



Reimbursement for Vestibular Testing

Can Impulse be reimbursed? Yes



Answer: There is no specific CPT code for the head impulse test (aka head thrust). For that reason, CPT code 92700 would be the code of choice. Code 92700 is the unspecified otolaryngology procedure that is intended to cover a variety of procedures that do not have their own codes. When this code is billed, a detailed report needs to accompany the invoice to the third party payer with the following pieces of information:

- An explanation of the presenting sign or symptom that caused one or more of these procedures to be performed for this patient
- A complete description of what was done and what was found
- A description of any equipment that was used in the evaluation process and a justification for its necessity
- A description of your clinical assessment and interpretation of the test outcomes
- The length of time required to complete the evaluation
- Included in this report should be sufficient information to justify why these procedures were done in addition to or in place of other diagnostic procedures that have standard CPT codes.

It can be billed more than one time per date of service for different procedures (e.g. Impulse and VEMP). However, in order to have the reporting of the code for each procedure respected by the payer, there needs to be a – 59 modifier each time it is used to indicate that it is a separate and distinct procedure. If the code is billed over and over again without a modifier, the payer is most likely to roll it into one service and pay it only for one procedure.

Anyone who is authorized to report CPT codes can report this code for an unlisted procedure.

www.asha.org/aud/articles/hceanswers.htm

Current average reimbursement reported is \$65

Rethink your workflow and Increase the revenue

ICS Impulse assists in differential diagnosis as well as a time saving workflow. Include the Impulse and realize vast time savings, increased profit and get more confidence in your diagnosis.

“Based on a good case history and physical exam (e.g. one minute eye exam), you already have a good idea of the diagnosis in 90% of patients.”

Drs Charles Stockwell and Kamran Barin

Assumptions made for deriving these calculations:

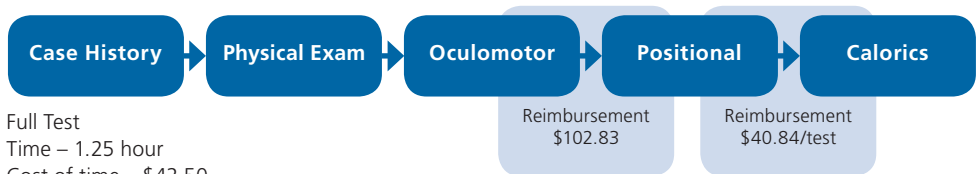
Assumption: 5 patients seen per day.

Abnormality	% of patients with disorder	Patients/month
BPPV	40%	40
Vestibular neuritis	10%	10
Menière's	15%	15
Vestibular migraine	20%	20
Other (SCD, Central, perilymph fistula, etc)	15%	15
Total	100%	100

- Experienced audiologist is performing the evaluation.
Salary is \$70,000* (\$34/hr) and does not include cost of benefits
**salary based on 3 sites (ASHA 2010, Salary.com, Bureau of Labor statistics)*
- Equipment is paid for (VNG/ENG and caloric irrigator)
- Not taking into account allocation for space
- Reimbursement is based on the 2016 Medicare Fee Schedule

Typical VNG/ENG Test

Workflow:



Full Test
Time – 1.25 hour
Cost of time – \$42.50
Reimbursement - \$144

Revenue - \$101.50

Revenue/15 min – \$20.30

Clinics are not getting the full reimbursement for the amount of effort. If you can reduce the number of caloric tests performed, you can gain more revenue for time spent. If you are starting a new clinic, every caloric test results in a loss of \$20-30 per patient.

Option 1: Modifying your existing workflow:

Best for the patient and increase revenue

Opportunity Cost: Gain an additional ~\$2512 in revenue per month and obtain ~31 hours of time back per month. This time can be used for increasing the throughput of vestibular patients or spending time on more profitable endeavors.

Suspected BPPV*

Workflow:



Time – 30 mins
Cost of time – \$17
Reimbursement - \$102.83
Revenue - \$85.83
Revenue/15 min – \$42.92

Reimbursement
\$102.83 must have
4 positions

Opportunity Cost:

Time saved – 30 - 45 mins = 20-30 hours/month

*Further calculations based on this example

Suspected BPPV

American Academy of Otolaryngology Guidelines - The panel made strong recommendations that 1) clinicians should diagnose posterior semicircular canal BPPV when vertigo associated with nystagmus is provoked by the Dix-Hallpike Maneuver. The panel made recommendations against 1) radiographic imaging, vestibular testing, or both in patients diagnosed with BPPV, unless the diagnosis is uncertain or there are additional symptoms or signs unrelated to BPPV that warrant testing.

Workflow:



Time – 15 mins
Cost of time – \$8.50
Reimbursement - \$28.30
Revenue - \$19.80
Revenue/15 min – \$19.80

Reimbursement
\$28.30 must have
4 positions

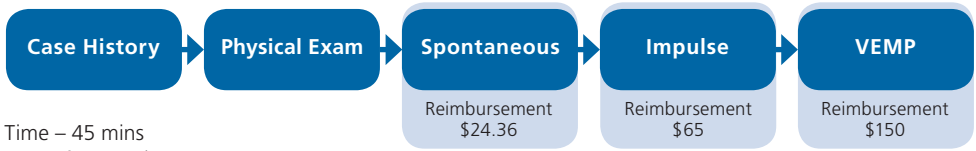
Opportunity Cost:

Time saved – 1 hour = 40 hours/month

Incremental Benefit – better patient care

Suspected Vestibular Neuritis

Workflow:



Time – 45 mins

Cost of time – \$25.50

Reimbursement - \$239.36

Revenue - \$213.86

Revenue/15 min - \$71.29

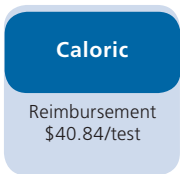
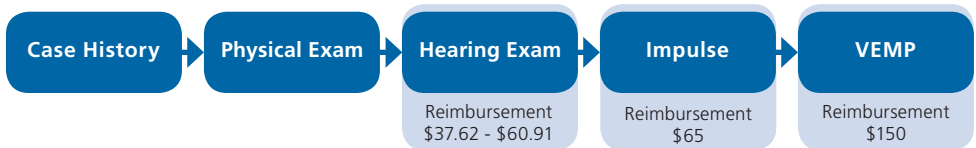
Opportunity Cost:

Time saved – 30 mins - 5 hours/month

Incremental Benefit – more thorough information to make diagnosis

Suspected Meniere's Disease

Workflow:



Time – 1.25 mins

Cost of time – \$42.50

Reimbursement - \$316.75

Revenue - \$274.25

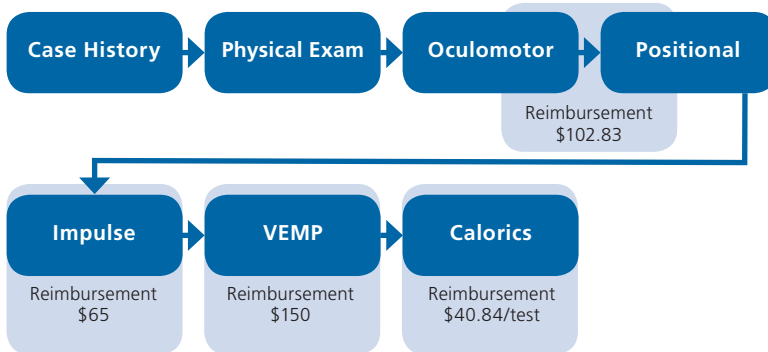
Revenue/15 min - \$54.85

Opportunity Cost:

Incremental Benefit – more thorough information to make diagnosis

Suspected Vestibular Migraine

Workflow: This is an exclusion diagnosis



Time – 1.25 hour

Cost of time – \$42.50

Reimbursement - \$358.67

Revenue - \$316.17

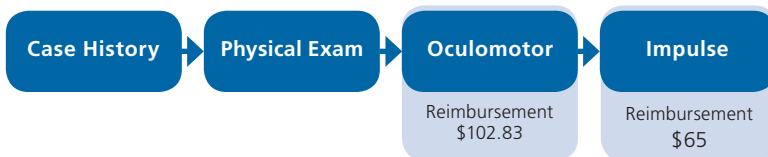
Revenue/ 15min - \$63.23

Opportunity Cost:

Incremental Benefit – more thorough information to make diagnosis

Suspected Central Disorder

Workflow:



Impulse is used to rule out peripheral involvement. If peripheral involvement is suspected, consider additional tests (i.e. VEMPs)

Time – 30 mins

Cost of time – \$17

Reimbursement - \$167.83

Revenue - \$150.83

Revenue/ 15min - \$75.42

Opportunity Cost:

Time saved – 30 mins – **7.5 hours/month**

Option 1: Opportunity Cost & Incremental Benefit

Traditional VNG (assume 5 pts a day)

- 100 pts x 75 mins x \$1.35/min revenue = \$10,125
- Total 125 hours/month

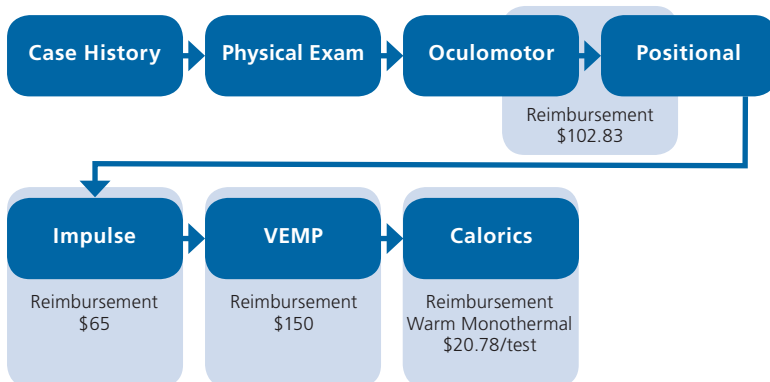
New Workflow

- BPPV – 40 pts x 30 mins x 1.32/min = \$1584
- VN - 10 pts x 45 mins x 4.75/min = \$2137.50
- Meniere's – 15 pts x 75 mins x 3.66/min = \$4117.50
- V Migraine – 20 pts x 75 mins x 4.22/min = \$6330
- Central – 15 pts x 30 mins x 5.03/min = \$2263.50
- Total 93.75 hours/month
- Total - \$16432.50 + 31 hours of time saved & better patient care

Option 2: Minimal change for your existing workflow

Minimal Change

Workflow:



If Monothermal Caloric shows a difference, then perform the 2 Cool calorics.

Time –15 min for extra 2 calorics

Cost of time – \$8.50

Reimbursement - \$20.06

Revenue - \$11.56

Revenue/ 15 min - \$11.56

Time – 1 hour & 15 min

Cost of time – \$42.50

Reimbursement - \$338.61

Revenue - \$296.11

Revenue/15 min - \$59.22

Opportunity Cost:

Incremental Benefit – more thorough information to make diagnosis

Option 2: Opportunity Cost & Incremental Benefit

Traditional VNG (assume 5 pts a day)

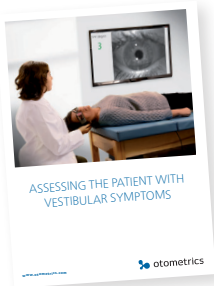
- 100 pts x 75 mins x \$1.35/min revenue = **\$10,125**
- Total 125 hours/month

New Workflow

- 55 patients only need monothermal = **\$16,286**
- 45 patients need bithermal = extra **\$520.20**
- Total 125 hours/month
- Total = **\$16,806** & better patient care
- Good medicine – better patient care

Benefits of Performing Impulse First

- Money in your hand – do not lose money
- Better patient care
 - Find abnormalities not identified before
- Gives you information you never had before
 - Different frequency range than caloric
 - Test all 6 canals
- Clinical usefulness
 - Determine superior or inferior VN
 - Monitor when administering gentamicin
 - Assess vestibular system bedside
- Reduce time needed to perform clinical evaluation
 - Spend more time counseling patient
 - See more patients in a day
 - Spend time on more profitable endeavors
- Initially ahead of the competition



[▶ Read more about Assessing the Patient with Vestibular Symptoms](#)
www.icsimpulse.com

Reimbursement based on 2016 Medicare Fee Schedule*

CPT Code	Reimbursement	Description
92540	\$102.83	Basic vestibular evaluation , includes spontaneous Nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
92541	\$24.36	Spontaneous nystagmus test , including gaze and fixation nystagmus, with recording
92542	\$28.30	Positional nystagmus test , minimum of 4 positions, with recording
92537	\$40.84	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) For three irrigations, use modifier -52. To report more irrigations consider using the modifier -22 In those circumstances, provide justification for the increased service and why it was needed.
92538	\$20.78	Caloric vestibular test monothermal (ie, one irrigation in each ear for a total of two irrigations) For one irrigation, use modifier -52. To report more irrigations consider using the modifier -22 In those circumstances, provide justification for the increased service and why it was needed.
92553	\$37.62	Pure tone audiometry (threshold); air and bone
92555	\$23.29	Speech audiometry threshold;
92556	\$37.62	With speech recognition
92557	\$37.98	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92584	\$74.16	Electrocochleography
92585	\$136.86	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92700	\$105-275	VEMP*
92700	\$65	vHIT*

* 92700 reimbursement was reported to Otometrics from clinicians surveyed

* VEMP 92700 average reimbursement when billing \$215-355

* vHIT 92700 average reimbursement when billing \$80

Code 92700 is the unspecified otolaryngology procedure that is intended to cover a variety of procedures that do not have their own codes. When this code is billed, a detailed report needs to accompany the invoice to the third party payer.

Otometrics does not assume responsibility for the decisions of payers or the amounts payers reimburse for procedure codes



ICS - the leader in vestibular testing

ICS is a leading global provider of diagnostic devices for balance disorders. Founded in 1981, the company has a history of developing ground-breaking products that provide pinpoint accuracy for balance testing. ICS is an expert brand of GN Otometrics.



Meet us online to learn more about our thinking, ideas, solutions and the way in which we support you in your endeavours. We're always ready for and welcome a dialogue.

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