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Consultants in Dysphagia Diagnosis and Management

**507 North Sam Houston Parkway East Suite 245
Houston, Texas 77060**

Phone: (281)272-MBSS or 1-866-675-MBSS

Fax: (281)272-6281 or 1-877-676-MBSS

Modified Barium Swallow Studies

Dear Speech-Language pathologist and whom it may concern:

I am thrilled to bring you the latest and greatest service in mobile videofluoroscopy, **Professional Imaging, LLC**. As owner and manager of Professional Imaging, our group medical practice is proud to offer the following:

- *Availability in the Houston area in 24-48 hours**
- *Audio on all of our video recorded Modified Barium Swallow Studies (MBSS)**
- *Most affordable dysphagia consultations in the Houston area**
- *Professionally trained staff that works as a TEAM to provide optimal care for your patient**
- *Brand new, state of the art mobile clinic**
- *A consistent physician to provide better continuum of care**
- *Detailed 6 page reports completed by Physician and SLP**
- *Direct resolution to questions or concerns as company is owned and operated by staff**

***Direct phone availability of Physician or SLP if any questions**

***Tracking and monthly reporting of each patient's response to recommendations for increased quality assurance and also helping facilities understand the benefits of MBSS testing**

***Continuing education**

I am looking forward to providing you with timely, accurate, diligently performed, as well as affordable, dysphagia consultations. We are the future in successful dysphagia evaluation and management. Please call me personally and I will have a contract faxed immediately to your facility. I will also be available for marketing, consultation, or in-service.

Sincerely,

Piper Harris, M.A., CCC-SLP
Cell: 832-563-7464



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Modified Barium Swallow Studies

Profile

Overview

Professional Imaging, LLC is recognized by Medicare as a group medical practice. A group medical practice must have a physician in a direct ownership position; therefore, it is held to the highest standards by the Texas State Board of Medical Examiners, Texas Bureau of Radiation Control, the Community Standard of Practice, Medicare Guidelines, and the Hippocratic Oath that professes, "...to do no harm and to act in the best interest of the patient."

Our practice performs thorough consultations in dysphagia evaluation and management when requested by the primary care physician through an order for a Modified Barium swallow study (MBSS). In the same manner a consult is requested for any other licensed physician, Professional Imaging documents all evaluations through a detailed report and videotape, provides follow-up on each patient, and is phone available 7 days a week, even after hours.

All Professional Imaging testing facilities are staffed with a licensed physician, a certified speech language pathologist, and a driver/technician whom aids in transportation of patients to and from facilities. The physician compiles a complete medical history of each patient by performing extensive chart review, interview of family, staff, or patient as appropriate. Once a patient's case history is completed the doctor then performs a focus-expanded physical exam of the patient along with the radiographic MBSS in

conjunction with the speech language pathologist. Upon completion of the consultation, recommendations are made to the primary care physician, facility SLP, and facility nursing staff . Professional Imaging maintains a professional ongoing doctor/patient relationship.

Professional Imaging Philosophy

Through use of state of the art videoflouroscoy equipment and certified, licensed, and proficient staff, Professional Imaging commits to providing cost effective, timely, and ethical dysphagia consultations including a Modified Barium Swallow Study. Not only will we provide efficient delivery of high quality services, but we will also be dedicated to treating each and every patient with dignity and respect. Monthly quality assurance meetings and feedback from satisfaction surveys completed by your facility will ensure that we continually strive to be the leader in service providers of specialized dysphagia evaluations.

Insurance Policies

Professional Imaging's current insurance portfolio boasts malpractice insurance, general liability insurance, individual medical liability coverage, and auto insurance. This diverse insurance portfolio totals in excess of 6 million dollars. These cumulative and necessary policies provide liability coverage beginning with transport of the patient from your facility and ending upon safe return of the patient to your facility. We even have liability coverage up to 2 years in case any alleged malpractice events occur. The one million dollar policy Professional Imaging has to cover medical malpractice is in addition to individual medical malpractice held by each licensed and certified professional. This policy covers the doctor-patient relationship and any incidents that might arise from this specific relationship. It is our commitment to keep all policies current. Documentation will be provided upon request.

Sincerely,

Joan E. Baumer, M.D., Owner-partner
Piper Harris, M.A, CCC-SLP, Owner-partner



Consultants in Dysphagia Diagnosis and Management
507 North Sam Houston Parkway East
Suite #245
HOUSTON, TEXAS 77060
Tel: 1-866-675-MBSS or 281-272-MBSS
Fax: 1-877-676-MBSS or 281-272-6281

Mobile Modified Barium Swallow Study Service Agreement

THIS AGREEMENT, by and between (Facility and/or Corp.) _____
_____, located at _____
_____ made and entered into this ____ day of _____
_____, 200__, hereinafter referred to as “Facility, and PROFESSIONAL
IMAGING, LLC.

Whereas, Facility is a healthcare facility for the provision of patients services; and

Whereas, PROFESSIONAL IMAGING, LLC is a group medical practice that provides mobile videofluoroscopic Modified Barium Swallow Studies (“MBSS”) service as part of our comprehensive dysphagia consultation; and

Whereas, Facility desires that PROFESSIONAL IMAGING, LLC offer residents of the Facility access to this service.

NOW THEREFORE, in consideration of the mutual covenants, premises and agreements herein contained, and other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereto agree as follows:

SERVICES

PROFESSIONAL IMAGING, LLC shall, at the Facility's request, and upon receipt of a physicians order, patient face sheet, PROFESSIONAL IMAGING, LLC authorization form, and PROFESSIONAL IMAGING, LLC history intake form, provide the Dysphagia Consultation to include the Modified Barium Swallow Study service at the Facility's location.

PROFESSIONAL IMAGING, LLC shall provide a Consulting Physician, Speech Pathologist, the mobile videofluoroscopy clinic and equipment necessary to conduct the MBSS service.

All PROFESSIONAL IMAGING, LLC personnel performing or assisting in the MBSS service shall be specially trained to perform their duties and shall hold such licenses as required by applicable law.

A Consulting Physician will be present during the entire dysphagia consultation including MBSS as required by the state of Texas. For each resident of the Facility for whom the MBSS service is performed,

PROFESSIONAL IMAGING, LLC shall provide to the Facility, (a) video copy of the MBSS procedure including an audio portion, (b) the speech language pathologist's typed report and recommendations, (c) and the consulting physicians typed evaluation report and management recommendations.

Facility shall (a) provide PROFESSIONAL IMAGING, LLC, sufficient parking space to accommodate mobile videofluoroscopy clinic; (b) have required paperwork (copy of the face sheet, physicians orders, authorization form, and history intake form) available to PROFESSIONAL IMAGING, LLC, and medical records/chart available for review upon our consultation for the physician, individual treatment records necessary for the proper evaluation, screening, and treatment of, and provision of service to, such patient. All required paperwork must be received at PROFESSIONAL IMAGING, LLC by fax prior to the schedule day of the Modified Barium Swallow Study.

The facility must notify PROFESSIONAL IMAGING, LLC immediately in the event of a cancellation or change in patient information.

INSURANCE

PROFESSIONAL IMAGING, LLC shall secure and maintain at all times during the term of this agreement, professional and general liability insurance of not less the \$1,000,000 per claim or occurrence and 2,000,000 in the aggregate, insuring PROFESSIONAL IMAGING, LLC, its employees and agents for the services delivered by them hereunder. Upon request, a copy of a certificate of insurance shall be provided evidencing such coverage and medical liability for PROFESSIONAL IMAGING, LLC as well as individual policies of the providers.

The Facility will maintain liability coverage of property consistent with general liability of their residents in the case of an injury resulting from transportation of individuals in wheelchairs or injury as a result of slip, trip, or falls etc, within the facility by facility staff. PROFESSIONAL IMAGING, LLC becomes liable for the patient once the PROFESSIONAL IMAGING, LLC staff has come in contact with the patient to begin the dysphagia consultation.

PAYMENT

For all services rendered hereunder, PROFESSIONAL IMAGING, LLC will bill *Medicare B/Medicaid* directly for all charges except one. There will be a bill sent to the facility for Medicare Part B service at a rate dependent on county (see fee schedule). This particular charge/CPT code is 92611 which the facility bills under consolidated billing. The facility will be billed for the technical charges under *Medicare Part A* (see Fee Schedule) and PROFESSIONAL IMAGING; LLC will bill the professional charges directly to Medicare. Any HMO, managed care group, or other 3rd party payor that PROFESSIONAL IMAGING, LLC contracts with will be billed directly to the group and not to the Facility. For any services rendered for an *HMO or MCG*, the Facility must obtain the preauthorization number prior to the MBSS being completed, PROFESSIONAL IMAGING, LLC is not responsible for obtaining the preauthorization number.

If an individual has no insurance or Medicare and is Private Pay, PROFESSIONAL IMAGING, LLC will invoice the responsible party. The Facility is not responsible for payment if Private Pay is the primary source of payment. The Responsible Party will be required to sign an agreement stating acknowledgement and acceptance of the MBSS bill.

The Facility agrees to pay PROFESSIONAL IMAGING, LLC within 30 days of receipt of PROFESSIONAL IMAGING, LLC invoices, mailed to the address listed on the invoice. If no payment is received within this period, PROFESSIONAL IMAGING, LLC will proceed with alternative avenues of collection.

INDEPENDENT CONTRACTOR

PROFESSIONAL IMAGING, LLC Group Medical Practice and staff shall not be considered an employee or agent of Facility for any purpose and no partnership, joint venture, or co-venture shall be created by virtue of this Agreement or the performance by PROFESSIONAL IMAGING, LLC hereunder. The parties hereto are independent contractors, contracting with one another solely for the purposes set out herein. PROFESSIONAL IMAGING, LLC acknowledges that as an independent contractor, neither PROFESSIONAL IMAGING, LLC nor its employees or agents are covered under Facilities workers' compensation insurance and are not entitled to any fringe benefits afforded to employees of Facility.

HIPPA

As a provider of contract service to the facility, PROFESSIONAL IMAGING, LLC certifies that we ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) in all areas of our service.

INDEMNIFICATION/LIABILITY

Each party agrees to indemnify and hold the other party harmless against any and all claims, liabilities, damages and expenses, including without limitation reasonable attorney's fees incurred by the party seeking indemnification if defending or compromising actions brought the party seeking indemnification or its officers, directors, employees, agents and contractors arising out of or related to the acts or omissions of the other party or its employees, agents, or contractors in connection with the provision of services to patients under this Agreement for a period of no more than 2 years after the Notice of Program Reimbursement ("NPR") is issued by the intermediary to the Facility.

COMPLIANCE WITH LAWS

PROFESSIONAL IMAGING, LLC shall insure that qualified and appropriately licensed personnel in accordance with Texas State Board of Medical Examiners and all other applicable laws provide all services required of PROFESSIONAL IMAGING, LLC hereunder.

PROFESSIONAL IMAGING, LLC shall render services to Facilities residents without discrimination due to gender, race, religion, color, national origin, handicapping condition, or age. PROFESSIONAL IMAGING, LLC does reserve the right to terminate an MBSS if the subject is inappropriate for the evaluation or is determined medically unstable by the consulting physician present on the mobile clinic.

MISCELLANEOUS

PROFESSIONAL IMAGING, LLC is a physician owned medical practice. PROFESSIONAL IMAGING, LLC represents and warrants that it has met and follows all of the requirements:

- Licensed and approved by Texas Department of Health/Bureau of Radiation Control
- Health Insurance of Aged Persons (Title XVIII of the Social Security Act/Medicare Act)
- Texas State Board of Medical Examiners as a Medical Practice
- Code of Ethics of the American Speech-Language-Hearing Association
- Physicians with individual Medical Malpractice Coverage – copies available
- Company Professional Liability Insurance – copies available

TERMS

The term of this agreement shall be for a period of one year/12 months beginning on the Commencement Date shown on the first page, and shall be automatically renewed for successive one (1) year terms unless properly terminated. This agreement may be terminated by either party with or without cause upon a preferred 30 days written notice.

THIS AGREEMENT contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such

subject matter. This Agreement may not be amended or modified except by mutual written agreement.

By: _____
Professional Imaging, LLC
or Representative

Facility Administrator

FEE SCHEDULE

Facility shall compensate PROFESSIONAL IMAGING, LLC for services rendered in conjunction with the MBSS provided to Facility’s patients at the following rate per evaluation:

MEDICARE PART B/Medicaid

MBSS Testing -----

Harris County: \$135.35
Brazoria County: \$130.02
Galveston County: \$128.72

All Other Counties: \$116.93

These fees were taken directly from the Online Fee Schedule on Trailblazer’s website

PROFESSIONAL IMAGING, LLC shall invoice Facility each month for the Speech Therapy Component/HCPCS Code of the MBS study 92611 - “evaluation of swallowing with radio-opaque materials.” This code is billable BY the facility to Medicare under consolidated billing to be reimbursed in full to the facility. Effective January 1, 2005 Medicare reimbursement for the Speech Pathology CPT code 92611 has increased, as CMS reinstated the physician fee portion to this procedure code. CMS regulations require, under consolidated billing, that the SNF to file the claim for CPT-4 code 92611 on all Medicare Part B services. This information can be found at www.cms.hhs.gov/medlearn/snfcode.asp. Under the Balanced Budget Act of 1997, CMS determined that the procedural code 92611 is subject to consolidated billing. Due to this, the facility is to file a claim without any modifiers to Medicare Part B for reimbursement to be in compliance. The patient can not billed directly for this procedure as the patient is only responsible for the co-insurance or deductible portions covered by Medicare. If the facility contracts with a

rehabilitation company for therapy and Part B billing services, then the therapy company can or may bill procedure code 92611 to Medicare for your facility. As a mobile MBSS company we are required to reflect these changes on our statements under the Anti-kickback Statute. This price is not absorbed by any facility as Medicare Part B will reimburse at this higher rate.

MEDICARE PART A/PPS

Dysphagia Consultation including MBSS testing----- **\$ 150.00**

CPT codes: technical charges only

PROFESSIONAL IMAGING, LLC will bill Medicare for all professional charges

HMO/ Private Insurance/Private Pay

PROFESSIONAL IMAGING, LLC can bill facility, if requested by the facility, for Part B Medicare/Medicaid, or other case by case basis.

PROFESSIONAL IMAGING, LLC will also bill HMO's/Private Insurance directly with a preauthorization number, and any Private Pay Individuals.

MBSS fee is \$ 1815.00, but if paid within 30 days a 67% discount will be applied.

MBSS Testing ----- \$598.95.

Facility is required to obtain a preauthorization numbers from private insurance carriers, HMO or MCG, etc...prior to MBS studies being scheduled and performed

If you have any further billing questions please call our office and we will be happy to assist you.

Facility Information Sheet

Please fill out completely and attach to signed agreement
to be returned to PROFESSIONAL IMAGING, LLC

Facility Name: _____

Address (including zip code): _____

County: _____

Corporate Affiliation: _____

Billing Address:

Phone Number: _____ Fax Number: _____

Rehab Company: _____

Tax ID Number: _____ Profit _____ Non-Profit _____
(Non-profit organizations must include copy of exempt certificate)

Skilled Nursing Unit ___ Yes ___ No

Medicaid Beds: _____

Administrator: _____

Director of Nursing: _____

Bookkeeper/Billing: _____

Membership: THCA _____ TASHA _____

Purchasing Group _____

Participate in HMO/MCO Yes ___ No ___

If yes, list _____

We appreciate you taking the time to complete this form. This allows

PROFESSIONAL IMAGING, LLC to service you more efficiently.



Consultants in Dysphagia Diagnosis and Management

Tel: 1-866-675-MBSS or 281-272-MBSS

Fax: 1-877-676-MBSS or 281-272-6281

Who are we? Medicare approved dysphagia consultation including Modified Barium Swallow Studies. Piper Harris M.A., CCC-SLP has been providing this service for the last three years in the Houston area and is assuming a leadership role in this new medical practice.

What makes us better than the others?

- 1. On board, full time, supervising M.D.** with MBSS experience. Each Physician has individual medical malpractice coverage.
- 2. Local MBSS team**, same Professional Imaging team for every MBSS.
- 3. 24 to 48 hour response/service 5 days a week.** Locally based company to serve you Monday through Friday. How long does it take you to get your MBS schedule with others?
- 4. Mobile MBSS program monitored and controlled by quality assurance on a monthly basis. We follow up on each and every patient we evaluate within 7-14 days.**
- 5. Mobile MBSS Program managed, created and owned by Speech Pathologists and Physicians.**
- 6. Educational MBSS audio/videotape** for all Professional Imaging customers.
- 7. We are available for Dysphagia in-service** for your facility at your request
- 8. We will be competitive with any rate for an MBSS**
- 9. NO EXCLUSIVE AGREEMENTS!** You should have freedom of choice
- 10. Satisfaction Surveys**
- 11. Quarterly CEU** conferences at reduced rates for all facilities using Professional Imaging, LLC.
- 12. Monthly Newsletters** to all Houston Speech Pathologists
- 13. Exceptionally detailed typed** Speech Pathologist and Physician evaluation report completed on site the day of MBSS and you receive the original copy with an **audio/videotape**. Treatment recommendations can be customized for E-Stim treatment. With Professional Imaging, LLC you get a Dysphagia consultation not just an MBSS
- 14. Full time Houston based Speech Pathologist, Piper Harris**, with over 3 years of experience and training in Modified Barium Swallow Studies.

Do not sacrifice quality! Give us 1 try! You will see the difference, guaranteed!



Consultants in Dysphagia Diagnosis and Management

To schedule with us:

Call us at 1-866-675-MBSS or 281-272-MBSS

Fax the following information to 1-877-676-MBSS or 281-272-6281:

1. Copy of physicians order for “Dysphagia Consultation including Modified Barium Swallow Study”
2. Copy of face sheet
3. Copy of insurance and/or Medicare/Medicaid cards
4. Completed Professional Imaging, LLC history intake form. (If you do not have one please call 1-866-675-MBSS, and one will be faxed to you)
5. Signed Professional Imaging, LLC Authorization Form

*******Orders, Face sheet, history intake form, and authorization form must be faxed into the office before the study will be scheduled for a day and time.****

6. Preauthorization number for any Private insurance/HMO before scheduling the day and time. *Professional Imaging, LLC is not responsible for obtaining preauthorization numbers, as we do not have access to the patient’s medical records and they are not under the care of Professional Imaging, LLC.*

Thank you for your assistance. The above items will help expedite the service. If there are any problems obtaining all the necessary paperwork, call us and we can help. We want to provide timely service, especially for patients with urgent needs. We look forward to working with you in providing the best dysphagia care possible.

281-272-MBSS or 1-866-675-MBSS

Professional Imaging, LLC MBS Authorization Form

This signed documents grants the following to Professional Imaging, LLC

To proceed with a mobile Modified Barium Swallow (MBS) study to determine the presence of dysphagia in the oral and pharyngeal stages as well as the thoracic esophagus and cervical spine.

Authorization to the release of any and all information required for services furnished to me by Professional Imaging, LLC in order to process insurance claims on my behalf. I hereby assign and transfer to Professional Imaging, LLC all rights, titles and interest benefits payable on all my insurance carriers.

Authorize the insurance carriers (Medicare Part B, Medicaid or Other Private Insurance) listed on the patient face sheet to pay directly to Professional Imaging, LLC all benefits due by reason of services rendered. In the event the insurance carriers reimburse the patient in error, payment will be directly forwarded to Professional Imaging, LLC for payment.

As the Responsible Party I agree to the following statements

I will pay in full Professional Imaging, LLC the 20 percent co-pay and/or deductible remaining from Medicare Part B in the event I have no secondary coverage policy. No credit cards are accepted.

I will pay in full the remaining balance if the patient's private insurance policy does not cover the 20 percent co-pay and/or deductible, or if the patient's secondary policy does not cover an MBS study to Professional Imaging, LLC. No credit Cards are accepted.

In the event Medicare Part B and/or Medicaid eligibility cannot be determined, I will pay the account balance in full. (Either the full price of the test or the 20 percent co-pay/deductible.) to Professional Imaging, LLC. No credit cards are accepted.

A photocopy of this assignment shall be considered as effective and valid as the original and I authorize the Professional Imaging, LLC to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

I have been informed of Professional Imaging, LLC HIPAA privacy notice and have also been informed that a copy is available to me on request.

Patients name: _____

Signature of Policy Holder of Claimant _____

Date: _____

Signature must be obtained prior to MBSS

Witness signature required if individual is unable to sign independently

Witness must be employed by the facility

Witness: _____

Preferably DON or administrative staff, if unavailable, nursing staff may sign

Title: _____

If received verbal consent only, please document in medical chart and sign below

Date received: _____

Consent received from: _____

Staff Signature: _____



Consultants in Dysphagia Diagnosis and Management

Fax all paper work to: 1-877-676-6277 or 281-272-6281
MBSS HISTORY INTAKE FORM

Please have this form completed in its entirety and faxed into the Medical office prior to the date of the scheduled MBSS. Office Phone #: 281-272-6277

Facility SLP: _____

Contact Number: _____

Required Paperwork

1. Copy of face sheet
2. Doctors orders
3. Authorization form
4. Completed history intake form

Please Check One:

- Medicare A
 Medicare B
 Medicaid Preauthorization # _____
 Other: _____

Current Vitals Required : B/P _____ Pulse _____ Resp. _____ Temp _____

Patient Name: _____ Age _____ DOB _____ Sex: _____

Facility Name: _____ City: _____ Ordering Physician: _____

Reason for referral/Symptoms of dysphagia: (Check those that apply) Coughing Choking
 Temp. Recurrent pneumonia Respiratory Distress wet/gurgly phonation Diet
 upgrade Reassessment

Onset of Dysphagia: (Check the one that applies) _____ Weeks _____ Months Does pt have PEG? Yes No

Has the patient had a previous MBSS in the last 30 days? YES NO If yes, When? _____

Pertinent Medical History/Diagnosis (check those that apply)

CVA Parkinson's Dz Alzheimer's Dementia CHF COPD Pneumonia

Other Medical DX:

Current Diet: Regular Mech Soft Pureed Liquids: regular nectar honey pudding
 Dentition: natural partials dentures edentulous Pulmonary Status: CHF COPD
 Other
 Cognitive Status: _____ Communicates _____ Follows one step commands

What TX has been used? (Check all that apply): E-Stim O-M Ex. Thermal Stim
 Pharyngeal Ex.



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Date of MBSS: _____

I have been informed and understand the procedure of the Modified Barium Swallow Study (MBSS) being performed on _____. I authorize Professional Imaging, LLC to complete the MBSS and agree to be billed the cost of this procedure at \$_____, or the difference remaining if the total cost of procedure is denied by the current insurance coverage.

Signature

Print Name

Relationship

Date