

Enrolling in Medicare

Regional carriers are contracted by the
Centers for Medicare & Medicaid Services
(CMS)



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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 may require the NPI only for practitioners who bill electronically.)

- Apply online or by mail:

http://www.cms.hhs.gov/nationalproviderstand/03_apply.asp



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NPI Application Tips

- Taxonomy code for SLPs (Level II classification): **235Z00000X**
- Provider Type: **23**
- Additional NPI # for **group** practices ("Type II" NPI)



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YOUR DIRECT LINK TO MEDICARE

- Medicare Carriers or Medicare Administrative Contractors (MACs)
 - They process your enrollment application
 - They process and pay your claims
- All carriers will transition to MACs by 2010
- Find carrier for your state (address, phone, web site):
in "[Medicare Fee-For-Service Contact Information](#)"
in the Provider-Supplier Enrollment page (next slide)



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CMS PROVIDER-SUPPLIER ENROLLMENT SYSTEM

- <http://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 --



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Online PECOS Facilitates Completion of Form CMS-855i

- 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
- Do not mail the statement until June 1, 2009!



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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



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If You Do Not Complete Form CMS-855i ONLINE

- On your carrier or MAC's Web site, enter in Search Box: "CMS-855i," for
 - ◆ FAQs
 - ◆ Contact information
 - ◆ Mailing address
- Applications accepted as of **June 2, 2009**



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Texas MAC

- **Trailblazer Health Enterprises**
 - ◆ Serves Texas, OK, NM & CO
- www.trailblazerhealth.com
- **Local Coverage Determinations (LCDs)**
 - ◆ Detailed scope of coverage: **No LCDs issued** for SLP or Dysphagia services
 - ◆ <http://www.trailblazerhealth.com/Tools/Local%20Coverage%20Determinations/Default.aspx> (LCD SITE)



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LCDs - Other States

- **National Govt. Services (NGS)**
 - ◆ Serves IND & MICH
- www.ngsmedicare.com
- **Local Coverage Determinations (LCDs)**
 - ◆ Detailed scope of coverage (1) Speech-language and (2) Dysphagia services
 - ◆ <http://www.ngsmedicare.com/NGSMedicare/PartB/Coverage/LCD/IndexLCDPartB.aspx>



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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



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"Non-participating" Status

- **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 \text{ fee} \times 95\%) \times 115\% = \109.25



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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



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You cannot treat Medicare patients if you have not enrolled

Informing the patient that you are not enrolled in Medicare and having the patient's consent to be seen outside of the Medicare program is **not allowed**.



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The CMS-1500 Claim Form

- Electronic billing is not required unless your practice has more than 10 FTE employees
- The CMS-1500 is also used by most practitioners for private health plans
- Medicare supplies free billing software
- You may want to investigate commercial billing software to enhance data collection and assist in clinical documentation



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CMS-1500 Online Help Tools

- "Form CMS-1500 at a Glance"
http://www.cms.hhs.gov/MLNProducts/downloads/form_cms-1500_fact_sheet.pdf
 - ◆ Sources for purchase of the forms
 - ◆ Source of CMS step-by-step instructions for completion
 - ◆ Site for printing the form (not for submission)
- Instructions for completion are in Chapter 26 of the Medicare Claims Processing Manual
www.cms.hhs.gov/manuals/downloads/clm104c26.pdf



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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
- ◆ **59** = distinct service (for CCI edits)
- ◆ **22** = unusually long procedure (some MACs do not pay additional)
- ◆ **52** = unusually short procedure



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Place of Service Codes

Section 24.B:

- ◆ **03** = School
- ◆ **09** = Prison/Correctional Facility
- ◆ **11** = Office
- ◆ **12** = Home (where patient receives care in a private residence, not a facility)
- ◆ **15** = Mobile Unit



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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



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NO SHOWS

- You may charge a fee for no-shows as long as the no show penalty is clearly explained in writing in advance (# days notice, penalty amount, etc)
- The no show policy is not otherwise regulated by Medicare. It is a policy that is between you and your patients.



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CPT Coding and the Medicare Physician Fee Schedule



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Special Otolaryngological Services

Examples:

- **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



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Special Otolaryngological Services

- **92607:** Evaluation for prescription for speech-generating device, face-to-face with patient, first hour
- **92610:** Evaluation of oral and pharyngeal swallowing function
- **92526:** Treatment of swallowing dysfunction and/or oral function for feeding



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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
- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report



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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



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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>



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Medicare Physician Fee Schedule

- Private practitioners, like all Medicare speech-language pathology providers, are paid established fees according to the procedures/sessions performed
- Medicare bases the payment on a resource-based relative value scale (RBRVS) of medical procedures
- The fees are established for all Medicare-covered Current Procedural Terminology (CPT) codes



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2009 Medicare Fee Schedule *Speech-Language Pathology*

- How some SLP codes are affected by the conversion factor (\$36.0666):

CPT Code	Description	2008 Rate	2009 Rate
92506	Speech & language evaluation	\$146.25	\$147.15
92507	Speech & language treatment	\$62.84	\$61.31
92610	Dysphagia clinical evaluation	\$100.93	\$77.90
92526	Dysphagia treatment	\$82.65	\$78.26



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MEDICARE FEE SCHEDULE:

<http://www.asha.org/members/issues/reimbursement/medicare/feeschedule.htm>



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Clinical Documentation



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Types of Documentation

• Evaluation

- ◆ Diagnosis, results of objective functional measures

• Plan of Care (POC)

- ◆ May be part of evaluation report
- ◆ Must be signed by physician
- ◆ Must be recertified by physician every 90 days
- ◆ Includes diagnosis, long term goals
- ◆ Type, frequency, duration of treatment



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Types of Documentation

• Visit note; Encounter note

- ◆ Date and duration of session, CPT codes billed, goals addressed; signed by clinician

• Progress Report

- ◆ Every 10 sessions or once per 30 days, whichever comes first
- ◆ Progress toward goals; modification of goals as needed; prognosis

• Discharge Summary

- ◆ Reflects progress since last report



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Documenting for Reimbursement: Basic Medicare Concepts

- Medical necessity
 - ◆ Medical dx, treatment dx, functional impact, rehab potential/prognosis
- Skilled vs. unskilled service
 - ◆ Analysis, treatment techniques, adjustment of plan
- Maintenance programs
- Outcome Measures (e.g., NOMS)



Writing Goals and Progress Notes

- Set specific, measurable, functional goals
- Address underlying impairments in reference to functional goal
- Document prior level of function
- Compare progress to baseline evaluation results
- Include amount of cueing, or communication context (complexity, environment) to add specificity to goals

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*)

Where Do I Go From Here?



- ASHA Web site
- Professional Development
- Purchase tools and resources
- Networking, professional consultation

www.asha.org/members/issues/reimbursement/medicare/SLPprivatepractice.htm

Medicare & Speech-Language Pathologists in Private Practice

Countdown to Implementation

Introduction

On July 16, 2008 the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 was passed, which included a provision that will allow speech-language pathologists in private practice to directly bill the Medicare program effective **July 1, 2009**. The provision is currently going through the regulatory phase at the Centers for Medicare and Medicaid Services (CMS).

This site contains the information and updates you will need to prepare your practice for billing Medicare as you countdown to **July 1, 2009**.

- Enrollment Process
- Billing & Coding
- Documentation
- Your Questions Answered

Latest Developments

2009 Medicare Fee Schedule Includes SLP Private Practice Reimburse (11/17/08)

Stay updated! Sign up for e-mail alerts by sending a blank e-mail with the word "subscribe" in the subject line to medicare@asha.org.

Upcoming Educational Opportunities

Resources on ASHA & CMS Web Sites

Medicare:

- <http://www.asha.org/members/issues/reimbursement/medicare>

Coding for Reimbursement:

- http://www.asha.org/members/issues/reimbursement/coding/code_intro.htm
- <http://www.asha.org/members/issues/reimbursement/coding/>

Medicare CPT Coding Rules:

- http://www.asha.org/members/issues/reimbursement/medicare/SLP_coding_rules.htm

Medicare Benefit Policy Manual:

- <http://www.cms.hhs.gov/manuals/downloads/bp102c15.pdf> (scroll to sections 220.1, 220.2, 220.3, 230.3)

Resources on ASHA's Web Site, contd.

Medicare and SLP Private Practice:

- <http://www.asha.org/members/issues/reimbursement/medicare/SLPprivatepractice.htm>

SLP Medicare Fee Schedule:

- <http://www.asha.org/members/issues/reimbursement/medicare/feeschedule.htm>

Documentation Issues:

- <http://www.asha.org/members/slp/healthcare/documentation.htm>

NOMS

- <http://www.asha.org/members/research/NOMS>



Professional Development

Telephone Seminar: "Documentation for SLPs in Medical Settings"

- Replay available until Dec 4, 2009
- www.asha.org/shop

Other ASHA Resources



www.asha.org/shop

- *Business Matters: A Guide for Speech-Language Pathologists*
- *Guide to Successful Private Practice in Speech-Language Pathology*
- *Health Plan Coding and Claims Guide*



Other ASHA Resources, contd.

- *Medicare Handbook for Speech-Language Pathologists*
(available mid-2009)
- *Negotiating Health Care Contracts and Calculating Fees: A Guide for SLPs and Audiologists*

