

INTRODUCTION TO INSURANCE AND DOCUMENTATION FOR SPEECH-LANGUAGE PATHOLOGISTS

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MSHA: March 21, 2019

DISCLOSURES

- Similar presentation at MSHA 2015
- Member of the ASHA State Advocates for Medicare Policy

CERTIFIED / LICENSED SPEECH- LANGUAGE PATHOLOGISTS IN:

- Critical Access Hospitals (CAH)
- Inpatient Rehabilitation Facility (IRF)
- Skilled Nursing Facility (SNF)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Outpatient Rehabilitation Facility (ORF)
- Home Healthcare Agency (HHA)
- Private Practice

DRIVERS OF THE INDUSTRY

- **CMS**

**CENTERS FOR MEDICARE AND
MEDICAID SERVICES**

- **BCBS**

FEDERAL, STATE AND PRIVATE PAYORS

- **MEDICARE (A/B, Advantage plans)**
 - **A – acute hospitalization, inpatient rehab facility, skilled nursing facility, home health agency, hospice**
 - **B – outpatient hospital, private setting, SNF after 100 days (yearly publication of the Medicare Physician Fee Schedule: rates paid / CPT**
 - **C – Advantage plans administered by private contractors may provide
A & B**
- **MEDICAID: state or HMO such as Molina, Meridian**
 - **** Medicaid is a state funded assistance plan: not an actual ‘insurance’**

Private Payors:

- **BCBS of MI (also out of state plans)**
- **BCN**
- **Aetna**
- **United Healthcare**

REIMBURSEMENT

- **PROSPECTIVE PAYMENT SYSTEM** via **DIAGNOSTIC RELATED GROUPS (DRG)**: patient categories used to determine fixed payment reimbursement regardless of cost during hospitalization
- **FEE FOR SERVICE**: inpatient services billed by physicians, therapists
- **MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)**: new for SLP/AUD 2019- CMS quality system (performance categories: use of EMR, resource/cost, quality and clinical practice improvement)
 - Medicare Part B (outpatient): tied to clinician National Provider Identification (NPI)
 - For those providing: > \$90,000, treat >200 Medicare beneficiaries for >200 visits
 - SLP reporting: medications in EMR, pain management, tobacco cessation intervention
 - AUD reporting on 6 measures: medications, screenings for depression, fall risk, tobacco, OTO referral for chronic vertigo
- **Patient Driven Payment Model (PDPM)** will replace **Resource Utilization Groups (RU)**: SNF system; implementation 10/1/19: upon admission, early identification of needs assessment. Complexity and reimbursement directly correlated.
- **Minimum Data Set((MDS)**: SNF system to identify health issues and functional capabilities

REIMBURSEMENT

- INPATIENT REHABILITATION FACILITY

Functional Independence Measures (FIM): to be discontinued

10/1/19: QUALITY REPORTING PROGRAM:

1-6 point scale (dependent to independent)

-ADMISSION:

*Eating

*Memory

(Brief Interview for Mental Status: word recall/temporal orientation)

(Staff assessment of Mental Status: for lower level patients)

*Communication Score

-DISCHARGE:

*Eating

COMPONENTS OF BILLING

ICD-10

HCPCS

CPT

INTERNATIONAL CLASSIFICATION OF DISEASES: 10TH ED. : ICD-10

- Owned by the World Health Organization (WHO)
- Reason for evaluation via standardized classification
- Coding to describe disease or disorder:

R47.1 Dysarthria

F80.1 Expressive language disorder

R13.12 Oropharyngeal dysphagia

I69.120 Aphasia following nontraumatic
intracerebral hemorrhage

Must code as specifically as possible: avoid use of not otherwise specified

HEALTHCARE COMMON PROCEDURAL CODING SYSTEM (HCPCS)

- Developed and maintained by the American Medical Association
- **Level I: Current Procedural Terminology (CPT codes)**
- Standardized system to code every medical, surgical or diagnostic procedure
- Time built into codes with exception of Cognitive Tx codes (G0515/97127)

- Typical SLP related codes:
 - 92522: Evaluation of speech sound production
 - 92610: Evaluation of oral and pharyngeal swallowing function
 - 92524: Behavioral and qualitative analysis of voice and resonance

NATIONAL CORRECT CODING INITIATIVE (CCI)

- Applies to Medicare and Medicaid billing
- Codes that can or cannot be billed to a patient on the same day

92522: Evaluation of Speech Sound Production

cannot be billed with

92523: Evaluation of Speech Sound Production and

Language function

92507: Speech-language treatment

cannot be billed with

97127: Cognitive treatment (when both are provided by SLP)

HEALTHCARE COMMON PROCEDURAL CODING SYSTEM (HCPCS)

- **Level II: Codes used to report Supplies, Equipment, Devices:**
 - E2510: Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (e.g., eyegaze technology)
 - L8501: Tracheostomy speaking valve

SPEECH-LANGUAGE PATHOLOGY SERVICES

(CMS / BCBS DEFINITIONS)

- **EVALUATION: new condition:** payable comprehensive service in which **professional skilled services** are used to provide objective measurements and subjective evaluation of patient performance and functional abilities. Judgments are made to develop a plan of care or to make recommendations for other interventions.
- **RE-EVALUATION:** further objective measurements not included in other documentation. This is separately payable when documenting **improvement/decline or other change in functional status** not anticipated in original plan of care.
- **ASSESSMENT:** obtaining information from the patient/family, making subjective observations and may include objective measures to make judgments about progress toward goals (not payable as re-evaluation).

SPEECH-LANGUAGE PATHOLOGY SERVICES

(CMS /BCBS DEFINITIONS)

- **EPISODE OF CARE:** period of time from start of care to discharge from care of the clinician counted in calendar days; will include the evaluation, subsequent treatment sessions through to date of discharge.
- **INTERVAL:** the number of days that are part of a certified plan of care (Medicare=90 days; MI BCBS=16 visits or 60 days).
- **PLAN OF CARE:** Established by the clinician based on the diagnosis, impressions and proposed recommended long term goals (LTG) and short term goals (STG) to be achieved during the episode of care (may be broken down if the plan will extend beyond the first interval: always specify interval for the LTG) .

SPEECH-LANGUAGE PATHOLOGY SERVICES

(CMS/BCBS DEFINITIONS)

- **CERTIFICATION:** developed by clinician to be reviewed by MD or other Non-physician practitioner (PA, NP, CNS).
- **RE-CERTIFICATION:** renewal request when services are necessary beyond the original certification period.
- **TREATMENT DAY:** Single day in which one or more therapies may occur. If 2 visits to same provider (AM/PM), must document time of visits.
- **VISIT/ENCOUNTER/TREATMENT SESSION:** Separate billable session in which one or more modalities may be addressed

REASONABLE AND NECESSARY

- **MEDICARE DEFINITION:**

- Beneficiary needs the services **
- Plan established by SLP followed by approval by MD /NPP and is reviewed at specified interval
- Beneficiary is under the care of the MD/NPP

****diagnosis, severity, complicating factors, age, acuity, cognitive ability, motivation/self-efficacy, prognosis (that may reflect medical/social/educational issues)**

MEDICAL NECESSITY

- **ASHA DEFINITION:**
- **Reasonable:** provided within accepted standards of practice with appropriate amount, frequency and duration
- **Necessary:** services appropriate to the diagnosis and condition
- **Effective:** expectation for improvement in a reasonable period of time
- **Specific:** particular LTG / STG
- **Skilled:** SLP will demonstrate the complexity and sophistication of their foundational knowledge, skills and judgment to devise a plan of care: practice at the top of the license. The plan can only be completed by SLP: a 'home program' would reflect 'unskilled' services that can be taught by an SLP to family or other caregivers. **DOCUMENTATION IN AND OF ITSELF DOES NOT DEFINE 'SKILLED'.**

MEDICARE: NEED FOR SKILLED CARE

- **Jimmo v. Sebelius Settlement Agreement 1/24/13:**
- Skilled Care may be necessary to improve the patient's current condition, to maintain the current condition or to prevent or slow deterioration of the patient's condition.
- **Based on whether SKILLED CARE IS REQUIRED, not based on IMPROVEMENT STANDARD.**
- **MAINTENANCE PROGRAM:** established to include methods/activities that can only be provided by a skilled practitioner, to maximize or maintain progress that has been made or to prevent or slow further deterioration due to disease or illness. Does not apply to inpatient rehabilitation facility.

PRIOR AUTHORIZATION

- To obtain permission to provide TREATMENT:
 - MEDICAID HMO
 - BCBS
 - BCN
 - majority of third party payors
- Limitations on time allowed for the episode of care

KX MODIFIER

- Medicare:
- Required for services beyond the threshold
- 2019: \$2,040
- Included in billing
- Use of the modifier signifies that ongoing services are Medically Necessary
- Claims above \$3,000 are subject to manual medical review (MMR)

DOCUMENTATION

- EVALUATION
- PLAN OF CARE
- CERTIFICATION (RE-CERTIFICATION)
- DAILY TREATMENT NOTES
- PROGRESS NOTES/SUMMARIES
- DISCHARGE SUMMARY

EVALUATION: MEDICARE

- Referral is not required
- Date of Service
- Medical and SLP Diagnosis
- Date of onset
- Related conditions/co-morbidities
- SEVERITY/complexities
- Premorbid function
- Past related services for the diagnosis
- Ability to participate

EVALUATION: MEDICARE

- OBJECTIVE MEASURES/FORMAL TESTING
- Less formal / informal testing
- Behavioral observations
- Impressions: SLP DXs and clinical judgments
- Prognosis
- Patient/Family Education
- Recommendations: would include LTG/STG
- Signature/Credentials

EVALUATION

- MAY INCLUDE BUT NOT REQUIRED:
 - NOMS
 - OTHER THERAPIES
 - INPATIENT COURSE
 - DME (AAC)
 - MEDICATIONS
 - MENTAL/COGNITIVE ABILITIES THAT MAY AFFECT RATE OF RECOVERY
 - SOCIAL SUPPORT

EVALUATION: BCBS

- PHYSICIAN REFERRAL/ORDER IS REQUIRED:
 - DATE OF REFERRAL
 - DIAGNOSIS (ONSET MAY BE INCLUDED)
 - SIGNATURE WITH DATE
 - GOOD FOR 120 DAYS: NO 'ONGOING'
- KNOW INCLUSION/EXCLUSIONS
- UNDERSTAND POLICIES

EVALUATION: BCBS

- DATE OF SERVICE
- DIAGNOSIS
- DATE OF ONSET
- AGE
- FUNCTIONAL LEVEL PRIOR TO ONSET
- ABILITY TO PARTICIPATE
- FUNCTIONAL LEVEL INCLUDING:
 - MOTOR SPEECH: INCLUDE OBJECTIVE SPEECH INTELLIGIBILITY
 - VOICE QUALITY
 - LANGUAGE SKILLS
 - COGNITIVE SKILLS
 - SWALLOWING

EVALUATION: BCBS

- TREATMENT PLAN WITH PROGNOSIS:
 - COMMUNICATION AND/OR SWALLOWING DISORDERS TO BE ADDRESSED: LTG/STG
 - TREATMENT TECHNIQUES/METHODS
 - FREQUENCY
 - DURATION
 - PATIENT/FAMILY EDUCATION: MAY INCLUDE ACTIVITIES BETWEEN SESSIONS
- DURATION
- SIGNATURE/CREDENTIALS

PLAN OF CARE MEDICARE / BCBS

- Diagnosis: Impressions
- LTG
- STG: measurable and pertain to condition
- Timing: **
 - Amount: # times per day
 - Duration: # of sessions or entire interval
 - Frequency: # of times in a week

**efficient, effective, achievable

SLP signature/credentials/date

MD statement of review of the POC, agreement with POC

MD signature/date

TREATMENT DOCUMENTATION

- DATE OF SERVICE
- TIME: MINUTES
- STG ADDRESSED WITH TREATMENT TECHNIQUES, METHODS, ACTIVITIES: SHOWING SKILLED LEVEL
- RESPONSE TO TREATMENT
- SIGNATURE/CREDENTIALS

GOALS

- BASED ON EVALUATION
- AND
- PATIENT CENTERED CARE
- LTG
 - REFLECT HIGHEST LEVEL TO BE ACHIEVED PER EPISODE OF CARE
 - IF SHORT TERM TREATMENT: LTG/STG MAY BE SAME
- STG
 - STEPS TO ACHIEVE LTG(s)
 - SKILL / FUNCTION ADDRESSED in FUNCTIONAL TERMS

DENIALS

- ‘Hands down, claim denial is the most common reason ASHA members contact the associations reimbursement team for help.’”

The ASHA Leader

November 2018

DENIALS: POTENTIAL REASONS

- PAYER POLICY
- ERRORS:
 - Documentation
 - Billing

HOW TO APPEAL

- Review Insurer Policy for Appeals
- Submit a packet of information to the insurer

All related documentation

Physician Letter

Insurer forms

REFERENCES

- <http://www.cms.hhs.gov/mcd>
- www.cms.gov/Medicare/Billing/TherapyServices/index.html?redirect=/TherapyServices
- <http://www.cms.gov/Medicare/Billing/TherapyServices/Downloads/clm104c05.pdf>
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- <http://www.asha.org/policy/SP2007-00283/>