SURVIVING 2014 AND BEYOND, AN UPDATE IN REIMBURSEMENT FOR THE HEALTHCARE PROFESSIONAL

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EMORY HEALTHCARE

Disclosures

- Financial: No relevant disclosures
- Non-financial:
  - Board member, American Speech Language and Hearing Association 2014-2017

Objectives

- 1. The participant will describe 2014 CPT code changes
- 2. The participant will describe
- 3. The participant will

NEW EVALUATION CODES
EFFECTIVE JANUARY 1, 2014
REPLACES 92506

- CPT 92521-evaluation of speech fluency (stuttering and cluttering)
- CPT 92522-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- CPT 92523-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) *with* evaluation of language comprehension and expression (e.g., receptive and expressive language)

One more replacement

- **CPT 92524 -** Behavioral and qualitative analysis of voice and resonance

2014 Medicare Physicians' Fee Schedule

- As of the development of these slides, ASHA STATES

"*CMS established a conversion factor (CF) of $27.2006, which represents a 20.1% decrease from the current conversion factor and would affect all payments under the MPFS. Although the reduction is mandatory, please note that Congress has taken action to prevent similar reductions almost every year since the initiation of a statutory formula known as "the Sustainable Growth Rate.*"

Multiple Procedure Payment Reduction

- MPPR is a per-day policy
- MPPR applies to all codes billed that day, regardless of discipline
- Full payment is made for the therapy service or unit with the highest practice expense value.
- The professional work and malpractice expense components of the payment will not be affected.
- Only the practice expense will be reduced by 50% in the discipline charge with lower practice expense

What codes can I bill together?

And where do I find this information?

National Correct Coding Initiatives (NCCI)

- System that identifies what codes CAN and CANNOT be billed together-called edits
- Easiest place to look: ASHA website, Reimbursement Page, Coding Page, CCI edits

www.asha.org/practice/reimbursement/coding/CCI_edits_SLP.htm

- Example:
  - 31579+92524+92520-59 **okay** on same day
  - 31579+92612 **not okay** on same day

		Can be used on same date? Yes/No		If so, what modifier?
		MD office	Other settings	
92506	92507	Y	Y	No modifier
92508 (SLP group)	92507	Y	Y	-59
92526	92520	Y	Y	-59
92526	97532 Cog Tx 15min	Y	Y	-59
92610	92611 (MBS)	Y	Y	-59
92612 (FEES)	31575, 92511, 92520, 92614	N	N	N/A

Medically Unlikely Edit (MUE)

- **Do not confuse CCI with MUE**
- MUE is the amount of times a single code can be billed in one day
  - Example: 92507 therapy can ONLY be billed one day each day
- Easiest place to find MUE?
  - ASHA Website, Reimbursement page:

www.asha.org/Practice/reimbursement/coding/Medically-Unlikely-Edits-SLP/

Claims Based Outcome Reporting (CBOR)

- Effective July 15, 2013, **ANYONE** providing therapy, including speech-language evaluation and treatment services, for **Medicare Part B** beneficiaries must document using CBOR on the first evaluation day, every 10th session, and discharge

Consequence for not using CBOR?

- Implemented January 1, 2013, with a 6-month testing period. As **of July 1, 2013,** claims that do not comply with the data reporting requirements will be returned unpaid and a penalty will be charged for not reporting.

Why do we use CBOR?

- As part of reforming the Medicare payment for outpatient therapy services, *The Middle Class Tax Relief and Job Creation Act (MCTRJCA) of 2012* (Pub. L. 112-96) which mandates a claims-based data collection strategy for reporting patient status and outcomes

How do I comply with CBOR?

- Include non-payable G-codes AND 7-point severity modifier at the time of the **initial evaluation, the 10th visit, and at discharge.**

Swallowing and Motor Speech

G-Codes	Functional Limitation & Status
Swallowing	
G8996	Swallowing functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G8997	Swallowing functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G8998	Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation
Motor Speech (Note: The codes for Motor Speech are not sequentially numbered)	
G8999	Motor speech functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9186	Motor speech functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9158	Motor speech functional limitation, discharge status at discharge from therapy/end of

Spoken Language and Expression

Spoken Language Comprehension	
G9159	Spoken language comprehension functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9160	Spoken language comprehension functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9161	Spoken language comprehension functional limitation, discharge status at discharge from therapy/end of reporting on limitation
Spoken Language Expression	
G9162	Spoken language expression functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9163	Spoken language expression functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9164	Spoken language expression functional limitation, discharge status at discharge from therapy/end of reporting on limitation

Attention and Memory

G9165	Attention functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9166	Attention functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9167	Attention functional limitation, discharge status at discharge from therapy/end of reporting on limitation
Memory	
G9168	Memory functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9169	Memory functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9170	Memory functional limitation, discharge status at discharge from therapy/end of reporting on limitation

Voice and Other

Voice	
G9171	Voice functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9172	Voice functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9173	Voice functional limitation, discharge status at discharge from therapy/end of reporting on limitation
Other SLP Functional Limitation	
G9174	Other speech language pathology functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9175	Other speech language pathology functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9176	Other speech language pathology functional limitation, discharge status at discharge from therapy/end of reporting on limitation

Modifiers – Measurements of Severity

-CH	0 percent impaired, limited or restricted	7
-CI	At least 1 % but less than 20% impaired, limited or restricted	6
-CJ	At least 20% but less than 40% impaired, limited or restricted	5
-CK	At least 40% but less than 60% impaired, limited or restricted	4
-CL	At least 60% but less than 80% impaired, limited or restricted	3
-CM	At least 80% but less than 100% impaired, limited or restricted	2
-CN	100 % impaired, limited or restricted	1

Severity Modifiers Reporting

- ASHA's NOMS were adopted by CMS for the speech-language pathology related Functional Communication Measures (FCMs). (http://www.asha.org/uploadedFiles/ASHA/NOMS/Adult-NOMS-FCMs.pdf)
- NOMS 7-point scale correlates directly with the CMS 7-point severity scale.
  - "SLPs are not required to use NOMS for purposes of reporting on the claim form; however, NOMS will assist with selection of appropriate G-code and severity modifiers"

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NOMS accepted by CMS for reporting severity:

- Swallowing
- Motor Speech
- Spoken Language Comprehension
- Spoken Language Expression
- Attention
- Memory
- Voice
- Other SLP Functional Limitation

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Example:

- At the time of the initial voice evaluation, reporting should include:
  - current status: G9171
  - projected goal: G9172
  - modifiers on each
  - The –GN modifier

Your billing might look like this:
92506-GN
G9171-GN –CK
G9172-GN -CI

Level of impairment, limitation, restriction	
CH	0%
CI	1% - 20%
CJ	20% - 40%
CK	40 - 60%
CL	60 - 80%
CM	80 - 100%
CN	100%

Voice Therapy G code Example

- G9171: Voice functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
- G9172: Voice functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
- G9173: Voice functional limitation, discharge status at discharge from therapy/end of reporting on limitation

Scenario

- The patient is seen for the initial evaluation only (92506 until Dec. 31, 2013). Either the patient is not interested or not appropriate for therapy OR they are going to another SLP.
  - All 3 G-codes are reported for that visit and all modifiers are the same (ex. 92171-CJ; 92172-CJ; 92173-CJ)

Scenario

- What if I am working on both voice and swallowing goals?
  - Response: The primary functional limitation should be chosen : Voice OR Swallow
    - After that primary treatment goal is achieved, a second functional measure limitation can be reported as a new G Code and Severity Modifier
    - You may not report multiple conditions at the same time or on the same date of service

Scenario

- The patient was seen for videostroboscopic assessment (31579) and voice evaluation (92506 until Dec. 31, 2013) sent by ENT with diagnosis of vocal fold polyp. The patient has no voice complaints on interview or on VHI-10 (score = 2).
  - Response: Use -CH modifier for all 3

Scenario

- Since SLP's are allowed to bill 92506 (evaluation code until Dec. 31, 2013) and 92610 (clinical swallow evaluation) and 92611 (videoflouroscopic swallow evaluation), how do I report non-payable G codes?
- Response:

Welcome to the new normal!!

Questions?

- Best resources
  - ASHA WEBSITE: www.asha.org/reimbursment
  - LEADER
  - In Voice?- Dollars and Sense Column in Perspectives quarterly. Yearly ASHA presentation
  - Anything produced by the Health Care Economics Committee (HCEC)
    - Look at reimbursement modules on ASHA Reimbursement Site

Thank you for allowing me to share with you.

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