

NEW GUIDELINE FOR ORDERS FOR SWALLOWING CONSULTATIONS INCLUDING MBSS:

Novitas is the new intermediary for Medicare. They are reviewing a percentage of all of our charts. We are learning that they prefer you write an order in your chart as well as use our intake form. The order needs to match what is indicated on the intake form, by listing the consultation and the medical indications for the MBSS: EXAMPLE ORDER TO READ:

“SWALLOWING CONSULT W/ MBSS due to coughing, choking difficulty swallowing. Assess aspiration risk and determine safest diet, reason for mobile evaluation is that patient fatigues easily with lengthy transport affecting test participation if transported” (List medical reasons for study in your order that you circle in top box)

APPROVAL FOR PATIENTS WITH MANAGED CARE PLANS

Managed care plans each have their own set of guidelines and deductibles that are required. We are in network with some and out of network with others. What we have learned is that we must apply for authorization approvals for insurance to cover the service of the dysphagia consult including the MBSS.

Indicating the reason for the mobile/onsite visit allows us to have the level of information needed to apply for authorizations and have the highest chance of approval. Please circle one of the 4 reasons that apply to 99% of our patients. You

UPCOMING CONFERENCES:

APRIL 20TH. ESTIM. Corpus Christi, Texas. Call 281-272-6277 To reserve a seat. .8 hours CEUs. Must have 10 person minimum to make a class.

May 4th. ESTIM. .8 ASHA CEUs. Austin, Texas, Call 281-272-6277 to reserve a seat. Must have 10 person minimum to make a class.

“ALL THESE CHANGES IN HEALTHCARE ARE THE WAVE OF THE FUTURE. THE FUTURE IS NOW! CHANGE IS NOW! WE MUST LEARN AND FOLLOW THE CURRENT GUIDELINES!”

-PIPER HARRIS

In This Issue

- CHANGES TO THE ORDERING PROCESS FOR SWALLOWING CONSULT WITH MBSS
- MEDICAL NECESSITY ON ORDER A MUST
- MOBILE/ONSITE REASON MUST BE LISTED ON ORDER

can even write your reason on the order in your chart. **THIS IS REASONS PATIENTS DO NOT TRANSPORT WELL NOT REA**



PI Mobile Clinic "Goldie"

PLEASE BE SURE THE FOLLOWING INFORMATION IS COMPLETED ON YOUR INTAKE FORM:

- 1.) the top box where you give the primary reason for the consult
- 2.) the order section which needs to be checked and signed as a verbal order
- 3.) the reason for mobile/onsite evaluation request by the doctor

****NEW INTAKES CAN BE DOWNLOADED AT MBSSONLINE.COM OR CALL 281-272-6277 AND WE CAN EMAIL OR FAX YOU AN UPDATED FORM***

CLINICAL REASON NOW REQUIRED FOR MOBILE/ONSITE EVALUATIONS:

There are 4 clinical reasons why a mobile/onsite evaluation is requested that are listed on our intake forms. These 4 reasons apply to 99% of our patients and you can circle as many of those as apply FOR EXAMPLE:

- 1-emergent request due to elevated aspiration risk
- 2-transport negatively impacts underlying physical condition
- 3-fatigues easily compromising test participation
- 4-transport exacerbates behavioral problems and compromises test participation

These clinical reasons are well understood by Speech Pathologist or physicians who work with elderly or young patient who are have underlying issues as swallowing is a secondary diagnosis. However, it is clerical staff hired by managed care plans requiring this level of information to consider approval for the service. There are certainly other clinical reasons for mobile/onsite evaluation that can apply and if so please write in that CLINICAL REASON that the patient cannot transport easily. Please avoid reasons such as: in nursing home, does not have car, convenient for family or patient, as these have resulted in denials for the service you are requesting as they are considered elective reasons.

Many of you have indicated that you request our service due to you being able to be present, a dvd is made and left for family/patient education, and you want the level of information we provide, those may be reasons that will work in the future however they do not address the transportation piece which seems to be the focus of the insurance companies at the present in order to give approval.

INDICATING IMPROVEMENT, DECLINE OR UNCHANGED ON INTAKE FORM WHEN ASKED ABOUT SWALLOWING FUNCTION:

When doing a dysphagia consult, especially when it is a follow-up evaluation, there should be a clinical indication that indicates medical necessity to do that service. Please circle the reason we are doing the study and indicate whether the swallowing function has improved or declined . This documented change is imperative in supporting medical necessity when doing a follow up. If the swallowing function is indicated to be unchanged the chances of insurance covering the service is minimal to none. Please evaluate your patients carefully when doing a follow up study for improvement or decline.

Clinical information: MANY OF YOU HAVE ASKED ABOUT DIET UPGRADE:

*Notice that diet upgrade is not a reason for a study,. Diet upgrade is **ONLY** an **OUTCOME** of a study. For instance, if the patient does not aspirate and chews solids well and is currently on pureed, then they would be recommended to have mechanical soft or solids, that is the **OUTCOME** that the diet was upgraded. DIET UPGRADE WAS REMOVED FROM OUR FORM AS IT DOES NOT INDICATE MEDICAL NECESSITY IT SHOULD BE A FINDING FROM THE STUDY.

AVOID THE WORDING TO RULE OUT ASPIRATION ON YOUR ORDERS.

CURRENT GUIDELINES SUGGEST DOING THE SWALLOWING CONSULTATION TO ASSESS THE RISK FOR ASPIRATION VS. RULING IT OUT. INSURANCES MAY NOT COVER THIS AS A REASON FOR A SWALLOWING STUDY CONSULTATION WITH MBSS. SUGGESTED ORDER FOLLOWING NEW GUIDELINES:

SWALLOWING CONSULTATION INCLUDING MBSS TO ASSESS ASPIRATION RISK.

NOMS (national outcomes measurement system) effective July 1, 2013

In order to be paid for our speech therapy services for patients who are eligible for part B Medicare, you must give a NOMS rating for your particular service provided. You will see this measurement given on our evaluations . It is specifically related to dysphagia and gives a current rating, a projected rating (based on what you think the patient can achieve) and a discharge rating which will always match the current rating due to our test being an objective measure and the patient is discharged on the same day of service.