

Template: Flexible Endoscopic Evaluation of Swallowing (FEES) Program Proposal and Justification

Proposal Summary: The speech-language pathology team needs FEES equipment to meet growing patient demand and to enhance patient safety and quality of care.

Justification for FEES Equipment and Program Development

- **Enhancing Diagnostic Accuracy and Care Quality:** FEES is an imaging procedure for evaluating swallowing function, providing critical insights into oropharyngeal dysphagia. Currently, our lack of access to FEES impacts our ability to offer timely, comprehensive swallowing assessments. FEES equipment will allow for safe, accurate diagnosis of swallowing disorders and treatment planning.
- **Timely Dysphagia Evaluation and Therapy:** FEES equipment would improve our ability to assess swallowing promptly, reduce delays, and ensure that the proper treatment needs are identified early, potentially shortening patient length of stay.
- **Reducing Aspiration Risk and Related Complications:** Timely identification of oropharyngeal dysphagia and aspiration risk through FEES can prevent aspiration pneumonia, improve nutritional status, and reduce the need for invasive measures like percutaneous endoscopic gastrostomy (PEG) tubes, contributing directly to better health outcomes and shorter patient length of stay.
- **Streamlining Bedside Imaging Access:** With FEES equipment, the speech-language pathology team can perform swallowing imaging at the bedside, which is particularly useful for patients who require specialized positioning or who are unable to transfer from their room. Additionally, performing FEES at the bedside can yield significant cost savings over videofluoroscopic swallowing studies (VFSS/MBSS). FEES also allows for imaging of the swallow without radiation exposure that is associated with VFSS/MBSS.
- **Current [VFSS/MBSS or FEES] equipment is inadequate to meet patient care needs:** [Customize your rationale based on your facility's needs.]

Targeted Patient Population

- FEES equipment will support instrumental assessments for all patient populations. The SLP determines patient selection.

Financial Impact Summary

- **Total Initial Equipment Cost:** \$[add cost of endoscope, light source, video monitor, computer, software, endoscope storage, cart, and/or disposable endoscopes]

- **Projected Return on Investment (ROI):** FEES capacity increases are estimated to cover the cost of equipment within [insert your estimated number] year(s).
 - To determine how many years it will take to achieve a full ROI: Divide the total initial equipment cost by the annual net gain.
 - To determine the annual net gain: Add FEES new revenue potential and cost reductions expected on an annual basis (see next 2 sections), then subtract operational costs on an annual basis (see next bullet).
 - Example:
 - The total initial equipment cost is \$20,000. The annual net gain is \$10,000 (\$11,000 in revenue and savings minus \$1,000 in operational costs)
 - After dividing the initial equipment cost by the annual net gain, I determine that FEES capacity increases are estimated to cover the cost of equipment within 2 years.
- **Operational Costs Expected Annually:**
 - **Expected maintenance costs:**
 - Service contract costs [\$x] per month and includes [replacement device/loaner, return of device within _ days/weeks]
 - **Infection prevention costs (e.g., cost of high-level disinfection services, point-of-service cleaning):** [Check with infection prevention or sterile processing department]
 - **Material costs (e.g., food dye, disposable endoscopes, food/drink items):** [\$x]
- **Additional Cost-Savings Opportunities:** Reduced length of stay and prevention of dysphagia-related complications can have substantial financial benefits for the facility ([ASHA, 2024](#); [Martin-Harris et al, 2021](#)).

New Revenue Potential

- **FEES Program Growth Potential:** [Describe how many studies are expected on a monthly and annual basis or potential development of new programs that could increase referrals.]
- **FEES (CPT 92612 or 92616) Reimbursement (dependent on payer and also dependent on facility's reimbursement model):**
 - An average reimbursement of [\$ per exam for ____ payer]
 - To get this information, check with your facility's billing department.
- **Volume Increase:**
 - The SLP team plans to start with [x] exams per month ([\$x] per month) and grow to [x] exams per month ([\$x] per month) within [x] years, achieving ROI through FEES exams alone.

Cost Reductions

- **VFSS/MBSS Cost Reduction:** The introduction of FEES would result in a monthly reduction of approximately [x] VFSS/MBSS studies, resulting in an anticipated cost reduction of [\$x]/month.
 - Cost reductions may include cost of transportation to VFSS/MBSS, cost to reserve the room and the physician's time, equipment wear-and-tear, and so forth. The Radiology Department may have information on the total cost of VFSS/MBSS to the facility.
- **Other Cost Savings**
 - Earlier dysphagia identification can lead to a reduction in dysphagia-related complications like aspiration pneumonia and malnutrition, impacting reimbursement and patient length of stay.
 - Reduced reliance on contracted services for FEES or VFSS/MBSS.
 - [Add additional cost savings based on your facility's characteristics.]

References

American Speech-Language-Hearing Association (ASHA). (2024, August). *The value of speech-language pathologists (SLPs) in acute care: SLP involvement in acute care improves healthcare quality and reduces cost* [PDF].

<https://www.asha.org/siteassets/ebp/dov/value-of-speech-language-pathologists-in-acute-care.pdf> [PDF]

Martin-Harris, B., Shaw Bonilha, H., Brodsky, M. B., Francis, D. O., Fynes, M. M., Martino, R., O'Rourke, A. K., Rogus-Pulia, N. M., Spinazzi, N. A., & Zarzour, J. The modified barium swallow study for oropharyngeal dysphagia: Recommendations from an interdisciplinary expert panel. *Perspectives of the ASHA Special Interest Groups*, 6(3), 610–619. https://pubs.asha.org/doi/10.1044/2021_PERSP-20-00303