Medicare Private Practice and Speech-Language Pathology

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Medicare Private Practice Development

- Medicare Improvements for Patients and Providers Act (MIPPA) of 2008
  - July 1, 2009
- 2009 Medicare Physician Fee Schedule
  - Confirmed July 1, 2009 deadline
  - Can begin applying June 2, 2009
  - Set forth regulations governing direct billing of Medicare

Private Practice Regulations

- 42 CFR §410.62
- Conditions of participation- "who"
  - SLP may provide services as one of the following:
    - An unincorporated solo practice, partnership, or group practice, or a professional corporation or other incorporated speech-language pathology practice
    - An employee of a physician group
    - An employee of a group that is not a professional corporation

Private Practice Regulations

- Conditions of participation- “where”
  - Services may be offered in:
    - The SLP's private office space, provided that the space is owned, rented, or leased by and used exclusively for the practice
    - The individual's home, not including any institution that is
      - a hospital,
      - a critical access hospital,
      - or a skilled nursing facility.
    - Requirements for private office space- regulated at the state level

Enrolling as a Provider

1. Obtain NPI number
   - unique, 10-digit number required under HIPAA for covered health care providers.
     - Apply online or call 1-800-465-3203: https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions
       - The provider type is 23 (speech, language, hearing service provider).
         - The taxonomy number for audiologist is 231H00000X.
         - The taxonomy number for SLP is 235Z00000X.
         - Additional info available at:

         http://www.asha.org/members/issues/reimbursement/hipaa/NPI.htm

Enrolling as a Provider

2. Identify a Medicare contractor
   - Part B carrier or Medicare Administrative Contractor (MAC)
   - All carriers (and fiscal intermediaries) will transition to MACs by 2010.
   - Map of current MACs:
     - http://www.cms.hhs.gov/MedicareContractingReform/downloads/
   - Find your MAC: http://www.cms.hhs.gov/mlngeninfo/01_overview.asp?
     - Select "Provider Call Center Toll-Free Numbers Directory"

Enrolling as a Provider

3. Submit an enrollment form (June 2009)
   - CMS-855i- "Physicians and Non-Physician Practitioners"
     - http://www.cms.hhs.gov/CMSforms/downloads/CMS855I.pdf
   - CMS-855B "Clinics/Group Practices, and Certain Other Suppliers"
     - http://www.cms.hhs.gov/CMSforms/downloads/cms855b.pdf

Enrolling as a Provider

4. Other forms to submit
   - CMS-855R- "Reassignment of Medicare Benefits"
     - http://www.cms.hhs.gov/cmsforms/downloads/cms855r.pdf
   - CMS-460- "Medicare Participating Physician or Supplier Agreement"
     - http://www.cms.hhs.gov/cmsforms/downloads/cms460.pdf
   - CMS-588-"Authorization Agreement for Electronic Funds Transfer"
     - http://www.cms.hhs.gov/cmsforms/downloads/cms588.pdf

Coding and Billing

- **Diagnoses/Disorders**
  - International Classification of Diseases-9th Edition-Clinical Modifications (ICD-9-CM)
    - Developed by the WHO
    - Chapters according to diseases and disorders
      - Listed numerically and alphabetically
    - HIPAA- approved code set for reporting diagnoses and inpatient hospital procedures
    - Managed by National Center for Health Statistics and CMS

Coding and Billing

- **ICD-9**
  - ICD-10 v. ICD-9
    - ICD-9
      - 30 years old
      - 16,000 diagnostic codes
    - ICD-10
      - 155,00 codes
      - Start date of 2013
      - Various concerns about implementation
  - Code to the highest degree of specificity

Coding and Billing

- **Procedures**
  - Current Procedural Terminology (CPT)
    - Required by HIPAA
    - Understood by professions, coders, and payers
    - Created and maintained by the AMA
    - Level I of Healthcare Common Procedure Coding System
    - 5-digit classification system
    - Timed versus untimed

CPT codes

- Modifiers:
  - **22**- Session or procedure that was unusually long
  - **52**-reduced services
  - **GN**- Speech-language pathology services

Coding and Billing

- **Medicare Physician Fee Schedule**
  - Medicare providers are paid established fees depending on procedures performed.
  - CMS established fees for CPT codes and publishes them annually
    - Proposed and final rule
    - Final rule usually released in October or November
  - Previously, fee was retrospective

Medicare Physician Fee Schedule

- Now payment based on a Resource-Based Relative Value Scale
  - Assigns a relative value unit (RVU) to each procedure performed using the CPT codes
  - Geographic adjustments
  - Conversion factor (Set by CMS to reflect sustainable growth rate)
- Three RVU components:
  - Professional component or physician work
  - Technical component or practice expense
  - Professional liability insurance

2009 Medicare Fee Schedule

- Who determines RVU?
  - AMA CPT Editorial Panel (review codes)
    - CPT Health Care Professional Advisory Committee (HCPAC) (ASHA is represented)
  - AMA Relative Value Update Committee (RUC)
    - RUC Health Care Professional Advisory Committee (HCPAC) (ASHA is represented)
  - The RUC makes recommendations to CMS

Coding and Billing

- **Billing for services**
  - Electronic and paper
  - Must file claims on, or before, December 31 of the calendar year following the year in which the services were furnished.
  - Section 1848(g)(4) of the Social Security Act requires providers to submit claims within 12 months of the service date
    - Claims submitted more than 12 months after the service date will be subject to a 10 percent reduction.

Medicare coding rules

- Medicare is a secondary payer
- National and Local Coverage Determinations (NCDs and LCDs)
- Medicare Benefit Policy Manual, Ch. 15, Section 220-230.6
  - Rules and regulations for SLP, PT, and OT services in an outpatient setting

Documentation

- **Evaluation**
  - Diagnosis- specific and relevant
  - NOMS or objective, measurable physical function
  - May serve as the Plan of Care
- **Plan of Care (POC)**
  - Must be consistent with the related evaluation
  - Signed by the physician; recertified every 90 days
  - Should contain:
    - diagnoses,
    - long term treatment goals, and
    - type, amount, duration, and frequency of care

Documentation

- **Treatment notes**
  - Creates a record of all encounters and skilled intervention
  - Must contain: date of the treatment, what treatment was provided and what goals were addressed, total treatment time, and signature of clinician. Also include CPT codes
- **Progress Report**
  - Provides justification for the medical necessity of service
  - Complete at least one every 10 treatment days or at least once per 30 days, whichever comes first
  - Should contain:
    - Assessment of improvement, progress towards goals
    - Plans for continuing treatment, reference to additional evaluation results, and/or treatment plan revisions
    - Modification of goals as needed and prognosis

Documentation

- **Discharge Summary**
  - Progress report written by a clinician, should indicate that the therapist reviewed the notes and agrees to the discharge.
- **Drafting goals and progress notes**
  - Specific, measurable, and functional goals
  - Document prior level of function
  - Compare progress to baseline evaluation results

Documentation

- Medical necessity
  - Documentation explains needs for services and justifies the exception process
- Skilled versus unskilled
- Documentation usually not reviewed by SLP
- Documentation requirements can be found in CMS Benefit Policy Manual, Ch. 15, Section 220.3:
  - http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf

Therapy Caps

- Balanced Budget Act of 1997- limitations on outpatient PT, OT and SLP in all setting except outpatient hospital settings
- 2006 Deficit Reduction Act- enacted exceptions
- Medicare Improvements for Patients and Providers Act of 2008- extended the exceptions process through December 31, 2009

Therapy Caps

- Per beneficiary, per year
- Part B settings (private practice)
- $1840 caps
  - Combined SLP/PT
  - OT separate
- Updated annually in accordance with the Medicare Economic Index (initially $900 in 1997)

Therapy Caps

- Exceptions to the cap- allows access to medically necessary outpatient therapy services above the cap
  - Process
    - Automatic
    - Professional judgment
    - KX modifier
  - Documentation is critical
    - Medical conditions and complications
    - other critical patient variables

Therapy Caps

- **Effect of therapy caps**
  - 13% exceed cap
  - Patients seek further treatment in hospitals, pay out of pocket, or forgo or delay services
  - Competition for first professional to use services
  - Exceptions process is helpful

Therapy Caps

- Alternatives to therapy caps
  - Short-Term Alternatives for Therapy Services (STATS)
    - Computer Sciences Corporation (CSC)
    - Two year contract
    - Three workgroups that meet monthly
  - Developing Outpatient Therapy Payment Alternatives (DOTPA)
    - RTI International
    - 5 year contract

HIPAA

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Already discussed:
  - NPI
  - ICD-9 and CPT
- Privacy and security component
- HHS Office of Civil Rights
  - Complaint-driven enforcement

HIPAA

- 45 CFR Part 160 and 164
- Definitions:
  - "Covered Entity"- health care providers, health plans, and health care clearinghouses
  - Protected Health Information (PHI)- individually identifiable health information

HIPAA

- Notice of privacy practices- 45 C.F.R. 164.520
  - "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."

Notice of Privacy Practices

- Description when SLP has the right to use and disclose PHI, when SLP must use and disclose PHI, and when SLP may use and disclose PHI (written authorization required and right to revoke)
- If applicable: contact about appointments; contact to raise funds for the entity; health plan may disclose info to the sponsor of the plan
- Statement of individual rights
- Covered entity's duties
- Section about complaints
- Contact info
- Effective date

Notice of Privacy Practices

- If there are revisions, must redistribute
- Provide notice no later than first time you see the individual
- Make a good faith effort to get written acknowledgment
- If you have an office, post the notice

HIPAA

- **Use and disclosure of PHI**
  - Permitted (45 CFR 164.506):
    - treatment
    - Payment
    - health care operations (activities that relate to covered functions, including business management and general administrative activities)
    - May obtain consent

Use and disclosure of PHI

- Authorization required (45 CFR 164.508)- may not use or disclose PHI without a valid authorization:
  - Psychotherapy notes
  - Marketing
  - Except as otherwise permitted or required by HIPAA

Authorization under HIPAA

- Authorization must include:
  - description of info to be used/disclosed
  - name of person authorized to make the use/disclosure
  - name of person receiving info
  - description of the purpose of the use/disclosure;
  - expiration date
  - Individual (or personal representative) signature and date

Authorization under HIPAA

- Must include:
  - Plain language
  - Individual's right to revoke authorization
  - Cannot condition treatment, payment, enrollment or eligibility for benefits (limited exceptions)
  - Potential for disclosed info to be subject to redisclosure by the recipient
- Authorization versus consent
- Compound authorizations

Use and Disclosure of PHI

- Opportunity to agree or object (45 CFR 164.510)
  - Use and disclosure for facility directories
  - Care and notifications purposes
  - Oral agreement okay

Use and Disclosure of PHI

- Authorization or opportunity to agree or object not required (45 CFR 164.512)
  - Required by law
  - Public health activities
  - Victims of abuse, neglect or domestic violence
  - Health oversight activities
  - Judicial and administrative proceedings
  - Law enforcement purposes
  - Decedents
  - Organ donation
  - Research purposes
  - Serious threat to health or safety
  - Specialized government functions
  - Worker's compensation

Use and Disclosure of PHI

- **Accounting of disclosures** (45 CFR 164.528)
  - Individual has the right to receive an accounting of disclosures of PHI up to SIX years prior, except for disclosures:
    - To carry out treatment, payment and health care operations
    - To the individual
    - Pursuant to an authorization (164.508)
    - For directory or care or notification purposes (164.510)
    - For national security or intelligence purposes or to correctional institutions or law enforcement officials (164.512)
    - Limited data set (164.514) (research, public health, or health care operations)

Use and Disclosure of PHI

- **Accounting of disclosures**
  - Content of accounting
    - Date of the disclosure
    - Name of the person/entity that received the PHI and address if known
    - Brief description of the PHI
    - Brief statement of the purpose of the disclosure
  - Act within 60 days of request for accounting
    - May extend to 30 days
    - Cannot charge for accounting for first accounting in 12 month period

HIPAA

- **Right to request privacy protection for PHI** (45 CFR 164.522)-
  - An individual can request restriction of uses and disclosures of PHI for:
    - Treatment, payment, and health care operations
    - Care/notification purposes.
    - The covered entity does not have to agree.
  - An individual can also request confidential communications of PHI

HIPAA

- **Access to PHI** (45 CFR 164.524)
  - An individual has a right to inspect and obtain a copy of PHI in a "designated record set", with limited exceptions
    - Designated record set- Medical and billing records maintained by a covered entity
    - Must allow access no later than 30 days after request
    - Can provide summary or explanation of records if individual agrees
    - Can impose reasonable, cost-based fee (copying and postage, preparing summary or explanation)
    - Denial of access
      - Reviewable and unreviewable grounds for denial
      - Professional judgment that access of PHI will endanger someone's life or cause substantial harm.

HIPAA

- **Amendment of PHI** (45 CFR 164.526)
  - An individual has the right to have a covered entity amend PHI or a record in a designated record set.
  - Must act within 60 days with one 30 day extension
    - not created by covered entity
    - not part of designated record set
    - accurate and complete
    - not available under 164.524
  - A covered entity can deny amendment if PHI/record:
  - Inform individual and others of the amendment

HIPAA

- “Minimum necessary”
- Personnel designation and training
- Process for complaints
- Policy/procedure manuals that define the covered entity's method of compliance with HIPAA.
- Record retention- 6 years

HIPAA

- **Business associate**
  - view, manipulate or otherwise handle PHI on behalf of a covered entity
  - Business associate agreement (BAA) (45 CFR 164.504(e)
    - Permitted and required uses of PHI
    - Must generally follow HIPAA requirements
    - At termination of contract, return or destroy all PHI

HIPAA

- **Security rule**
  - Administrative safeguards
  - Physical safeguards
  - Technical safeguards

Quality Issues

- **Physician Quality Reporting Initiative (PQRI)**
  - Quality Measures
    - 2007-74
    - 2008-119
    - 2009-153
- **National Outcome Measurement System (NOMS)**
  - Functional Communication Measures (FCM)
    - Disorder-specific, 7-point rating scale

Resources on ASHA's Web Site

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 section 220.3)

Resources on ASHA's Web Site

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

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

Thank You

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