

Billing Practices for Video Fluoroscopy Swallow August 2017

Facility	Do you have established minimal oral intake criteria that are used to designate a "completed study"?	If a child refuses to eat, do you place any type of charge for the study?	If a child takes very limited amounts (define if possible) during the study, do you modify your billing practices?	Do Radiology and Therapies utilize the same billing practices related to the above questions? If yes, how do you determine whether you bill, modify the bill or not bill at all?	If you do not bill, how do you record/get credit for the unit of service for this exam?
A	We consider a study "complete" if we are able to make a definitive diagnosis.	We only charge for a study we consider "complete" if we are able to make a definitive diagnosis and determine safety for feeding	No, not as long as we can see enough to reach a diagnosis. We can consider using a .52 modifier if less time and effort was needed due to patient difficulty or not tolerating study.	No, radiology bills if they get even one swallow.	We would document the attempt and the patient's response or reason we could not "complete" the study. Staff would record non-productive time if unable to charge in our productivity record keeping system.
B	No	We have never had this happen in the 7 years we have been doing the studies. We have allotted an hour to complete the study and can complete it. I will be interested in your results.	No, it has taken the same amount of resources to provide the service. It is our job to find the impairments and strengths of the results whatever information we can garner from the study no matter how limited it might be.	Yes	n/a

Facility	Do you have established minimal oral intake criteria that are used to designate a “completed study”?	If a child refuses to eat, do you place any type of charge for the study?	If a child takes very limited amounts (define if possible) during the study, do you modify your billing practices?	Do Radiology and Therapies utilize the same billing practices related to the above questions? If yes, how do you determine whether you bill, modify the bill or not bill at all?	If you do not bill, how do you record/get credit for the unit of service for this exam?
C	Typically if they take at least 1 swallow on fluoro it gets billed as a full procedure (we still try to do clinical assessment after study attempt for more assessment/info but we do bill for a swallow study 92611)	If refusals occur and we see zero swallows on fluoro, we do not charge for a swallow study (92611) but we try to do clinical assessment in the consult room after the study attempt to help make assessment, impressions, and recommendations. We then would charge an eval (92610)		If the study is “cancelled” due to refusals (zero swallows seen on fluoro), radiology bills for the room charge only vs the room and procedure/read charge	In the rare cases we are not able to do any direct assessment to make impressions/recommendations (swallow study or clinically afterwards), we do not bill and have no credit for our time spent
D	no minimum. there needs to be a clinical determination that what was done yields adequate information to provide a dx, poc	if they cannot be assessed, then we drop a “no-charge” which provides units of productivity but does not result in a charge	not if the study is adequate for dx and poc	essentially, yes	bill “no charge”