor Speech Limitation
  - ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech (GN)
  - ▶ Line 2: G-code for **current status** of motor speech limitation; Severity modifier is CM
  - ▶ Line 3: G-code for status of **projected goal** for motor speech limitation at discharge with severity modifier \_\_\_\_\_



**Add to Charges**

**CPT Template(s):**

- Speech Services**
  - G Codes - PQRS
  - G Codes - Progress
  - Speech Services
- Audiology**
- Electrophysiology**
- Hearing Aids**
- Medicaid Codes**

**CPT(s):**

- 1036F CURRENT TOBACCO NON-USER
- 4004F Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or bc
- G8427 List of current medications documented by provider (name, dosage, freq, route)
- G8428 Current medications not documented, reason not specified
- G8430 Patient not eligible for Medication assessment
- G8442 DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR A PAIN ASSESSMENT
- G8509 DOCUMENTATION OF POSITIVE PAIN ASSESMENT;NO DOCUMENTATION OF A FOLLOW-UP PLAN, REASC
- G8730 PAIN ASSESMENT DOCUMENTED AS POSITIVE UTILIZING A STANDARDIZED TOOL AND A FOLLOW-UP PI

**General:**

**Bill is not Generated for this Visit.**

**Go To** ▼

Case\* General - 01 - 07/14/11 ▼ Auth. No.: ▼

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

	Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
1.	12:38 PM	92507 Individual Speech Th	I69.322	Dx GN	11	125.00	1.00	.00			N
2.	12:38 PM	G8999 Motor speech functio	I69.322	Dx GN CM	11	.01	1.00	.01			N
>	12:38 PM	G9158 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.01			N



# Scenario: Visits #2 through #9

- ▶ Functional Limitation: Motor Speech Limitation
  - ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech (GN)

**Add to Charges**

**CPT Template(s):**

- Speech Services**
  - G Codes - PQRS
  - G Codes - Progress**
  - Speech Services
- Audiology**
- Electrophysiology**
- Hearing Aids**
- Medicaid Codes**

**CPT(s):**

- G8996 Swallowing Functional limitation, current status at time of initial therapy treatment / episode outset and reporting inter
- G8997 Swallowing Functional limitation, projected goal status, at initial therapy treatment / outset and at discharge from the
- G8998 Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation
- G8999 Motor speech functional limitation, current status at time of initial therapy treatment / episode outset and reporting int
- G9158 Motor speech functional limitation, discharge status at discharge from therapy / end of reporting on limitation
- G9186 Motor speech functional limitation, projected goal status at initial therapy treatment / outset and at discharge from the
- G9159 Spoken language comprehension functional limitation, current status at time of initial therapy treatment/ episode out:
- G9160 Spoken language comprehension functional limitation, projected goal status at initial therapy treatment / outset and

**General:**

**Bill is not Generated for this Visit.**

**Go To** ▼


Case\* General - 01 - 07/14/11 ▼ Auth. No.: ▼

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
> 11:30 AM	92507 Individual Speech Th	I69.322	Dx GN	11	125.00	1.00	.00			N



# Scenario: 10<sup>th</sup> Day Progress Reporting Patient **Met** Goal on 10<sup>th</sup> Day .

- ▶ Functional Limitation: Motor Speech Limitation
  - ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech (GN)
  - ▶ Line 2: G-code for **status** of motor speech limitation at **discharge**; Severity modifier is \_\_\_\_
  - ▶ Line 3: G-code for status **of projected** motor speech limitation **at discharge** for motor speech limitation at discharge = goal met with severity modifier is \_\_\_\_

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medical-Review/Downloads/TherapyCapSlidesv10\\_09052012.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medical-Review/Downloads/TherapyCapSlidesv10_09052012.pdf)

Add to Charges

**CPT Template(s):**

- Speech Services**
  - G Codes - PQRS
  - G Codes - Progress**
  - Speech Services
- Audiology**
- Electrophysiology**
- Hearing Aids**
- Medicaid Codes**

**CPT(s):**

- G8996 Swallowing Functional limitation, current status at time of initial therapy treatment / episode outset and reporting inter
- G8997 Swallowing Functional limitation, projected goal status, at initial therapy treatment / outset and at discharge from the
- G8998 Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation
- G8999 Motor speech functional limitation, current status at time of initial therapy treatment / episode outset and reporting int
- G9158 Motor speech functional limitation, discharge status at discharge from therapy / end of reporting on limitation
- G9186 Motor speech functional limitation, projected goal status at initial therapy treatment / outset and at discharge from the
- G9159 Spoken language comprehension functional limitation, current status at time of initial therapy treatment/ episode out:
- G9160 Spoken language comprehension functional limitation, projected goal status at initial therapy treatment / outset and

**General:**

Bill is not Generated for this Visit.

Go To

Case\* General - 01 - 07/14/11 Auth. No.:

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

	Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
1.	01:01 PM	92507 Individual Speech Th	I69.322	Dx GN	11	125.00	1.00	.00			N
2.	01:01 PM	G9158 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.00			N
>	01:01 PM	G9186 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.00			N



# Scenario: 10th Day Progress Reporting Patient **Did Not Meet Goal** on 10th Day

- ▶ Functional Limitation: Motor Speech Limitation
  - ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech
  - ▶ Line 2: G-code for **current status** of spoken motor speech limitation; Severity modifier is \_\_\_ (the level the patient has reached thus far)
  - ▶ Line 3: G-code for status of **projected goal** for motor speech limitation at discharge = goal met with severity modifier is C1



Add to Charges

**CPT Template(s):**

- Speech Services**
  - G Codes - PQRS
  - G Codes - Progress
  - Speech Services
- Audiology**
- Electrophysiology**
- Hearing Aids**
- Medicaid Codes**

**CPT(s):**

- 1036F CURRENT TOBACCO NON-USER
- 4004F Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or bc
- G8427 List of current medications documented by provider (name, dosage, freq, route)
- G8428 Current medications not documented, reason not specified
- G8430 Patient not eligible for Medication assessment
- G8442 DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR A PAIN ASSESSMENT
- G8509 DOCUMENTATION OF POSITIVE PAIN ASSESMENT;NO DOCUMENTATION OF A FOLLOW-UP PLAN, REASC
- G8730 PAIN ASSESMENT DOCUMENTED AS POSITIVE UTILIZING A STANDARDIZED TOOL AND A FOLLOW-UP PI

**General:**

Bill is not Generated for this Visit.

Go To

Case\* General - 01 - 07/14/11 Auth. No.:

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

	Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
1.	12:56 PM	92507 Individual Speech Th	I69.322	Dx GN	11	125.00	1.00	.00			N
2.	12:56 PM	G8999 Motor speech functio	I69.322	Dx GN CK	11	.01	1.00	.01			N
>	12:56 PM	G9186 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.01			N



# Scenario: Final Visit (Discharged from Plan of Care (POC))

- ▶ Functional Limitation: Motor Speech
  - ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech
  - ▶ Line 2: G-code for status of motor speech limitation at **discharge**; Severity modifier \_\_\_\_
  - ▶ Line 3: G-code for status of **projected** goal of motor speech limitation at discharge = goal met with severity modifier \_\_\_\_

Add to Charges

**CPT Template(s):**

- Speech Services
  - G Codes - PQRS
  - G Codes - Progress**
  - Speech Services
- Audiology
- Electrophysiology
- Hearing Aids
- Medicaid Codes

**CPT(s):**

- G8996 Swallowing Functional limitation, current status at time of initial therapy treatment / episode outset and reporting inter
- G8997 Swallowing Functional limitation, projected goal status, at initial therapy treatment / outset and at discharge from the
- G8998 Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation
- G8999 Motor speech functional limitation, current status at time of initial therapy treatment / episode outset and reporting int
- G9158 Motor speech functional limitation, discharge status at discharge from therapy / end of reporting on limitation
- G9186 Motor speech functional limitation, projected goal status at initial therapy treatment / outset and at discharge from the
- G9159 Spoken language comprehension functional limitation, current status at time of initial therapy treatment/ episode out:
- G9160 Spoken language comprehension functional limitation, projected goal status at initial therapy treatment / outset and

**General:**

Bill is not Generated for this Visit.

Go To

Case\* General - 01 - 07/14/11 Auth. No.:

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

	Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
1.	01:01 PM	92507 Individual Speech Th	I69.322	Dx GN	11	125.00	1.00	.00			N
2.	01:01 PM	G9158 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.00			N
>	01:01 PM	G9186 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.00			N



# Maintenance Therapy – Required reporting every 60 days or 10<sup>th</sup> day **if prior** to the 60<sup>th</sup> day

- ▶ Functional Limitation: Motor Speech
  - ▶ Line 1: CPT Code, Diagnostic Code, Modifier for Speech
  - ▶ Line 2: G-code for **current** status of motor speech limitation; Severity modifier \_\_\_\_
  - ▶ Line 3: G-code for **projected** goal of motor speech limitation; Severity modifier\_\_

Add to Charges

**CPT Template(s):**

- Speech Services**
  - G Codes - PQRS
  - G Codes - Progress
  - Speech Services
- Audiology**
- Electrophysiology**
- Hearing Aids**
- Medicaid Codes**

**CPT(s):**

- 1036F CURRENT TOBACCO NON-USER
- 4004F Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or bc
- G8427 List of current medications documented by provider (name, dosage, freq, route)
- G8428 Current medications not documented, reason not specified
- G8430 Patient not eligible for Medication assessment
- G8442 DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR A PAIN ASSESSMENT
- G8509 DOCUMENTATION OF POSITIVE PAIN ASSESMENT;NO DOCUMENTATION OF A FOLLOW-UP PLAN, REASC
- G8730 PAIN ASSESMENT DOCUMENTED AS POSITIVE UTILIZING A STANDARDIZED TOOL AND A FOLLOW-UP PI

**General:**

Bill is not Generated for this Visit.

Go To

Case\* General - 01 - 07/14/11 Auth. No.:

**Billed:**

Srv. From	Srv. To	CPT	Diagnosis(ICD)	ICD Type	Mod1	Mod2	Mod3	Mod4	POS	Charge	Unit	Amount	Status

**Charges:**

	Start Time	CPT*(?)	Diagnosis (ICD) (?)	Modifier	POS*	Charge	Units	Minutes	Note	P	CBS
1.	01:01 PM	92507 Individual Speech Th	I69.322	Dx GN	11	125.00	1.00	.00			N
2.	01:01 PM	G8999 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.00			N
>	01:01 PM	G9186 Motor speech functio	I69.322	Dx GN CI	11	.01	1.00	.00			N



# Additional Resources



- ▶ ASHA reference materials
  - ▶ [Medicare Survival Guide for Audiologists and Speech-Language Pathologists](#)
  - ▶ [Coding and Billing for Audiology and Speech-Language Pathology](#)
    - ▶ This is updated annually
- ▶ Coding and Documentation Continuing Education
  - ▶ [Every year ASHA offers a webinar on coding and documentation updates.](#)
    - ▶ Speech Language Pathology
    - ▶ Audiology





# Questions?

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  - ▶ [daniell@mailbox.sc.edu](mailto:daniell@mailbox.sc.edu)
- ▶ Heidi Verticchio
  - ▶ [hrfritz@ilstu.edu](mailto:hrfritz@ilstu.edu)
- ▶ Lisa Scott
  - ▶ [lisa.scott@cci.fsu.edu](mailto:lisa.scott@cci.fsu.edu)