Across the country we are experiencing coding challenges for both SLP ICD-10 diagnosis coding and CPT billing coding. This week’s Fast Fact serves as a review of the basics to assist in resolving SLP coding issues.

- Each skilled nursing facility has an assigned Medicare Administrative Contractor (MAC). Each MAC has a Local Coverage Determination (LCD) for each rehab discipline that includes diagnosis codes (ICD-10) approved for use. We must only use medical and treatment diagnosis codes listed on our facility’s LCD.
- ICD-10 diagnosis codes were developed to increase the specificity / level of detail of the diagnosis to accurately describe a patient’s illness, impairments, signs and symptoms. Therefore, despite their availability for use, SLPs should avoid using “unspecified”, “other” or “not elsewhere classified” codes as the SLP treatment diagnosis (such as Dysphagia, unspecified - R13.10 or Other, dysphagia - R13.19); there often is a more specific and detailed ICD-10 coding option.
- When treating dysphagia, the SLP treatment diagnosis should always specify the phase of swallowing that is impaired as represented by the following ICD-10 codes:
  - Dysphagia, oral phase R13.11
  - Dysphagia, Oropharyngeal phase R13.12
  - Dysphagia, pharyngeal phase R13.13
  - Dysphagia, pharynogoesophageal R13.14
- The SLP provides diagnostic and treatment services for cognition, communication and swallowing. The below table outlines the requirements for coding and documentation when a cognitive-linguistic AND swallowing evaluation are completed either on the same day or one after the other:

<table>
<thead>
<tr>
<th>COGNITIVE-LINGUISTIC CODING &amp; DOCUMENTATION PATH</th>
<th>SWALLOWING CODING &amp; DOCUMENTATION PATH</th>
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<tbody>
<tr>
<td>Cognitive-Linguistic Evaluation CPT 92523</td>
<td>Swallowing Evaluation CPT 92610</td>
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<tr>
<td>Initial Plan of Care with detailed prior and current level of function for cognition and communication</td>
<td>Supplemental Evaluation with detailed prior and current level of function for swallowing</td>
</tr>
<tr>
<td>Cognitive-Linguistic Treatment CPT 92507</td>
<td>Swallowing Treatment CPT 92526</td>
</tr>
<tr>
<td>ICD-10 Code Supporting Medical Necessity – select a treatment diagnosis from the Medicare Administrative Contractor’s Local Coverage Determination that best describes the cognitive-linguistic deficit</td>
<td>ICD-10 Code Supporting Medical Necessity - select a treatment diagnosis from the Medicare Administrative Contractor’s Local Coverage Determination that best describes the swallowing deficit</td>
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<tr>
<td>ICD-10 Code Supporting Medical Necessity – select a medical diagnosis/diagnoses (we have 4 medical diagnoses fields available for use in SMART ) from the patient’s diagnosis list that most closely relates to the cognitive-linguistic treatment diagnosis (the diagnosis causing or contributing to the cognitive-linguistic deficit)</td>
<td>ICD-10 Code Supporting Medical Necessity – select a medical diagnosis/diagnoses (we have 4 medical diagnoses fields available for use in SMART ) from the patient’s diagnosis list that most closely relates to the swallowing treatment diagnosis (the diagnosis causing or contributing to the swallowing deficit)</td>
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• ASHA and CMS have indicated that 97532 (Development of Cognitive Skills) and 92526 (Treatment of Swallowing Dysfunction) CAN be billed on the same day for the same patient however we MUST have:
  - Two separate evaluations, goals, and treatment procedures for dysphagia and cognition.
  - Two separate treatment diagnoses / ICD-10 codes – one for dysphagia and one for cognition to support each CPT code - 97532 and 92526.
  - The corresponding ICD-10 codes must be entered into the facility’s electronic system to support the CPT codes billed.
  - Two separate start and end times for each treatment of cognition and swallowing.
  - Modifier -59 must be used.
  - NOTE: Swallowing treatment that includes compensatory strategy training is included within CPT 92526. CPT 97532 cannot be billed in addition to 92526 unless there is a separate plan of care for cognitive-linguistic treatment as outlined above.
• Cognitive-linguistic treatment provided by an SLP is a skilled and medically necessary service when supported by progress, evidence based practice, and a functional plan of care. Regardless of a MAC’s approval or limitation regarding the use of 97532, if medically necessary, cognitive-linguistic treatment should continue to be provided and billed under CPT codes that incorporate cognition and are deemed as supporting medical necessity by the facility’s MAC on their LCD (i.e. 92507 or 97532 for SLPs).
• Guidelines for providing cognitive-linguistic treatment:
  - SLPs must address and document a FUNCTIONAL COGNITIVE-LINGUISTIC / COMMUNICATION OUTCOME. Memory and orientation provided solely, are often not sufficient to support a skilled plan of care.
• Steps to developing a functional cognitive-linguistic outcome that positively impacts specific communication abilities:
  - Consider how communication / language (auditory processing, auditory, gestural & reading comprehension, verbal, written & gestural expression) are impacted via cognitive skills.
  - Consider assessment of visual versus auditory attention, concentration, and memory.
  - Use standardized cognitive / communication assessments tools and document their results.
  - Evaluate reading comprehension and written expression as acuity and clinical appropriateness permits – skills may be a strength.
  - Determine and document preserved abilities and how they may assist in the ability to gain and retain information to compensate for weaknesses (i.e. procedural memory, written expression, reading comprehension).
  - Consider assessment & amelioration of sensory deficits.
  - Document the patient’s preferred learning style (visual, auditory, tactile / kinesthetic) as a strength and how you are capitalizing on that strength to assist in safety and functional gain.
  - Specific cognitive treatment procedures should be implemented and documented as clinically appropriate depending on patient’s ability to gain and retain information / new learning. Cognitive treatment procedures may include:
    - **For mild – moderate cognitively impaired patients**: spaced retrieval; memory journals / wallets; rehearsal; repetition; word/mental picture association; following written and verbal directions; recalling boxed information; mnemonics; associated visual pairs; safety strategies; sequencing and problem solving strategies for all daily activities and responsibilities.
    - **For moderate – severe cognitively impaired patients**: validation therapy techniques; augmentative communication tools; sensory integrative techniques; reminiscence, Montessori based techniques; environmental modification.
• Conduct and document caregiver education and training, including specific individualized, effective cognitive strategies from week one to discharge.
• For further education in this area, consider taking courses on Redilearn titled:
  - SLP Interventions for Mild-Moderate Cognitive Impairment
  - SLP Interventions for Moderate-Severe Cognitive Impairment
• It is critical that PDs and SLPs remain apprised of the guidelines regarding the use of 97532 from their individual facility’s Medicare Administrative Contractor’s (MAC) Local Coverage Determinations (LCDs). All MACs vary in their interpretation of Medicare regulations. While some MACs allow the use of 97532, others do not.