Medicare Rules & SLP Private Practice
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TSHA Convention March 5, 2011
10:30 – 12:00

TODAY’S AGENDA
• Medicare Overview
• How to Enroll
• Medicare Patients & Your Non-Participation
• The Fee Schedule
• The Claim Form & Proper Coding
• ASHA & CMS Resources

MEDICARE OVERVIEW
• Age 65+ (inpatient coverage + HHA: Part A)
• All ages, if severe disabilities
• Almost all patients pay for Part B (covers individual practitioners) approx $100/month
• State Medicaid programs pay the monthly Part B premium for Medicare coverage
• The co-pay is 20% of the published Medicare fee and you must collect the co-pay

Overview, contd.
• Private practitioners can see patients in
  • one’s office (office requirements are subject to state regulations)
  • in patient’s home
    • Assisted living facility qualifies as home
    • Skilled nursing facility does not qualify

Overview, contd.
• Home Health Agency patients
  • Services must be contracted by the HHA
  • Medicare pays the HHA, not the therapist

• Skilled Nursing Facilities & Hospitals
  • Similar contractual & payment rules as HHA

Overview, contd.
• MEDICARE ADVANTAGE PLANS (MAP)
  • Contracts with CMS to provide Medicare-covered services.
  • Like an HMO, CMS pays the MAP a monthly fee per patient for all services
  • The MAP attracts patients by offering services beyond the Medicare scope of coverage and other enticements
  • MAPs are not established in all urban areas
Overview, contd.

- MEDICARE ADVANTAGE PLANS, contd.
  - The MAP contracts with a limited number of SLPs (and other practitioners) in its geographic area
  - Medicare private practice enrollment may or may not be required by the MAP
  - Your payment amount per session is subject to negotiation between you and the MAP
  - Nationwide, MAPs serve 5 to 10% of all Medicare beneficiaries.

The Annual Therapy Cap

- $1870, combined with physical therapy services
- The Exceptions Process has, for the most part, eliminated the cap because:
  - When you add the "KX" modifier to the CPT procedure code, it is certification that your documentation indicates medically necessity
  - The exceptions process has been re-authorized by Congress each of the past 4 years (and 2011) while an alternative to the cap is being developed

Professional Qualifications

A qualified speech-language pathologist for Medicare coverage purposes meets one of the following requirements:

- The education and experience requirements for a Certificate of Clinical Competence in (speech-language pathology) granted by the American Speech-Language Hearing Association; or
- Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Enrolling in Medicare

An NPI Number is a Prerequisite to Medicare Enrollment

- A National Provider Identifier (NPI) is required for all direct-bill practitioners under Medicare
  (Private health plans might require the NPI only for practitioners who bill electronically.)
- Apply online or by mail: http://www.cms.hhs.gov/nationalprovidentstand/03_apply.asp
- Your NPI # will become your Medicare supplier # after your Medicare enrollment application is processed.

NPI Application Tips

- Taxonomy code for SLPs (Level II classification): 235Z00000X
- Provider Type: 23
- Type II NPI # for group practices or incorporated practitioners
YOUR DIRECT LINK TO MEDICARE

• Medicare Carriers or Medicare Administrative Contractors (MACs)
  • process your enrollment application
  • process and pay your claims

• www.trailblazerhealth.com
TrailBlazer Health Enterprises, LLC is the MAC for TX, CO, NM & OK

CMS PROVIDER-SUPPLIER ENROLLMENT SYSTEM

• www.cms.hhs.gov/medicareprovidersupenroll
• Click left side of page: "Internet-Based PECOS"
  PECOS: Provider Enrollment, Chain and Ownership System
• PECOS is the preferred method for completing the enrollment application for individuals
  - online & interactive -

Online PECOS Facilitates Completion of Forms CMS-855i & 855B

• Form 855i: “Application for Individual Health Care Practitioners”
• PECOS detects information entered incorrectly or incompletely before submission
• You mail 2-page signed certification statement within 7 days of electronic submission

Form 855i: Individual Practitioners

• As an employee or contractor in a group practice;
• If the practice is under your name or “Doing business as;” or
• You are the sole owner of a professional corporation, professional association, or limited liability company
  If other SLPs work for you, also complete Form 855B

To Enroll as a Group/Organization: Form CMS-855B

• You complete the 855B
• Each employee/contractor
  • completes the 855i if not already active in Medicare Part B
  • completes the 855R “Reassignment of Medicare Benefits”
    • names the practice owner or corporation as the recipient of Medicare payments

If You Do NOT Complete Form CMS-855i or 855B online (PECOS)

• On your carrier or MAC’s Web site, enter in Search Box: “CMS-855i,” for
  • FAQs
  • Contact information
  • Mailing address
**Related CMS Forms**

Can be submitted with the 855i or 855B:
- CMS-460 "Participating Physician or Supplier Agreement" (optional)
- You agree to accept payment directly from Medicare instead of the patient (except for the patient’s 20% copayment)
- CMS-588 "Authorization Agreement for Electronic Funds Transfers"
- Allows payment directly to your bank account

**“Non-participating” Status**

It's not what it sounds like!

- After enrollment, send letter, requesting non-participating status
  - Patient pays you; Medicare pays patient directly
  - As always, you must collect the 20% copayment
- You may collect a 15% “limiting charge” above 95% of the fee schedule amount.
  ($100 fee x 95%) x 115% = $109.25

**If you are not enrolled as a Medicare supplier/provider . . .**

- The patient, of his/her own free will, must instruct you to not submit a Medicare claim; or
- You may determine that your services are not within the scope of Medicare coverage (patient signs an ABN form)
  1\st bullet Maximum fee is Medicare fee schedule
  2\nd bullet No fee limit

**Medicare Opt-Out**

- This option is not available to SLPs/OTs/PTs and many other practitioner types
- This option is controlled by Congress
- Here’s how it works:
  - 2 year contract between patient and practitioner
  - Establishes fees, unrestrained by Medicare limitations

**ABN form (regarding previous slide):**
Advance Beneficiary Notice of Noncoverage
[www.cms.gov/BNI/02_ABN.asp](http://www.cms.gov/BNI/02_ABN.asp)

**Local Coverage Determinations**

- Detailed scope of coverage
- List of approved CPT and ICD-9 codes
- Coverage information that is not included in or is ambiguous in national policy manuals
TrailBlazer’s Local Coverage Determination

Speech-Language Pathology Services

- TrailBlazer LCD: “Therapy Services (PT,OT,SLP)” does not contain information over and above national policy manuals such as the Medicare Benefit Policy Manual

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CMS Web Site

Medicare Benefit Policy Manual:
- 220.1 Physician Certification
- 220.2 Reasonable & Necessary Services
- 220.3 Documentation Requirements for Therapy
- 230.3 SLP Scope of Coverage

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Medicare Physician Fee Schedule

- All Medicare Part B suppliers and providers are paid established fees according to the CPT procedures performed
- Medicare bases the payment on a resource-based relative value scale (RBRVS) of medical procedures

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Fee Schedule, contd.

- Assigns a relative value unit (RVU) to each procedure performed using the CPT codes
- Geographic adjustments
- Conversion factor (Annually set by CMS)
- Three RVU components:
  - Professional component or physician work
  - Technical component or practice expense
  - Professional liability insurance

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2011 Medicare Fee Schedule?
Speech-Language Pathology

AT END OF 2010 WE ARE WAITING FOR CONGRESSIONAL ACTION THE 2011 RATES

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>2008 Rate</th>
<th>2010 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>92506</td>
<td>Speech &amp; language evaluation</td>
<td>$146.25</td>
<td>$154.37</td>
</tr>
<tr>
<td>92507</td>
<td>Speech &amp; language treatment</td>
<td>$62.84</td>
<td>$63.84</td>
</tr>
<tr>
<td>92610</td>
<td>Dysphagia clinical evaluation</td>
<td>$100.93</td>
<td>$111.81</td>
</tr>
<tr>
<td>92526</td>
<td>Dysphagia treatment</td>
<td>$82.65</td>
<td>$99.18</td>
</tr>
</tbody>
</table>

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ASHA’s fee schedule analysis includes directions for finding your exact local rate. “Geographic Adjustment Calculations”

ASHA’S MEDICARE FEE SCHEDULE ANALYSIS: http://www.asha.org/practice/reimbursement/medicare/feeschedule.htm
CMS-1500 Claim Form
Online Help Tools

- "Form CMS-1500 at a Glance"
- Sources for purchase of the forms
- Site for printing a form specimen (not for submission)

- Instructions for completion are in Chapter 26 of the Medicare Claims Processing Manual

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1500 – Top Portion

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1500 – Lower Portion

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Recording Diagnosis Codes

Section 21:
- In spaces 1–4 insert ICD-9 codes
- Primary diagnoses (disorder being treated) are listed before secondary diagnoses (causes of the disorder you are treating)

Section 24.E:
- Insert 1, 2, 3, or 4 (links to the codes identified in Section 21) that describes the disorder you treated or evaluated

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International Classification of Diseases

- Diagnosis coding rules and list of ICD-9 codes related to speech, hearing & swallowing disorders:

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CPT Codes and Modifiers

Section 24.D:
First block is for 5-digit CPT code
Remaining blocks are for 2-digit modifiers
- Modifiers:
  - GN = speech-language pathology service (Mcare)
  - S9 = distinct service (for CCI edits – Mcare)
  - 22 = unusually long procedure (some MACs do not pay additional)
  - 52 = unusually short procedure
**CODING IS CRITICAL TO BILLING FOR YOUR SERVICES**

**Special Otolaryngological Services**

- **92506**: Evaluation of speech, language, voice, communication, and/or auditory processing
- **92507**: Treatment of speech, language, voice, communication, and/or auditory processing; individual
- **92508**: Treatment; group

**Special Otolaryngological Services**

- **92607**: Evaluation for prescription for speech-generating device (SGD), face-to-face with patient, first hour
- **92608**: SGD eval, each additional 30 minutes (may extend to additional days)
- **92605/06**: Non-SGDs. *Medicare says to use 92506/92507*

**Special Otolaryngological Services**

- **92520**: Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
- **This is a "therapy service" under Medicare as of 2010**
- Modifier -52 if perform only aerodynamic or acoustic testing

**Special Otolaryngological Services**

- **92530**: Auditory rehabilitation; prelingual hearing loss
- **92633**: Auditory rehabilitation; postlingual hearing loss
  
  *Medicare says to use 92507 instead of 92630 or 92633*
Central Nervous System Assessments/Tests

- 96105: Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- 96110: Developmental testing; limited (eg, Developmental Screening Test II) with interpretation and report
- 96111: Developmental testing; extended (assessment by standardized developmental instruments, with interpretation and report), per hour

Physical Medicine and Rehabilitation

- 97532: Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-to-one) patient contact by the provider, each 15 minutes
  - 8-22 minutes 1 unit
  - 23-37 minutes 2 units
  - 38-52 minutes 3 units

Re-Evaluations

- There is no re-eval CPT code for SLPs so you may use 92506 (Benefit Policy Manual, sec. 15/220.3.C)
- Re-evals are billable if overall change in condition; new clinical findings; pre-discharge confirmation of goals met, etc (BPM, sec. 15/220.3.C)

ASHA WEB SITE - -

MEDICARE CPT CODING RULES:
www.asha.org/members/issues/reimbursement/medicare/SLP_coding_rules.htm

ICD-9 CODES – Speech & Hearing Related:
http://www.asha.org/members/issues/reimbursement/coding/icd9.htm

CCI Edits (Medicare/some private payers)

- Correct Coding Initiative (CCI) Edits
  - Pairs of codes that cannot be billed on the same day, and
  - Code pairs that can be billed on the same day if the -59 CPT modifier is added - - and your documentation shows that the 2 procedures are distinct
- http://www.asha.org/practice/reimbursement/coding/CCI_edits_SLP.htm
CCI Edits, contd.

**EXAMPLES**
- 92508 (group tx) + 92507 (indiv) YES, with -59
- 92607 (SGD eval) + 92507 YES, with -59
- 92609 (SGD tx) + 92506 YES, with -59
- 92612 (FEES) + 92520 (laryng func.) NO

The -59 modifier is attached to the Column #2 code

NOTE: ASHA supports the above edits based on the expiration of a conflicting CMS Program Memo.

CCI Edits, contd.

The following code pairs are not listed, thus there are no restrictions:
- SLP Eval + Dysphagia Eval
- SLP Tx + Dysphagia Tx
- SLP Eval + SLP Tx
- ETC

PHYSICIAN CERTIFICATION

- A physician, physician assistant, or nurse practitioner must approve your plan of care (POC) during the first 30 days
- The approval can be effective for up to 90 days if the POC goals extend for at least 90 days
- Because of the certification requirement a physician referral or order is not required

Where Do I Go From Here?

- ASHA Web site
- Continuing Education
- Purchase tools and resources
- Networking, professional consultation
- Your inquiries to ASHA’s reimbursement team:
  www.reimbursement@asha.org

www.asha.org/practice/reimbursement/medicare/SLPprivatepractice.htm
Resources on ASHA's Web Site

Medicare:
- http://www.asha.org/practice/reimbursement/medicare

Coding for Reimbursement:
- http://www.asha.org/practice/reimbursement/coding/

Medicare CPT Coding Rules:

Medicare Benefit Policy Manual:

Resources, contd.

Webinar: “2011 Coding Update for SLPs"
Nancy Swigert & Dee Adams Nikjeh

- Replay available until Dec 8, 2011
- www.asha.org Continuing Education
$99 - 2 hours plus Q&A transcripts

Other ASHA Resources

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ASHA’s Web Site, contd.

Medicare and SLP Private Practice:

SLP Medicare Fee Schedule:

Documentation Issues:
- http://www.asha.org/slp/healthcare/documentation.htm

Other ASHA Resources

- Guide to Successful Private Practice in Speech-Language Pathology
- Health Plan Coding and Claims Guide
- Negotiating Health Care Contracts and Calculating Fees: A Guide for SLPs and Audiologists