Meeting minutes

Michigan Speech and Hearing Association

Date	December 4, 2014
Time	10:30 AM - 12:00 PM
Location	Lyon Meadows Conference Center; Cobalt Conference Room (C)
Facilitator(s)	Dr. Jerry Johnson
Attendees	Michelle Baumeister, Jennifer Bennett-(teleconference), Michael Deneweth, Rhonda Thomas - (teleconference), Cindy Slajus, Latricia Solomon, Charee Walker - (teleconference), and Toya Williams
Guests	Elaine Ledwon-Robinson, Julie Pratt - President, Sherry Riedel, Dr. Michael Rolnick, and Tim Weise

Minutes

Dr. Johnson began the meeting with introductions.

1. Autism Benefit Update

Michelle provided an update of benefit changes and the following points were noted:

- *Autism as a primary diagnosis is now covered as part of speech therapy up to age 18.*
- *Some groups have the autism benefit payable as speech therapy and some do not. Those groups impacted by the mandate will have speech therapy payable.*
- *Benefits have also changed on how BCBSM will pay the autism benefit. For example, in 2013, there were no benefit maximums for groups that had the autism benefit. In 2014, the benefit was changed to count towards the members' therapy maximum. For 2015, groups that cover the autism benefit, BCBSM will no longer count towards the member's therapy maximum for groups covered by the Autism mandate for the State of Michigan.*
- *Michelle also suggested the association call on every contract to verify the benefit information. She also clarified for the group, when calling for benefit information to request speech therapy benefits for the treatment of autism. She stressed that there are a lot of variances with different groups in which some groups may not have the benefit for the primary diagnosis of autism, some groups may have the therapy limit and some groups may cover the autism benefit with no limit. That is why is very imperative that benefits are verified. It was suggested to verify the benefit maximum if the group has one.*
- *The approved Autism Evaluation Center is a requirement for applied behavioral analysis only and the center should confirm the diagnosis of autism before the patient receives authorization to do applied behavioral analysis. It is not a requirement for any other services for the treatment of autism such as physical therapy, speech therapy or psychological services.*
- *Dr. Rolnick clarified for the group that it is essential to have the physician's referral with the medical diagnosis listed as well.*

- *Julie asked if BCBSM as an organization was looking at establishing guidelines regarding applied behavior analysis and mental health services and speech therapy services as these benefits overlap. If so, the association would like to be a part of those discussions to ensure they are covering the benefit correctly.*
- *Michelle clarified for the group that applied behavioral analysts have their own certification, and are only allowed to bill certain codes for that specific service. Speech and Language Pathology providers are only allowed to bill certain codes, as well. So there should not be an overlap in regards to the speech therapy benefit, as each provider can only bill specific procedure codes.*
- *Dr. Johnson let the group know that autism is an evolving benefit and will work itself out. If conversations are revisited by BCBSM, we will reach out to the association for their input. He also suggested that on a national level, the codes should be reviewed for specificity.*

2. *Update - Independent Billing for SLP*

The following bullets were discussed:

- Toya Williams let the group know that to date BCBSM has 164 individual active providers and 62 groups for speech therapy.
- Julie Pratt verified for the group the number Toya provided is an increase, which is great.
- Mike Deneweth clarified for the association that clinical fellows are not eligible to bill BCBSM directly. The services would have to be billed by the rendering provider.
- Julie wanted to ensure she had the correct information to relay to the association, that clinical fellows are set up as a group, credentialed as individuals; must have a license, whomever is supervising clinical fellows should be the rendering provider, and the documentation should be available for review.
- Dr. Johnson requested that clarification be made with BCBSM's Credentialing area that completion of the clinical fellowship year is required before the individual is eligible for credentialing status. That full credentialed status is not available until after the full license is issued. Latricia Solomon will verify and follow-up.
- He also went on to say that under current guidelines, make certain the person is covered by a fully credentialed individual who is indirectly supervising the clinical fellow and signing off on the services they provide.

3. CPT codes 92521, 92522, 92523, and 92524 any trends with utilization, on audit did documentation support use of the appropriate code choice?

Dr. Johnson let the group know the following:

- The codes listed are new codes and there is no audit experience on these codes yet.
- Of each procedure code listed, there were more claims paid than rejected. The total paid were 1,222 vs. 131 manual rejections and 544 system rejections.
- Speech and Language Pathology providers were the majority of providers paid on all procedures codes except pc 92524, MD's and DO's were the majority of providers paid on that procedure code.

4. **Recent Audits – questioning denials, documentation, severity guidelines, and trends**

Rhonda Thomas clarified for the group the following:

- Her department is responsible for audits regarding; hospital inpatient and outpatient, freestanding facilities, skilled nursing facilities, home health care agencies, and freestanding outpatient therapy centers. That is where they would encounter speech.
- On the professional side if there are any concerns regarding speech therapy the association should contact Dave Keener.

Charee Walker provided an overview of 2013 and 2014 audits. The following was noted:

- Outpatient therapy audits were conducted at 26 hospitals and one SNF.
- All cases reviewed included BC Regular Business claims, and post payment reviews only.
- Less than 5% of all therapy services reviewed were speech therapy.
- Of all speech therapy reviewed, less than half resulted in an audit finding.
- 24% were denied for medical necessity by speech therapy consultants. These patients had a long term chronic conditions.
- Another 17% were denied for lack of valid orders for speech therapy services. Other billing issues included: no documentation to support speech therapy visits billed and no documentation of progress summaries and communication with physicians.
- After initial audit report is mailed providers can appeal audit findings. Please note: There are different appeal processes for hospital and freestanding facilities.
- For billing and medical necessity/criteria issues, the next appeal step is internal review.
- For billing issues no further appeal step is available after the internal review.
- For medical necessity of criteria issues, cases are reviewed by another speech therapy consultant and the next available appeal step is external review, reviewed by PROM.
- The OP team provides a hospital specific recommendation list as part of reporting letters.

5. **Documentation Guidelines – Clarification of recertification and clarification of need for signed documentation/plan of care**

- Dr. Rolnick advised the group that as of December 13, 2013 the documentation guidelines were updated for speech and language pathology services. He wanted the group to know that the new guidelines which are listed in the Record and web-DENIS identify current guidelines to follow in order for the case to be approved.
- Dr. Johnson reiterated the importance of understanding and communicating the documentation guidelines, and the importance of documentation of progress.

- Elaine Ledwon-Robinson stated they found that the newer staff needed to understand the severity guidelines, and the importance of explaining that information to the parents.
- She also suggested when CSR's are providing speech therapy benefits to the member that they advise the member of the severity criteria. This will make the benefit information consistent.
- Dr. Johnson clarified for the group the severity criteria.
- Julie Pratt advised the group that back in 2010 there was a liaison meeting discussion regarding Plan of Care/Recertification's which resulted in alignment with Medicare to extend to 90 days. The 2013 documentation changed back to 60 days. Julie also stated that length of speech therapy treatment tends to be longer than physical therapy or occupational therapy, and that is the reason for the requested change back in 2010.
- Dr. Johnson felt this was changed back to align PT and OT and speech therapy services together. He also stated that he would follow up with Dr. Dimcheff to re-visit this issue.
- Dr. Johnson requested a summary of both issues so that he could address formally. Julie Pratt stated that she would gather that information and send to Dr. Johnson.
- Dr. Rolnick also agreed that 90 days for speech is a much better treatment plan as opposed to PT and OT and that 60 days would be much more work for speech therapists.

6. Cognitive Coverage

- Elaine Ledwon-Robinson spoke on behalf of the Association. The request was to have the cognitive therapy benefit include an additional two groups of patients: those with an acquired encephalopathy, and separately, those who had a (new) brain surgery, e.g., post tumor-resection.
- Additional documentation was provided to Dr. Johnson for review.
- Dr. Johnson did not foresee a problem with this change and stated that he would take the additional information received back to the Joint Uniform Medical Policy (JUMP) Committee. However, it would likely not be formally reviewed before the policy's maintenance review scheduled in 2015. It was verified that the cognitive medical policy is slated for review the third quarter of 2015.

7. 60 treatment rehabilitation policy and Auto changes

- Latricia Solomon provided the group with a copy of the PT, OT and Speech benefits for the Autos.
- Dr. Johnson provided an overview of the Essential speech benefits for the Exchange which was patterned after the Priority Health Plan in Lansing. That plan provided only for 30 visits. This was BCBSM's baseline benefit selected for Michigan. He also noted that there are many variations of speech benefits and the direction that he would suggest is to verify every patient's benefits because of the variations that BCBSM has.
- Dr. Rolnick asked a question regarding Medicaid coverage for children referred by their physicians for speech and language rehabilitation.

- Dr, Johnson stated that he would refer his question to Dr. Beam, the Medicaid Medical Director.

8. ICD-10 Update

Cindy Slajus provided the group with handouts and presented an overview of the following information:

- Speech and Hearing ICD-10 Coding Tip Sheet which lists the top 25 speech and hearing diagnostic codes with mapping from ICD-9 to ICD-10 and explained the difference between one to one mappings and one to many mappings.
- Cindy offered to have a certified coder to come to one of the meetings to present customized information to the speech and language specialty.
- She indicated from a plan perspective that BCBSM is ready, and actively testing with providers.
- List of Implementation Resources for professional providers.
- Professional provider ICD-10 Readiness Toolkit which includes the following: Planning checklists, Documentation and coding tips, and Testing and Industry resources. She asked the association to share with their membership.
- The implementation date is October 1, 2015

Latricia Solomon let the group know that the Blue Care Network annual meeting, Landmark issue was removed from the agenda because she had been in communication with a BCN representative who stated that they would be in contact with the Association to discuss this issue.

Next meeting	
Date	N/A
Time	N/A
Location	N/A