

Eli's Rehab Report

Industry Notes: Intervene Early with Childhood Communication Disorders

There has been an alarming rise in disability associated with speech problems in children according to a study published in the journal *Pediatrics* recently. In the decade from 2001-02 to 2010-11 there has been a sharp rise of 63 percent in this disability "along with a more than 15% increase in disability associated with hearing problems," said the **American Speech-Language-Hearing Association** (ASHA) quoting this study in an August 21 news release.

ASHA recommended that parents seek early intervention for children who experience communication disorders and seek an assessment from a speech-language pathologist or audiologist if they have any concern at all. Neurodevelopmental or mental health problems seem to have contributed more to this rise than childhood disability due to physical conditions. This could be due to biologic, familial, social and cultural factors. "Children in poverty experienced the highest rates of disability, but children from wealthier families experienced the largest increase (28%)," the release said.

"Unlike many other conditions, early intervention often has the potential to prevent or reverse a communication disorder or at least dramatically reduce the negative consequences it has on children's academic and social success as well as their overall development," urged **Elizabeth McCrea, PhD, CCC-SLP**, ASHA 2014 president in the release. "By delaying an assessment and/or treatment to see if a child outgrows a potential disorder, parents may be missing a key window of opportunity," she added.

For more information, visit IdentifytheSigns.org.

Patients Can Seek Physical Therapists' Evaluation Without Referral

Michigan has passed into law a measure which has been in force in the rest of the country for quite some time. Now patients can seek a physical therapist's evaluation and treatment without first getting a physician's referral.

"This is a significant milestone for the people of Michigan, and for the physical therapy profession," said **Paul A. Rockar Jr, PT, DPT, MS**, president of the **American Physical Therapy Association** (APTA) in a July 1 press release. "APTA has long advocated for improved patient access to physical therapists, and I applaud Michigan's achievement in making this policy a reality."

"This is not only a victory for physical therapists in our state, but more importantly represents a great benefit to the people of Michigan who need the services of physical therapists," said **Craig Miller, PT**, Michigan Chapter of APTA's (MPTA's) legislative director.

CMS Proposes Relaxation Of Speech Therapist Requirements

The **Centers for Medicare & Medicaid Services** (CMS) wants to make your life potentially easier, in one way at least. According to the 2015 home health prospective payment system proposed rule, CMS wants to defer to state licensure requirements for speech-language pathologists, rather than having its own criteria.

"We propose to require that a qualified SLP be an individual who has a master's or doctoral degree in speech-language pathology, and who is licensed as a speech-language pathologist by the State in which he or she furnishes such services," CMS says in the 2015 home health prospective payment system rule issued July 1.

"All states license SLPs; therefore, all SLPs would be covered by this option," adds the rule scheduled for publication in the July 7 Federal Register.

CMS Solidifies 2015 ICD-10 Date, Clarifies Testing

On July 31, CMS announced that the 2015 date has been finalized as the deadline for ICD-10 implementation. After Sept. 30, 2015, ICD-9 codes will no longer be accepted.

Because the date has already been pushed back several times, many providers are already prepared for the transition, but should continue to stay on top of ICD-10 changes and updates as the 2015 date gets closer. In addition, CMS advises practices to participate in any ICD-10 testing opportunities to ensure that they are compliant and prepared.

All of the Part B MAC claims processing systems are currently ready for ICD-10, CMS says in MLN Matters article SE1409. In addition, CMS tests its ICD-10 software every time a quarterly release is issued. On the provider side, CMS will offer three separate testing weeks for ICD-10 acknowledgement. These will take place in November 2014, March 2015, and June 2015. If you'd like to participate in the testing, visit your MAC's website. CMS will also offer end-to-end testing opportunities to select practices, but has not yet announced the dates or how to volunteer.

Resource: To read MLN Matters article SE1409, visit www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1409.pdf.

Home Health Therapy Claim Review Racks Up Denials

The pending elimination of the face-to-face physician narrative requirement hasn't helped home health agency claims caught up in a recent **Palmetto GBA** review targeting claims with 11 to 13 therapy visits.

The Home Health & Hospice Medicare Administrative Contractor reviewed more than 4,500 claims with HIPPS code 1BGP* processed in the February-to-April time period, the MAC says in a new article on its website. The four regions that underwent review saw denial rates ranging from 35 to 39 percent.

"Face-to-face requirements not met" was the overwhelming reason for the full and partial denials in every region, Palmetto notes. F2F accounted for 64 to 71 percent of the denial reasons, varying by region.

The **Centers for Medicare & Medicaid Services** (CMS) has not said whether it will make the narrative elimination retroactive, if finalized. But a CMS official at this month's Home Health Open Door Forum said the agency is thinking about the issue.

Take Backs Underway Based On SMRC Therapy Review

Home health agencies that furnish Part B outpatient therapy in the home may soon see therapy-related take backs, thanks to the SMRC. Supplemental Medical Review/Specialty Contractor **Strategic Health Solutions** (SHS) recently completed a review of claims for outpatient therapy cap services just below the allowed therapy cap amount of \$3,700, the SMRC says on its website.

The results: SHS denied 2,590 of the 7,080 claims reviewed (41 percent) because the SMRC didn't receive supporting documentation for them within 45 days, the contractor says. SHS denied another 1,437 claims after reviewing them, to total a 57 percent error rate.

Reasons for the denials included lack of comprehensive evaluation and/or plan of care, identification of specific intervention/modality provided and billed, total timed code treatment minutes, and total time in minutes, SHS says. In addition, submitted medical records did not meet documentation requirements for supporting the number of units of therapy services billed, SHS adds.

Tip: Report the number of units for outpatient rehab services based on the documented procedure or service, SHS recommends in a "How to Prevent a Denial" section. "When reporting service units for procedure codes where the procedure is not defined by a specific timeframe ('untimed' procedure), the provider enters '1' in the field labeled units. For untimed codes, units are reported based on the number of times the procedure is performed, as described in the procedure code definition (often once per day)."

Plus: "Several procedure codes used for therapy modalities, procedures, and tests and measurements specify that the direct (one on one) time spent in patient contact is 15 minutes." SHS says. "Providers report procedure codes for services delivered on any single calendar day using procedure codes and the appropriate number of 15 minute units of service."

Home Health & Hospice Medicare Administrative Contractor **Palmetto GBA** is sending overpayment demand letters based on the SMRC review, the MAC says on its website. The letters will include appeal information.

See the SHS article on the review at

www.strategichs.com/wpcms/project-y1p5-medicarepart-b-outpatient-rehabilitation-therapy-services.