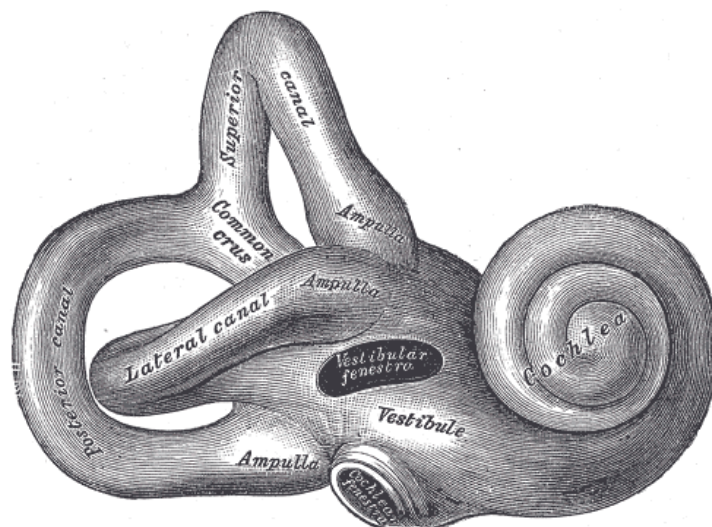


BPPV Resource Packet

- **BPPV Symptom Pattern Chart (pg 2)**
- **CRM Billing Information (pg 3)**
- **Enlarged Anatomical Diagrams (pg 6)**
- **Reference List (pg 9)**

**MN APTA Spring Conference
April 20, 2012
Becky Olson-Kellogg, PT, DPT, GCS**



BPPV Symptom Pattern Chart

	BPPV
Frequency	Most common vestibular D/O Post Canal positive 80-90% of the time
Etiology	Idiopathic, aging, head trauma, infection, ischemia, denervation Vest NN
Symptoms	Vertigo / nausea / vomiting with head mvmt, common after sleeping
Duration of Symptoms	Seconds Worse in am→better pm
Audiometry	No hearing loss
PT Clinical Findings	+ Hallpike-Dix or Roll Test(s)
Medical Rx	None
PT Intervention	Canalith Repositioning Maneuver (CRM)
Outcome	75-95% resolved after 1 CRM

UPDATE About Billing for Canalith Repositioning Maneuvers for BPPV

Canalith Repositioning Maneuvers are now paid by Medicare under CPT 95992.

Canalith Repositioning Maneuvers previously billed as CPT code 97112 by physical therapists should now be reported (billed) to Medicare using CPT code 95992.

Private insurers may or may not pay for this procedure code. It is recommended that this be investigated with each of your payers.

At this time there are no Correct Coding initiative edits with the code. As of January 1, 2011 the National Correct Coding Initiative (NCCI) edits do not require use of a modifier when 95992 is reported with other procedure codes. These edits are updated on a quarterly basis. More information about NCCI and access to the current lists is available at

http://www.cms.gov/NationalCorrectCodInitEd/01_overview.asp.

This code is payable for all Medicare part B practice settings under a physical therapy plan of care. Outpatient hospital settings do not require an APC. As with any services provided under a therapy plan of care for Medicare, the appropriate therapy services modifier should be reported (GP, GO, GN).

95992 is an untimed code and can only be billed 1 time per day.

The code may only be billed by a physician or physical therapist or under a physician or physical therapist plan of care.

Be sure to talk with your billing office re: these changes.

The Medicare Fee Schedule payment rate for your location can be calculated using APTA's fee schedule free calculator, please follow these instructions for more details:

Click on link below or log onto the APTA website

*you must be a member to access the fee schedule calculator

<http://www.apta.org/medicare>

- **Select Medicare Fee Schedule Calculator**

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Oct. 1 - Minimum Data Set Version 3.0 Implementation
CMS Fact Sheet: Rehabilitation Therapy (.pdf) - 5/13/10
ICD-10 Resources
CMS Instructions on Therapy Cap Implementation

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Medicare Direct Access Resource Center
Medicare Fee Schedule
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Legislative ACTION CENTER
Do you have

- Select year, location and code at the bottom of the screen, then select calculate and code and pricing will appear for the selected area.

MPPR Calculator (xls - size 2.76MB)

Fee Schedule Calculator
The fee schedule calculator provides the payment amount for each CPT code on geographic location based on a freeze in the conversion factor at 2010 rate. It does not guarantee that your local contractor will pay for the service(s) you furnished. To determine whether Medicare will provide any payment for the service, please check with your Medicare contractor and refer to your local coverage determination (LCD) for coverage guidelines. The LCD is available through the contractor Web site or on the CMS Web site.

Year: - Select a Year -
Location: - Select a Location -

Please choose one of the following:
To select more than one Treatment Code, hold down the Ctrl button on your keyboard and make selections with your mouse. You can also choose to type more than one code separated by a comma.

Treatment(s):
95937 - Neuromuscular junction test
9593726 - Neuromuscular junction test
95937TC - Neuromuscular junction test
95953 - EEG monitoring/computer
9595326 - EEG monitoring/computer
95953TC - EEG monitoring/computer
95992 - Canolith repositioning
96105 - Assessment of Aphasia
96115 - Neurobehavior testing
97001 - PT Evaluation

OR
Type Treatment Code(s):
95992

Calculate

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The following information was posted in the APTAs weekly electronic newsletter ("PT in Motion: News Now") on March 11, 2011:

PTs Must Resubmit Claims for Canalith Repositioning Due to System Error

Physical therapists (PTs) who have been denied payment when using the canalith repositioning CPT code 95992 will have to resubmit claims after the Centers for Medicaid and Medicare Services' (CMS) contractors update their systems.

CMS recently determined that it did not update its "sometimes therapy" list to add the canalith repositioning code for 2011. As a result, contractors were denying payment. CMS will be issuing a Change Request in about 2 weeks that will update the "sometimes therapy" list notifying contractors that they should pay physical therapists for the 95992 code. Payment will be made retroactive to January 1. However, CMS states that the contractors may not be able to update their systems to pay for the code until July 1. PTs will need to resubmit all claims that are denied after the contractors update their systems. There will not be automatic adjustments. It is possible that some contractors may figure out a way to pay before July 1, so providers should check with their contractors after the change request is issued.

Enlarged Anatomical Diagrams

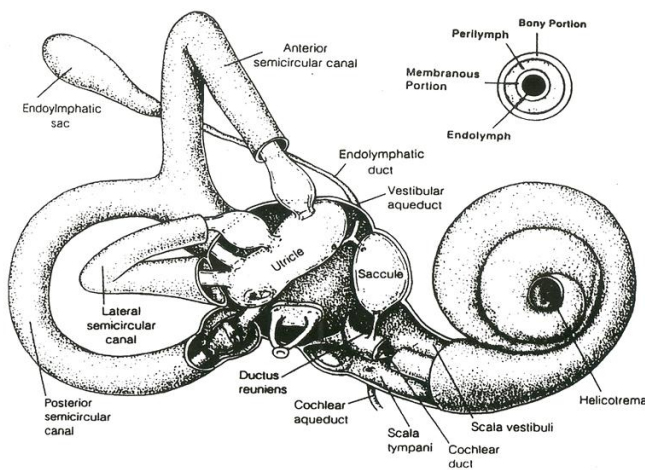


FIGURE 1-3. The membranous and bony labyrinths. The inset illustrates the perilymphatic and endolymphatic fluid compartments. Majority of the illustration by Mary Dersch from Pender, 1992, with permission from Lippincott-Raven.²

Herdman 2000

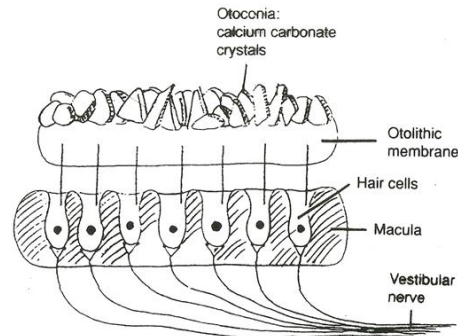


FIGURE 1-5. The otolithic macula and its overlying membrane. Reprinted from Baloh RW, Honrubia V, 1990, with permission of the publisher, F. A. Davis.⁴

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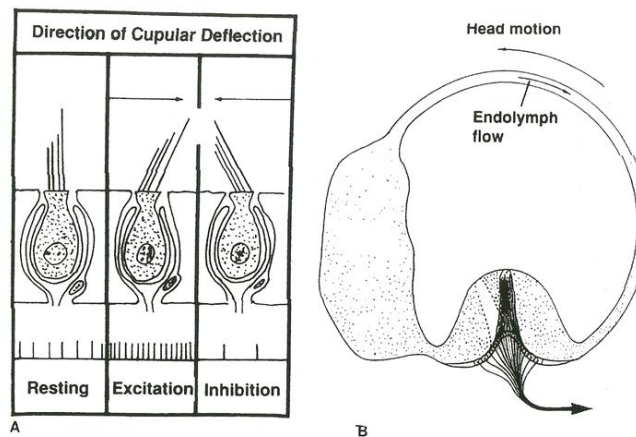
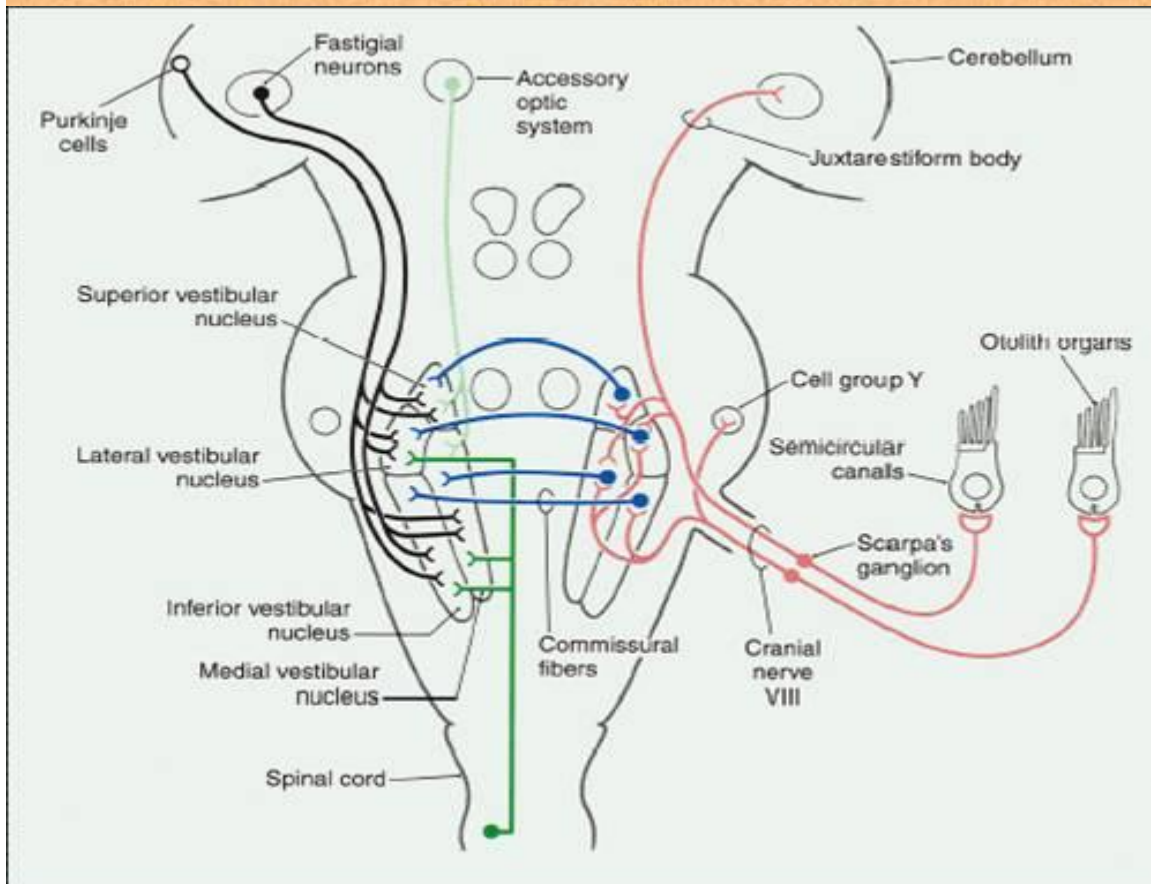
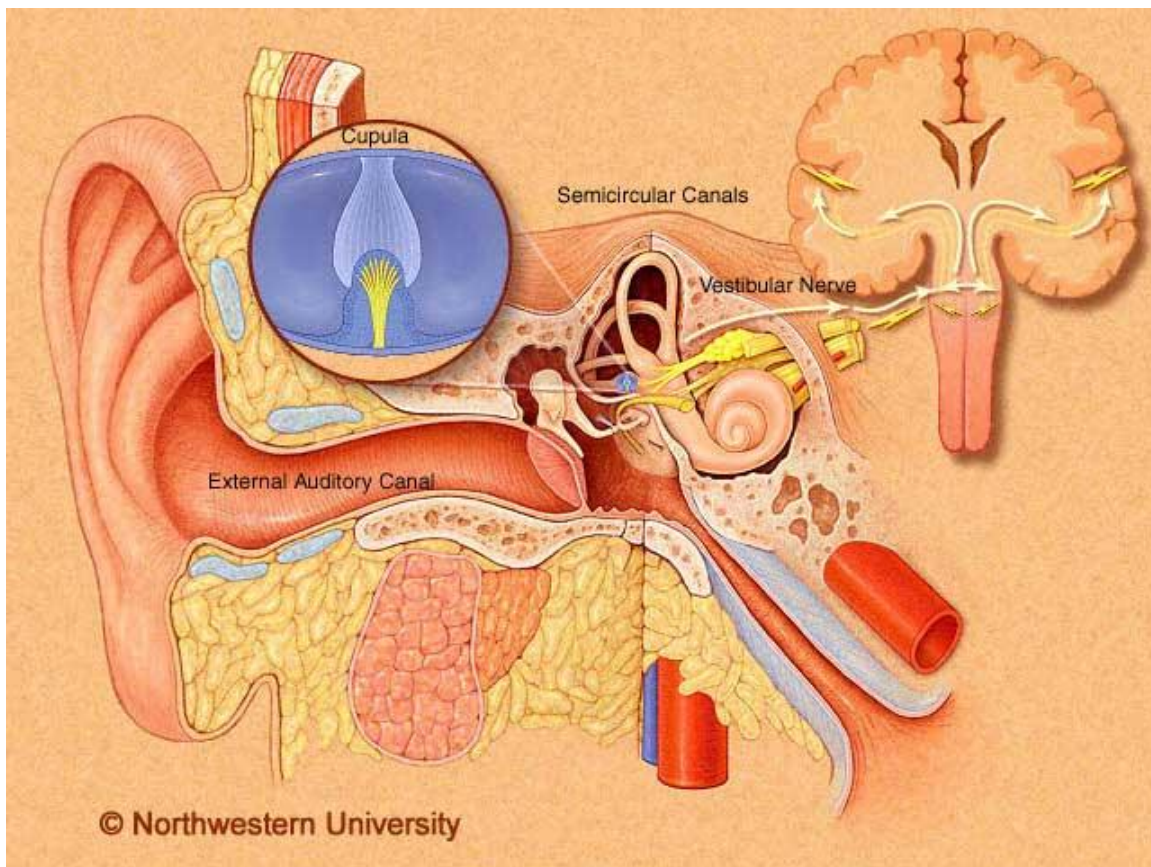
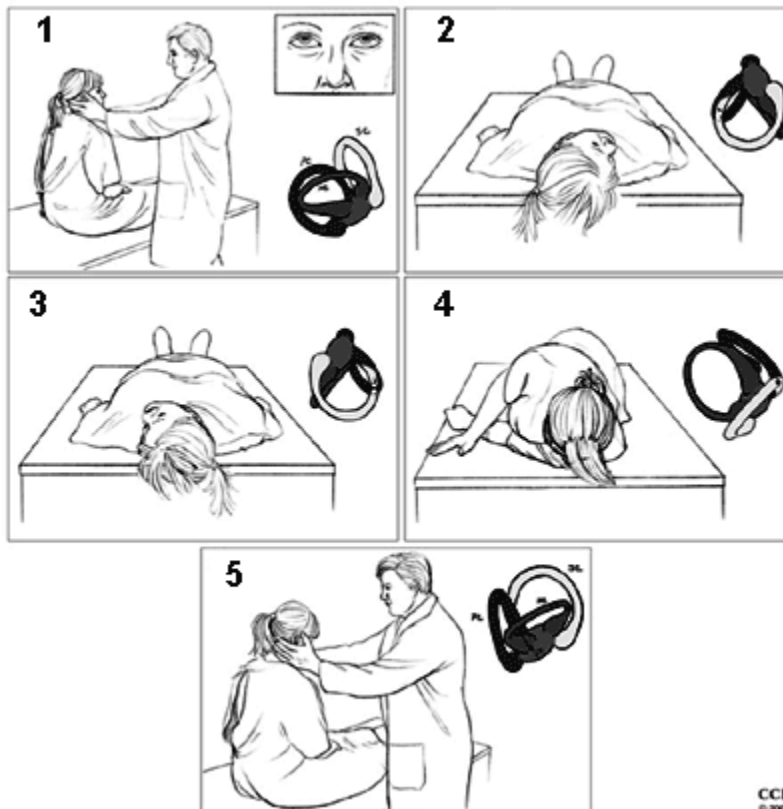
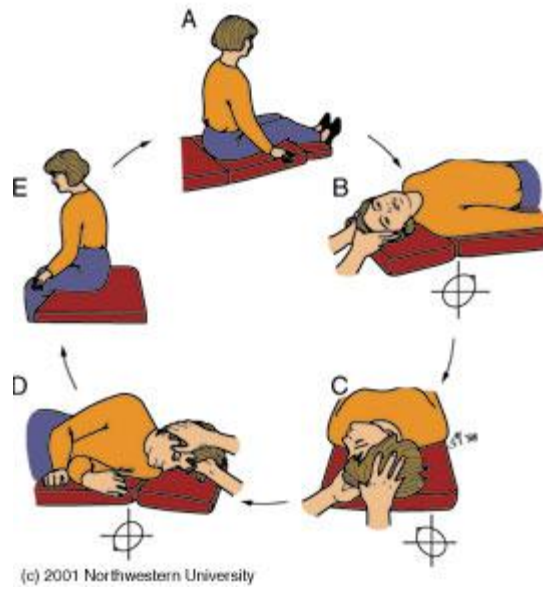


FIGURE 1-4. Effects of head rotation on the canals. (A) The direction from which hair cells are deflected determines whether or not hair-cell discharge frequency increases or decreases. (B) Cross-section of the membranous labyrinth illustrating endolymph flow and cupular deflection in response to head motion. Reprinted from Bach-Y-Rita, et al, 1971 (© 1965, IEEE) with permission from Academic Press.³

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