Background
1. VitalStim Therapy is the use of Neuromuscular Electrical Stimulation (NMES) to rehabilitate the oropharyngeal musculature in patients with dysphagia.
2. Reimbursement policies are set by the payor sources. Many of these are contained in Local Coverage Determinations (LCD).
3. A prospective payment system (PPS) is used by Medicare in inpatient environments (“Part A”). In this system the patient is categorized using a variety of classification systems (RUG, DRG, etc) and allocated a payment level accordingly. Each payment level mandates a certain minimum amount of therapy and nursing care to be delivered by the provider.
4. A fee-for-service system (FFS) is used by Medicare for outpatient settings (“Part B”). In this system providers charge for actual services delivered. Such charges are typically coded with CPT billing codes.
5. Centers for Medicare and Medicaid Services (CMS) has not issued any coverage determinations on the use of VitalStim Therapy, regardless of which setting it is used in. CMS therefore leaves it to the MAC’s (Fiscal Intermediaries and Carriers) to determine coverage guidelines.
6. As of the date of this writing (January ’10), insurance carriers generally agree on the following:
   a. Swallowing rehabilitation services (typically covered under the CPT code 92526) do not include the use of NMES. The use of this modality during the treatment is a separate service. This means that during a typical VitalStim Therapy session, 2 distinct services are being delivered: swallowing therapy and electrical stimulation.
   b. The second of these services, the use of NMES for swallowing rehabilitation is still considered experimental and therefore not covered;
   c. However, dysphagia therapy interventions, even when they are delivered concurrently to the electrotherapy, are covered as usual.

Q&A
Q: When giving a patient swallowing therapy with NMES in a SNF setting with a Part A patient, can you charge for the total time of the treatment, or must you exclude the time it takes to attend to the NMES (apply and remove electrodes, adjust intensity, etc.)?

A: The therapist may not count the minutes spent on NMES as covered therapy minutes since it is still considered experimental and therefore uncovered. The therapist will document the treatment as dysphagia therapy, including NMES as a treatment modality. The time allocated to NMES setup and adjustment (typically consists of no more than a total of 5 minutes) is not counted as covered therapy minutes but must still be documented in the therapy notes.
Q: When giving a patient swallowing therapy with NMES in an IRF setting, is the time spent on NMES setup and adjustment included in the covered therapy minutes (cf. 3-hour rule) or not?

A: The therapist may not count the minutes spent on NMES as covered therapy minutes since it is still considered experimental and therefore uncovered. The therapist will document the treatment as dysphagia therapy, including NMES as a treatment modality. The time allocated to NMES setup and adjustment (typically consists of no more than a total of 5 minutes) is not counted as covered therapy minutes but must be documented in the therapy notes.

Q: When giving a patient swallowing therapy with NMES in an OP setting, can I bill for the NMES treatment in addition to the dysphagia therapy services?

A: The use of NMES for dysphagia can not be billed to insurance carriers since it is still considered experimental and therefore uncovered. Because the use of NMES is a separate service to dysphagia therapy, the charge for dysphagia therapy (CPT code 92526) can be charged to insurance as usual. The charge for the use of NMES (unattended electrical stimulation) may be charged to the patient since insurance is not covering it. In the case of Medicare, the patient must sign an Advance Beneficiary Notice (ABN) before receiving treatment.

Q: If I do charge the patient for the electrical stimulation, what CPT code should I use?

A: There are 2 different CPT codes that can be charged for the use of NMES: 97032 (attended electrical stimulation) and 97014 (unattended electrical stimulation). The code that best describes the use of NMES for dysphagia (the VitalStim protocol) is unattended electrical stimulation, 97014 (this code is to be billed as G0283 when billing Medicare). It is an untimed code which means that 1 charge applies regardless of the amount of time spent on the service. “Unattended” means that the therapist attention is with other reimbursable services while electrical stimulation is being delivered. In other words, electrical stimulation is being delivered to the patient while at the same time the therapist works with the patient on various swallowing tasks and other dysphagia treatment interventions.

Q: Are the supplies (electrodes) used during NMES treatment considered to be a part of the NMES treatment and covered and charged as such, or can they be billed separately as supplies?

A: The use of supplies during NMES treatment is included in the coverage codes for NMES treatment. Therefore, regardless of whether or not NMES is a covered service, supplies can not be charged for separately.