

PROIMAGE REVIEW

Professional Imaging, LLC

Special Points of Interest:

- *The ordering process and guidelines for follow-up visits have changed due to reforms in national healthcare policy*
- *Addressing common questions regarding the current ordering process*
- *Joining our Email list helps to keep you informed*

RELIEF IS HERE: COMPLIANCE DURING HEALTHCARE REFORM

A big thank you to all for helping us maintain compliance with our ordering process during this time of healthcare reform. We just received a ruling that we can use the intake form as the order. Whew!

This means you can just check a box, sign the order as the person who verifies that there is a verbal order, and fax it over along with the face sheet for scheduling. Just remember to file it in the medical record at your facility for the physician to sign at his convenience when he comes in to sign all of the other telephone orders. This way we can simplify the ordering process.

However, if you have already set up a system for writing your order on a telephone order and this is working for out, please feel free to continue to do so. Having options allows for you to make a choice for what works best for your particular situation. We appreciate the extra effort you have all put into creating more study-specific orders describing our dysphagia consult. We have attached the new intake form for your convenience. Feel free to contact our office staff if you have any questions.

UPDATED GUIDELINES FOR FOLLOW-UP EVALUATIONS

Professional Imaging clinical staff may recommend a follow-up visit for certain patients.

Patients may be recommended for a follow-up study if:

- 1.) We made a change to their diet due to an acute illness and the treatment plan/prognosis is such that the patient is expected to make improvements
- 2.) The patient has a progressive disease and is expected to have changes to their swallowing function with or without treatment.

Patients will not be recommended for a follow-up visit if:

- 1.) They have a normal exam.

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Ph: (281)272-MBSS or (866)675-MBSS

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



Experts In Dysphagia Consultation

Upcoming Conferences:

Houston. Saturday, June 4, 2011

Deciphering Dysphagia with Estim.
Hotel location to be announced,
call to reserve a seat, 1-877-675-
6277. .8 ASHA CEUs. Cost \$295 if
using Professional Imaging/ \$325
if you currently do not use Profes-
sional Imaging. Payment is due to
reserve seating

Inside this issue:

Relief is here: Compli- ance with reforms	1
Follow-up guidelines	1
Q&A about Ordering process	2
Email List	3
New Intake Form	4

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Continued from page 1

- 2.) They will not benefit from a PEG placement and they have an end-stage disease process

Follow-up visits are recommended after completion of our initial evaluation. Our clinical staff will provide you with a follow-up letter, which can be used as a recommendation and reminder.

Our logistics coordinators will contact you to schedule the follow-up evaluation. If you have a patient that you feel is due for a follow-up visit, please contact us to discuss.



State-of-the-art clinics that come to you!

QUESTIONS AND ANSWERS ABOUT CHANGES TO THE ORDERING PROCESS

Q: WHY IS IT NOW REQUIRED FOR US TO ORDER EACH COMPONENT OF THE DYSPHAGIA CONSULTATION SEPERATELY ON THE ORDER?

A: Here is a great analogy for the ladies. Let’s say you go to “Sally’s Salon and Spa” for a full-day spa package. At Sally’s that package includes:

- Facial
- Manicure
- Pedicure
- Eyebrow wax
- Massage

This is similar to our Dysphagia consultation. **Professional Imaging’s Dysphagia consultation includes:**

- **MBSS:** Barium soaked food and liquids entering from mouth to cervical esophagus
- **Esophageal Scan:** For any gross structural or functional abnormalities
- **Vocal Cord Assessment:** For gross adduction, abduction, vf symmetry, etc.
- **Physician Evaluation:** A comprehensive review of the patient’s medical condition to determine how the objective radiological findings are relevant to each individual patient’s diagnosis, prognosis, and wishes.
- **Mandible/Dentition assessment:** To look for gross structural integrity, abnormalities, and function for deglutition
- **Cervical spine assessment:** To look for gross structural integrity, abnormalities, and function in relation to deglutition/head positions for strategies.

“This is the same service we have been providing for years, it is just ordered per component rather than by the global “dysphagia consultation” term.”



Piper Harris, MA
CCC-SLP *Managing Partner and Author*

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Q: WHAT HAPPENS IF I ONLY ORDER PORTIONS OF THE DYSPHAGIA CONSULTATION?

Continued on page 3



Detail of Barium Swallow

A: It is up to the referring team to determine which portions of the study are medically necessary.

It is also important to understand that we as Dysphagia consultants provide a particular level of service that is more comprehensive than the “MBSS” traditionally defined by Medicare.

For instance, an “MBSS”, or CPT code 92611, by Medicare definition, is solely providing barium soaked foods and liquids to a patient, maybe in two views (optional), from the mouth to the cervical esophagus.

However, this CPT code does not include inspection of the vocal cords, esophagus, or evaluation of findings by a physician.

The components we provide in addition to the 92611 allow a more comprehensive insight into a patient’s condition as it relates to Dysphagia.

ASHA has very specific guidelines (<http://www.asha.org/docs/html/GL2004-00050.html>) for the VFSS (Video Fluoroscopic Swallowing Study) that recommend a team-based approach, which allows the SLP to focus on swallowing physiology and function while the physician makes medical diagnosis relative to the anatomy.

At this time, Medicare does not have a procedure code that describes this level of service comprehensively. If all a colleague desires is the MBSS portion of the Dysphagia consultation, then a Hospital may be an option, as this is all they would typically provide. If a complete professional analysis is desired, the service we have provided for the last 6 years, then you will need to include the components of the evaluation desired during the order process.

We have educational material on our website as to the basis of our new processes and examples of orders utilizing them. You can find all available information at www.mbssonline.com and www.proimagnetx.com

If you have more specific or clinical questions, feel free to contact our Medical Director, Dr. Nat Baumer, at (817)296-7282 or Piper Harris at (832)563-7464

EMAIL LIST

If you are not receiving a monthly newsletter from PI, please call our office and give Michael your email address. You can also email us at: texasproimage@gmail.com Include your name and location in Texas. Some of our email addresses were lost when we converted to a new computer network. All newsletters are posted on our website; www.mbssonline.com, along with all of our new scheduling forms and ordering guidelines.

The following page contains our new intake form. Please use this when ordering studies.

“The components we provide in addition to the 92611 allow a more comprehensive insight into a patient’s condition as it relates to Dysphagia.”



Nat Baumer, MD
Medical Director

Name of Facility: _____ **City:** _____

Form Completed By: _____ Contact Cell #: _____

Facility Speech Path: _____ Facility Phone #: _____

Date: _____ Email Address: _____

Please CIRCLE One: Medicare A Medicare B Medicaid Policy # _____
 Other Insurance: _____ Preauthorization # _____

Patient Name: _____ **DOB:** _____ **Sex:** M F

Referring Physician: _____ *(Please print first and last name)*

Reason for Consult: (CIRCLE those that apply)	<u>s/s of dysphagia</u>	<u>coughing</u>	<u>choking</u>	<u>difficulty swallowing</u>
<u>follow-up eval</u>	<u>determine least restrictive diet</u>	<u>determine safest diet</u>	<u>weight loss</u>	<u>pneumonia</u>
<u>diet upgrade</u>	<u>wet/gurgly phonation</u>	<u>pocketing/oral hold</u>	<u>suspect reflux</u>	<u>hx of GERD</u>
<u>feeding evaluation</u>	<u>suspect silent aspiration</u>	<u>breathing difficulty with food/liquid intake</u>	<u>pretx diagnostic evaluation of swallow</u>	

Has patient had a recent bedside swallowing evaluation? Y N Unknown if yes, date: _____
 Has the patient had a recent change in status? Y N Unknown If yes, is the change for **better** or **worse**? (Circle one)

(CIRCLE all that apply) Does pt have PEG? Y N Duration of dysphagia symptoms: days weeks months years

Pertinent Medical History/Diagnosis (circle those that apply)

CVA Parkinson's GERD Alzheimer's Dementia CHF COPD Pneumonia Other: _____

What tx is being used? Oral motor estim thermal stim pharyngeal exercises none yet

Dentition: natural partials dentures edentulous

Current Diet: Regular Mech Soft Pureed NPO **Liquids:** regular/thin nectar honey pudding

Cognitive Status: Communicates: Y or N Follows one step commands: Y or N

Please **check and sign** this order (**ORDER** must be **SIGNED BELOW** to schedule)

- Include all of the below assessments in the comprehensive dysphagia consult including the modified barium swallow study (MBSS) - *this is the comprehensive evaluation we have always performed*
 - Esophageal scan - approx. 30% of our pts have asymptomatic esophageal dysphagia
 - Vocal cord assessment for structural integrity/abnormalities and function
 - Mandibular/dental assessment for structural integrity/abnormalities and function
 - Cervical spine assessment for structural integrity/abnormalities and function
 - Frontal chest view for aspiration when aspiration occurs
- Physician consult requested for dysphagia will include all medically necessary assessments of swallowing/deglutition

 Primary Physician Signature (file in patient's permanent medical record for physician signature) Date: _____

Signature of person verifying verbal order if physician is not available to sign above before scheduling
AUTHORIZATION

Verbal consent from patient or legal guardian for this procedure:

Date received: _____

Consent received from: _____

Staff Signature: _____

May require advance beneficiary notice due to lack of Medicare coverage, you will be notified prior to study