ISHA Medical Practice Issues Committee Update

ISHA Convention - 2019
Disclosures

Meredith Baker - Rush PhD CCC-SLP/L, CHSE: Salaried Faculty at Rosalind Franklin University, Co-Chair of ISHA’s Medical Practice Issues (MPI) Committee, & Volunteer member Ethics Education Committee, Distinguished Fellow in the National Academies of Practice (NAP)

Jordan Bowman: Salaried Employee of Genesis Rehab Services, Vice President of Professional Services Division of ISHA, Volunteer member of ISHA Medical Practice Issues Committee

Christina del Toro, PhD, CCC-SLP: Salaried Faculty at Midwestern University, Volunteer member of ISHA Medical Practice Issues

Roger Reeter, M.A., CCC-SLP: Salaried SLP at RML Specialty Hospital in Hinsdale Illinois, Volunteer member of ISHA Medical Practice Issues

Michele Simler, MS, CCC-SLP: Volunteer member of ISHA Medical Practice Issues, Legislation and Regulations Committees, Chairperson Membership Committee, Vice President Elect - Professional Services (9/2019). Associate Chairperson for ASHA SIG 11 Coordinating Committee

Michelle Zemsky Dineen, MA, CCC-SLP: Volunteer member of ISHA Committees, including co-chair of MPI; ISHA Program Track Chair- Professional Affairs
General Updates

Speaker:

Michele (Shelly) Simler
General Updates: Dementia Care

From ASHA HCEC meeting 11/2018

Dementia Care:

- When determining goals with family, focus on expectations and outcomes
- Clarify roles with PT, OT, SLP as the goals will overlap
- SLP treats the communication disorder
- May need to use the cognitive therapy codes vs speech treatment codes
- Plan for education of family / staff – we know the disease is progressive
- It is ok to re-eval when status progresses

SNF updates coming later in this presentation
General Updates: Coding

Coding for specific populations
- Muscular Dystrophy – use G71
- Angelman’s Syndrome – use Q93.51 or Q93.59
- William’s Syndrome – use Q93.82

Z codes
- Should be used to describe encounters
  - For example: Z13.42 would be used for global developmental delay screening

Pediatric Feeding
- New code is coming for avoidant restrictive food intake disorder – stay tuned

New Changes in principles for coding
- ASHA offers more direction for primary and secondary coding
- Also look at CCI edits for which codes are allowed to be billed together
General Updates: Coding

- **96105** [Assessment of Aphasia]– can bill up to 3 hours (this has been re-valued)
- **96125** [Standardized Assessment of Cognitive Disorders]– can bill up to 3 hours
- **97127** [Cognitive Treatment] (replaces 97532 / 15 minute timed code) it is untimed but valued at 60 minutes.
  - Important to code correctly
  - Make sure codes accurately reflect services provided
- **96111** [Developmental Testing] for the first hour
  - 96113 for each additional 30 minutes
  - It is not clear if 96113 is capped
General Updates: Coding

- Ongoing shift from volume to value based payment, including APM (alternative payment models)

- Reporting on quality measures is coming (currently only applies to few SLPs in private practice)

- As of 1/1/2019 – G-codes are discontinued for Medicare; Private insurance may continue to require / deny if not present.
General Updates: Coding

Therapy Cap
- Now called therapy threshold (this doesn’t mean unlimited therapy)
- $2040 is the threshold for combined PT and SLP charges
- The threshold now includes 100% of the charges
- Continue to use KX modifier when patient reaches threshold and for charges thereafter
- Document therapy is needed and skilled services are required
- Targeted medical review will occur after $3000 worth of charges
  - Will only happen for those with high utilization or new enrolled providers
  - If you are audited, the MAC from your region will provide education and work with you to control denials / reduce claims
- The MAC can provide up to 3 rounds of education to minimize the issues
General Updates: Coding

High resolution manometry
- Not SLP related
- Not widely used nationwide
- Is not reimbursed

CCI – Correct Coding Initiative
- Check the ASHA website to educate yourself or staff (see resources at end of this section)
- Make sure your billing (CPT and ICD-10 codes) are accurate

Questions to consider when denials occur
- Was it a diagnosis that is not routinely covered for SLP services?
- Was prior authorization obtained prior to SLP services?
- What was the specific reason for the denial? (i.e. coding, documentation, lack of prior authorization, etc.)
Acute Update

Speaker:

Roger Reeter
Requires workplace to form a workplace violence program.

All health care providers in Illinois must post a notice stating that verbal aggression will not be tolerated and that physical assault will be reported to law enforcement. (Section 15(c))

Reports of abuse or violence when contacting police also requires informing management at your facility within 3 days. There is to be no discouragement from management to contact law enforcement or file a report. Whistleblowers are protected.

Patient, Client and Setting-Related Risk Factors

- Working directly with people who have a history of violence, abuse drugs or alcohol, gang members, and relatives of patients or clients
- Transporting patients and clients
- Working alone in a facility or in patients’ homes
- Poor environmental design of the workplace that may block employees’ vision or interfere with their escape from a violent incident
- Poorly lit corridors, rooms, parking lots and other areas
- Lack of means of emergency communication
- Prevalence of firearms, knives and other weapons among patients and their families and friends
- Working in neighborhoods with high crime rates.

Organizational Risk Factors

- Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, clients, visitors, or staff
- Working when understaffed—especially during mealtimes and visiting hours
- High worker turnover
- Inadequate security and mental health personnel on site
- Long waits for patients or clients and overcrowded, uncomfortable waiting rooms
- Unrestricted movement of the public in clinics and hospitals
- Perception that violence is tolerated and victims will not be able to report the incident to police and/or press charges.

Lifting

- Take time to stop and think (evaluate the lift).
- Bend your knees, use arm and leg muscles, keep your back straight.
- Use smooth and steady lifting motions.
- Avoid lifting/reaching or working above shoulder height.
- Avoid awkward postures, such as twisting while lifting.
- Lift items close to the body.
- Avoid sitting or standing for long periods of time (take a break).
- Provide sufficient staff to handle lifts (i.e., get help).

Skilled Nursing Update

Speaker:

Jordan Bowman
Patient Driven Payment Model (PDPM)

Final Rule: Effective October 1, 2019

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html
SLPs have opportunity to excel

• No cut in reimbursement after day 20 as with OT and PT

• Predictors for SLP service costs include several areas of SLP practice and increase with combination of deficits
  - SLPs should feel empowered to treat all areas of deficit

• Opportunity to prove ourselves as experts

• Need to work closely with interprofessional team
  - Identification
  - Training other disciplines and caregivers
  - Coding for assessments
Predictors for SLP Final Costs Include

1. Presence of an acute Neurologic condition
2. Presence of Swallowing Disorder
3. Presence of Mechanically Altered Diet
4. Presence of Cognitive Impairment
5. Presence of SLP Related Comorbidity

PT and OT: Clinical Category and Functional Scale
SLP Related Co-morbidities

- Aphasia
- Laryngeal Cancer
- CVA, TIA, or Stroke Apraxia
- Hemiplegia or Hemiparesis
- Dysphagia
- Traumatic Brain Injury
- ALS
- Tracheostomy Care (While a Resident)
- Oral Cancers
- Ventilator or Respirator (While a Resident)
- Speech and Language Deficits
# Case Example

<table>
<thead>
<tr>
<th>Presence of Acute Neurologic Condition (ICD-10), SLP-Related Comorbidity (MDS Section I and O), or Cognitive Impairment (CFS Table)</th>
<th>Mechanically Altered Diet (K0510C2) or Swallowing Disorder (K0100A - K0100D)</th>
<th>SLP Case-Mix Group</th>
<th>SLP Case-Mix Index</th>
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<th>Rural Rate</th>
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<td>$92.81</td>
<td>$116.90</td>
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</table>
Threshold

While the thresholds persist, Jimmo ruling remains in effect.

Coverage “does not turn on the presence or absence of a beneficiary’s potential for improvement, but rather on the beneficiary’s need for skilled care.” (CMS, n.d.)
Documentation

All about the documentation

Requires the unique skills of a therapist

Discharge / Transition planning from day one

Justify need for your intervention

Code of Ethics -- Principle I, Rule K (ASHA, 2016)

Evaluate the effectiveness of services provided
Staffing Shortages

Positions in long-term care, assisted and independent living

Coverage of multiple buildings

Code of Ethics Principle II, Rule A (ASHA, 2016)

Provision of services competently (voice, trach/vent)
They’re baaaccckkkk- GROUPS!

Value based care is the future-looking at outcomes not intensity/duration

- Benefits of group therapy are undisputed
- Cost / Effectiveness
- Group code for dysphagia ??
Inpatient Rehab Updates

Speaker:
Michelle Zemsky Dineen
Students in Inpatient Rehab

CMS was rumored to be discussing if treatment provided by students in IRF would count toward the 3-hour rule.

In a letter to ASHA, APTA, and AOTA CMS reaffirmed that the treatment would count but due to the intense rehabilitation needs of this population, close supervision was strongly encouraged. (CMS, December 20, 2018)
Research Updates:

Speakers:

Christina del Toro
Meredith Baker-Rush
Michelle Zemsky Dineen
Interprofessional Practice (IPP)

ASHA’s Envisioned Future: 2025 (ASHA, n.d.a.)

Support Triple Aim initiatives

World Health Organization’s IPP definition—

“when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.”(WHO, 2010)

2017 ASHA IPP study (ASHA, n.d.b.)

92% of SLPs in healthcare reported being engaged in IPP
76% reported no formal training in IPP
60% felt they were very prepared to work on an IPP team
27% of all respondents felt very prepared to lead an IPP team
Research: Systematic Reviews

● ASHA/N-CEP Evidence-Based Systematic Reviews

https://www.asha.org/Research/EBP/EBSRs/

Cognition
- An Evidence-Based Systematic Review on Cognitive Interventions for Individuals with Dementia
- Assessment and Treatment of Cognition and Communication Skills in Adults With Acquired Brain Injury via Telepractice: A Systematic Review

Language
- Evidence-Based Systematic Review: Effects of Intensity of Treatment and Constraint-Induced Language Therapy for Individuals With Stroke-Induced Aphasia
  - View the 2010 update of the CILT evidence-based systematic review [PDF]
- Effect of Treatment for Bilingual Individuals with Aphasia: A Systematic Review of the Evidence
- Language Use in Social Interactions of School-Age Children with Language Impairments: An Evidence-Based Systematic Review of Treatment
- Auditory Processing Disorders and Auditory-Language Interventions: An Evidence-Based Systematic Review
- An Evidence-Based Systematic Review on Communication Treatments for Individuals with Right Hemisphere Brain Damage
- The Effect of Sensory-Based Interventions on Communication Outcomes in Children: A Systematic Review [PDF]
- Impact of Literacy Intervention on Achievement Outcomes of Children With Developmental Language Disorders: A Systematic Review [PDF]
- Impact of Social Communication Interventions on Infants and Toddlers with or At-Risk for Autism: A Systematic Review
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Swallowing
- Evidence-Based Systematic Review: Oropharyngeal Dysphagia Behavioral Treatments
  - Part I-Background and Methodology [PDF]
  - Part II-Impact of Dysphagia Treatments on Normal Swallow Function [PDF]
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- Evidence-Based Systematic Review: Effects of Neuromuscular Electrical Stimulation on Swallowing and Neural Activation
- Evidence-Based Systematic Review: Effects of Oral Motor Interventions on Feeding and Swallowing in Premature Infants
- The Effects of Oral-Motor Exercises on Swallowing in Children: An Evidence-Based Systematic Review
- Thickened Liquids as a Treatment for Children With Dysphagia and Associated Adverse Effects: A Systematic Review
- Evidence-Based Systematic Review: Effects of Oral Sensory-Motor Treatment on Swallowing in Adults [PDF]
- Screening Accuracy for Aspiration Using Bedside Water Swallow Tests: A Systematic Review and Meta-Analysis

Voice
- Evidence-Based Clinical Voice Assessment: A Systematic Review
- Evidence-Based Systematic Review: Effects of Speech-Language Pathology Treatment for Individuals with Paradoxical Vocal Fold Motion
Research: Systematic Reviews

Hierarchy of Evidence levels

1. Meta-analyses and Systematic Reviews

2a. Well-designed, Randomized Control Trial (RCT)

2b. Well-designed, non-randomized (quasi-experimental) design

2c. Well-designed, single-subject experimental design

3. Quantitative reviews (e.g. “5 case studies reported that 60%…”)

4. Narrative reviews (e.g. “This article was about…”)

5. Non-experimental (case reports; descriptive studies)

6. Respectable (expert) opinion (e.g. textbooks, lectures)
Research: Systematic Reviews

• Summary of the results of multiple studies on a specific topic in order to identify the strength of the evidence and make recommendations for future research and clinical practice.

• Especially informative when:
  • The literature is large so reviewing and synthesizing individual studies is not feasible.
  • The current evidence is conflicting.
  • The quality of the evidence is unknown.
  • Rates or qualitatively evaluates individual studies for strength of quality then draws conclusions on the validity of results.
  • Often involves a panel of experts.
Research: Systematic Reviews

1. Introduction
   1. Research Question

2. Methods
   1. Inclusion / exclusion criteria for primary studies
   2. Information to extract and code from the primary studies
   3. How data from primary studies will be analyzed
      1. Rating system or qualitative evaluation
   4. Evidence for reliability and validity

1. Results
   1. Summarizes study results

2. Discussion
   1. Interpretation of strength of the evidence
   2. Clinical recommendations
   3. Research recommendations
Evidence-Based Systematic Review:
Effects of Intensity of Treatment and Constraint-Induced Language Therapy for Individuals With Stroke-Induced Aphasia

Leora R. Cheryn
Rehabilitation Institute of Chicago, IL

Janet P. Patterson
California State University,
East Bay, Hayward, CA

Anastasia Raymer
Old Dominion University, Norfolk, VA

Tobi Frymark
Tracy Schooling
American Speech-Language-Hearing Association, Rockville, MD

Purpose: This systematic review summarizes evidence for intensity of treatment and constraint-induced language therapy (CILT) on measures of language impairment and communication activity/participation in individuals with stroke-induced aphasia.

Method: A systematic search of the aphasia literature using 15 electronic databases (e.g., PubMed, CINAHL) identified 16 studies meeting inclusion/exclusion criteria. A review panel evaluated studies for methodological quality. Studies were characterized by research stage (e.g., discovery, efficacy, effectiveness, cost-benefit/public policy research), and effect sizes (ESs) were calculated wherever possible.

Results: In chronic aphasia, studies provided modest evidence for more intensive treatment and the positive effects of CILT. In acute aphasia, 1 study evaluated high-intensity treatment positively, no studies examined CILT. Four studies reported discovery research, with quality scores ranging from 2 to 6 of 8 possible markers. Five treatment efficacy studies had quality scores ranging from 3 to 7 of 9 possible markers. One study of treatment effectiveness received a score of 4 of 8 possible markers.

Conclusion: Although modest evidence exists for more intensive treatment and CILT for individuals with stroke-induced aphasia, the results of this review should be considered preliminary and, when making treatment decisions, should be used in conjunction with clinical experience and the client's individual needs.

Research: Systematic Reviews

Table 1. Clinical questions.

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<tr>
<th>Question No.</th>
<th>Clinical Question—Intensity</th>
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<tr>
<td>1.</td>
<td>For stroke-induced chronic aphasia, what is the influence of treatment intensity on measures of language impairment?</td>
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<td>For stroke-induced chronic aphasia, what treatment outcomes are maintained following intensive language treatment?</td>
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<td>For stroke-induced chronic aphasia, what is the influence of constraint-induced language therapy on measures of language impairment?</td>
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Research: Systematic Reviews

• Search
• 25 expanded search terms related to
  • Stroke-induced aphasia
  • Amount and intensity of treatment
  • CILT
• Inclusion/Exclusion Criteria
• Published 1990-2006
• Written in English
• Original data
• Adults 18 years old or older
• Stroke induced aphasia
• No underlying cognitive deficits or other primary diagnoses
• No pharmacological interventions

Research: Systematic Reviews

- Discussion Points
  - How large is the literature base?
  - How effective is the treatment?
  - Are results across studies consistent?
  - What is the strength of the evidence?
  - Research recommendations
    - How can the evidence be improved?
    - What questions remain or are not conclusively answered?
  - Clinical recommendations
    - How do these results inform clinical practice?
    - What factors should be considered when applying this treatment?
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  https://www.asha.org/Research/EBP/EBSRs/

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Resources

General
CPT coding:  https://www.asha.org/Practice/reimbursement/coding/SLP-CPT/
CCI edits: https://www.asha.org/Practice/reimbursement/coding/CCI_edits_SLP/

Research
Take ASHA’s IPP IQ Quiz
IPE / IPP Overview       https://www.youtube.com/watch?v=Mjea2TZzvOg&feature=youtu.be
Learn More About IPE / IPP
  https://www.asha.org/Practice/Learn-More-About-IPE-IPP/
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Michele (Shelly) Simler- m.simler1@gmail.com

Michelle Zemsky Dineen- michellezemsky@gmail.com
References


