

BILLING PROCEDURES FOR SDX FEES SERVICES

The facility will be invoiced monthly by SDX. A billing log will be submitted by the FEES specialist on the day of the FEES visit indicating patient serviced, date of service, the CPT codes to bill, and payment source.

The following CPT codes are used for each FEES procedure:

CPT Code 92612 - Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording - supporting ICD-9 787.22 (oropharyngeal dysphagia)

CPT Code 92506 - Evaluation of speech, language, voice, communication and/or auditory processing - supporting ICD-9 784.40 (voice and resonance disorder, unspecified) or 784.42 (dysphonia)

CPT Code 92526 - Treatment of swallowing dysfunction and / or oral function for feeding - supporting ICD-9 787.22 (oropharyngeal dysphagia)

Medicare recognizes that an instrumental assessment such as a FEES may be needed for:

- ✓ clinical decisions whether to place feeding gastrostomy tubes;
- ✓ to plan and evaluate appropriate therapy programs;
- ✓ in the dietary management of the impaired patient.

Medicare requires a medical diagnosis of dysphagia when reimbursing a facility for A FEES. FEES is considered a *rehab procedure*.

For Medicare A - The cost of the procedure is subtracted from the patient's day rate. The code associated with FEES policies on how to manage rehab time that day will vary from facility to facility. The 30-minute treatment portion (92526) can be applied to your rehab totals when billed by your facility SLP or if you have us sign your treatment log on the day of the visit.

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BILLING PROCEDURES FOR SDX FEES SERVICES - CONTINUED

For Medicare B - FEES procedures are billed by CPT codes. Billing is completed by the facility. If the facility's speech pathologist bills for a swallow treatment (92526) on the day of the FEES, the FEES specialist will notate for the business office that this code should not be billed twice on the same day. (*Exception:* In the case of patients with documented fatigue and an accompanying MD order for ST BID, 962526 can be billed twice on the same day with use of a modifier *76).

The SLP should not bill a voice evaluation (92506) on the date of the FEES. A dysphagia eval (92610) can be billed on the same day as a FEES with use of modifier *59.

The amount billed for the FEES to Medicare, **not** the rate charged by SDX for the FEES, will be included in the PT/ST cap. Thus, SLP's should manage their visits efficiently. If the need for a FEES is anticipated upon chart review, the SLP **does not** have to complete a formal eval if they can wait for the results of the FEES to formulate a treatment plan. The 700 form can be completed according to the instrumental exam (MBS or FEES) and treatment can be held pending FEES results.

If a patient is receiving treatment and is ready for a repeat study, documentation should indicate the need for a re-evaluation using FEES in the treatment plan.

For Medicaid - Medicaid does not reimburse for a FEES procedure.

For Private Insurance - Most insurance companies will reimburse for the FEES by CPT codes. Some require prior authorization, so it is a good idea to check on a case-by-case basis. See Medicare B guidelines for codes associated with FEES procedure. Insurance companies are billed by the facility using the facility as the provider.

For billing questions, please contact Katrina Woodward,
Director of Operations at 860-573-0120 or
katrina@swallowingdiagnostics.net