BPPV Resource Packet

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

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# BPPV Symptom Pattern Chart

<table>
<thead>
<tr>
<th></th>
<th>BPPV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td>Most common vestibular D/O Post Canal positive 80-90% of the time</td>
</tr>
<tr>
<td><strong>Etiology</strong></td>
<td>Idiopathic, aging, head trauma, infection, ischemia, denervation Vest NN</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>Vertigo / nausea / vomiting with head mvmt, common after sleeping</td>
</tr>
</tbody>
</table>
| **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
- Select year, location and code at the bottom of the screen, then select calculate and code and pricing will appear for the selected area.
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 Canith 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 1-5. The otoconic macula and its overlying membrane. Reprinted from Bok 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 Bok RW, et al, 1971 (© 1965, IEEE) with permission from Academic Press.4

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BPPV Reference List


