

Eli's Rehab Report

Speech-Language: Heads Up: Swallowing Codes Take a Huge Cut

Saying goodbye to the non-physician work pool was bad news for 92610, 92611.

If your facility performs swallowing studies and evaluations, get ready for a big reimbursement hit in 2009.

As if cuts in past Medicare Physician Fee Schedules weren't enough, the 2009 fee schedule reduces 92610 (Evaluation of oral and pharyngeal swallowing function) by a whopping 17 percent, and 92611 (Motion fluoroscopic evaluation of swallowing function by cine or video recording) by approximately 14 percent.

"These two codes are in the non-physician work pool, and have primarily practice expense in the physician fee schedule," explains **Steven C. White, PhD, CCC-A, ASHA Fellow**, director of health care economics and advocacy for the American Speech-Language Hearing Association (ASHA). "But CMS is phasing out the non-physician work pool, which is severely affecting these two codes' reimbursement levels."

Understand the Non-Physician Work Pool

The total relative value of a procedure you bill to Medicare is the sum of the CPT code's professional component, technical component, and professional liability insurance component. But some procedures don't have a professional component value, and they fall into the non-physician work pool. In these cases, most of the value comes from the technical component (the practice expense), which reflects the time for the person assisting the physician, equipment costs, and supply costs, White explains. The remainder of the value covers the malpractice insurance costs or professional liability.

Predicament: In 2005, CMS announced it would revise its formula for the non-physician procedure values to make the approach more consistent with that for the other procedures, but the agency decided on an approach that negatively affected the swallowing assessment procedures that have no physician work, White says.

MIPPA Makes Good Timing

The MIPPA legislation that passed last July gave SLPs in private practice billing privileges, opening the door for ASHA to make its move. "The good news is that the procedures will be converted from practice expense to professional work now that speech-language pathologists will be able to bill Medicare directly," White says. The resulting values should thus express the time it takes to perform the service but also the technical skill and effort.

"We're arguing in our comments [to the 2009 MPFS] that this change in law should have an impact on these two codes, and instead of CMS instituting these large reductions, we've asked that the agency freeze the codes at their 2008 levels until the values are refined to reflect the SLPs' work," White tells Eli.

That's the current plan until the relative value update committee (RUC) has a chance to do its work review. "If CMS agrees that these conversions can be made from practice expense to work, we can work with the RUC at that point," says White.