Reimbursement and Coding Issues for SLPs

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2015 Iowa Conference on Communicative Disorders
Cedar Falls, Iowa
Disclosure

Lemmietta G. McNeilly, PhD, CCC-SLP, CAE
ASHA’S Chief Staff Officer, SLP
Financial relationship: I do not have a financial relationship relevant to the ICD-10-CM.

- Relevant nonfinancial relationship: I do not have a nonfinancial relationship relevant to the ICD-10-CM.
Learner Outcomes

- The participants will be able to identify
  - drivers of reimbursement changes
  - the differences between ICD-9-CM and ICD-10-CM
  - when to use ICD-10-CM
  - how to access ASHA’s mapping tools
  - how to access the ICD-10-CM Code Lists for SLP and audiology.
  - Medicaid requirements for SLPs
Changes in Reimbursement

- Physician fee schedule
- Physician Quality Reporting System (PQRS)
- Therapy cap alternatives
- Multiple Procedure Payment Reductions (MPPR)
- Provider Comparisons
- Reporting on Claim forms (modifiers)
Topics of this Presentation

- Reimbursement Issues
- Changes in Healthcare Landscape
- Overview of ICD-10-CM
- Implementation
- ASHA’s Mapping Tools
- ICD-10-CM Code Lists
- Medicaid
- ASHA Resources
Value

• “Value is measured by outputs, not inputs. Value in health care depends on actual patient health outcomes, not the volume of services delivered. More care is not always better care, and shifting the focus from volume to value is a central challenge”

PATIENT-CENTERED CARE

VALUE

COST PER UNIT

QUALITY AND SAFETY

Utilization of Best Practices

Patient/Client Needs and Goals

Functional Outcomes and Outcome Data
Accountable Care Organizations (ACOs)  

- Designed to  
  - Reduce re-admissions  
  - Reduce errors  
  - Improve coordination of care
Essential Health Care Benefits

• If SLP & AUD services are not within the listed benefits – unlikely to be included individually in the Accountable Care Organization structure.

• What is needed to make SLP & AUD “essential”
  – Evidence based data must show that our services make a significant difference in the outcomes of the patients – AND in a cost-efficient manner
  – We must be able to demonstrate our “Value”
Government controls

- CMS reporting on claims
- Fraud investigations and prosecutions
Clinical Practice

- Demonstrate value
- Functional patient outcomes
- Utilization of extenders
- Electronic health records
- High quality practice at lower costs
Overview of ICD-10

The National Center for Health Statistics (NCHS), the Federal agency responsible for use of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) in the United States, has developed a clinical modification of the classification for morbidity purposes.

The ICD-10 is used to code and classify mortality data from death certificates, having replaced ICD-9 for this purpose as of January 1, 1999. ICD-10-CM is planned as the replacement for ICD-9-CM, volumes 1 and 2.
Overview

- The ICD-10 is copyrighted by the World Health Organization (WHO), which owns and publishes the classification. WHO has authorized the development of an adaptation of ICD-10 for use in the United States for U.S. government purposes.

- As agreed, all modifications to the ICD-10 must conform to WHO conventions for the ICD. ICD-10-CM was developed following a thorough evaluation by a Technical Advisory Panel and extensive additional consultation with physician groups, clinical coders, and others to assure clinical accuracy and utility.
Overview

- The clinical modification represents a significant improvement over ICD-9-CM and ICD-10. Specific improvements include: the addition of information relevant to ambulatory and managed care encounters; expanded injury codes; the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition; the addition of sixth and seventh characters; incorporation of common 4th and 5th digit subclassifications; laterality; and greater specificity in code assignment. The new structure will allow further expansion than was possible with ICD-9-CM.

- Please feel free to contact the individuals listed below with any questions you may have:
  
  Donna Pickett  
  Phone: (301) 458-4434  
  E-mail: dfp4@cdc.gov
Differences Between ICD-9-CM and ICD-10-CM

- The ICD-10-CM codes are based on an alpha-numeric system that is very different from the current ICD-9-CM numeric-only system.

- ICD-9-CM consists of approximately 13,000 codes while ICD-10-CM has approximately 68,000 available codes and provides more flexibility for adding new codes.
Differences Between ICD-9-CM and ICD-10-CM

- ICD-9 lacks detail whereas ICD-10 is very specific. This may mean a decreased need to include supporting documentation with claims.

- ICD-10 will provide better data for processing claims, making clinical decisions, tracking public health, conducting research, and identifying fraud and abuse.
Differences Between ICD-9-CM and ICD-10-CM

- Additionally, conditions have been grouped in a more logical fashion than in ICD-9. This may have been accomplished by means of movement from one chapter to another or one section to another.

- Many codes have been added to, deleted from, combined, or moved in ICD-10.
Who Needs to Transition?

- Health care providers, payers, clearinghouses, and billing services must be prepared to comply with the transition to ICD-10.

- ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by HIPAA, not just those who submit Medicare or Medicaid claims.
Who Needs to Transition?

- ICD-10 diagnosis codes must be used for all healthcare services provided in the U.S.

- Claims with ICD-9 codes for services provided on or after the compliance deadline cannot be paid.
ICD-10-CM

- Is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with icd-9-cm, but the format of the code sets is similar.

- The ICD-9 is 30 years old, has outdated terms and is inconsistent with current medical practice.
Implementation


- This law included a provision that delays the implementation of ICD-10 from October 1, 2014 to October 1, 2015.
Transition to ICD-10

- Providers-Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and budget.
- Check with billing service, clearinghouse or practice management software vendor about their compliance plans.
- Providers that handle billing and software development internally should plan for medical records/coding, clinical, IT, and finance staff to coordinate on ICD-10 transition efforts.
About ICD-10

- **New ICD-10 Compliance Date:** October 1, 2015
- The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability Accountability Act (HIPAA)](https://www.hhs.gov/hipaa). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.
Medscape Education Modules

- Access two free Medscape Education modules that provide guidance to small practices making the transition to
  - ICD-10: ICD-10: A Roadmap for Small Clinical Practices
  - ICD-10: Small Practice Guide to a Smooth Transition.
ASHA’s Mapping Tools

- **ICD-9 to ICD-10 Mapping Tool**
  Enter an ICD-9 code and this web-based tool will provide a mapping to the appropriate ICD-10 code(s).

- **ICD-9 to ICD-10 Mapping Spreadsheets**
  View all of the mappings in these no-frills Excel spreadsheets.

- [Audiology Mapping Spreadsheet](#) [XLS]
- [Speech-Language Pathology Mapping Spreadsheet](#) [XLS]
## Examples of ICD-9-CM vs. ICD-10-CM Codes

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>388.01</strong></td>
<td><strong>H91.1</strong> Presbycusis</td>
</tr>
<tr>
<td>Presbyacusic</td>
<td>Presbyacusia</td>
</tr>
<tr>
<td></td>
<td><strong>H91.10</strong> Presbycusis, unspecified ear</td>
</tr>
<tr>
<td></td>
<td><strong>H91.11</strong> Presbycusis, right ear</td>
</tr>
<tr>
<td></td>
<td><strong>H91.12</strong> Presbycusis, left ear</td>
</tr>
<tr>
<td></td>
<td><strong>H91.13</strong> Presbycusis, bilateral</td>
</tr>
<tr>
<td></td>
<td><strong>R49.21</strong> Hypernasality</td>
</tr>
<tr>
<td><strong>784.43</strong></td>
<td>Dysarthria and anarthria</td>
</tr>
<tr>
<td>Hypernasality</td>
<td></td>
</tr>
<tr>
<td><strong>784.51</strong></td>
<td>Dysarthria</td>
</tr>
</tbody>
</table>
ICD-9 to ICD-10 Mapping Tool

How It Works

- This tool is tailored for audiologists and speech-language pathologists who need to map current ICD-9-CM codes to the new ICD-10-CM codes.
- ICD-9-CM codes must be entered one by one and to the highest level of specificity possible.
- As an ICD-9-CM code is entered, the tool will display a dropdown menu with a list of the possible codes that are available for mapping.
- The selection of codes will narrow as you continue to enter the code to higher levels of specificity.
- Once an ICD-9-CM code is selected or entered, the ICD-10-CM mapping results will be displayed on the page below the search box.
Understanding the Results

- Each ICD-9 to ICD-10 mapping result is based on detailed analysis by ASHA staff and will contain either a one-to-one (direct) mapping or mappings to multiple ICD-10-CM codes.
- Note that mappings to multiple codes are displayed in alpha-numeric order and are not rank ordered in any way.
- When multiple mappings are possible, additional clinical analysis will be required to determine which code(s) should be selected for your particular situation.
Understanding the Results

- The results will always include the primary descriptor, in bold, for each of the ICD-10-CM codes.
- Sometimes, the ICD-10-CM codes may also include secondary descriptors (displayed in bulleted format), coding instructions (e.g., exclusions), or additional information (e.g., links to useful resources).
- In most cases, the ICD-10-CM information displayed in the results is not as comprehensive as what is published in the official ICD-10-CM Tabular List of Diseases Injuries [ZIP].
Understanding the Results

- If your search produces a "No Results Found" message, please verify the [ICD-9-CM code](https://example.com) [PDF] or check the list of ICD-10-CM codes for [audiologists](https://example.com) [PDF] or [speech-language pathologists](https://example.com) [PDF]. Here are some reasons you may not be able to find a result:
  - The ICD-9-CM code was not entered to the highest level of specificity.
  - The code is not commonly related to conditions treated by audiologists or speech-language pathologists.
  - An ICD-9-PCS (Procedure Coding System) code was entered. This tool is only for ICD-9-CM ([Clinical Modification](https://example.com)) mappings.
  - An ICD-10 code was entered. This tool does not provide backwards mappings (ICD-10 to ICD-9).
How We Developed Our Mappings

- ASHA analyzed the General Equivalency Mappings (GEMS) developed by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC) and other resources to apply the appropriate mappings for audiology and speech-language pathology related diagnoses.

- GEMS were developed as a tool to assist with the conversion from ICD-9-CM codes to ICD-10-CM. The GEMS are forward and backward mappings between ICD-9 and ICD-10 and are also referred to as crosswalks. However, in some instances, there is not a translation between an ICD-9 code and an ICD-10 code, which is noted with a "No Map" flag indicator.
Definitions

- **Clinical Modification (CM) versus Procedure Coding System (PCS):** The clinical modification for both the ICD-9 and ICD-10 coding systems (i.e., ICD-9-CM and ICD-10-CM) was developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings. The procedure coding system (i.e., ICD-9-PCS and ICD-10-PCS) was developed by the Centers for Medicare and Medicaid Services for use in the U.S. for inpatient hospital settings only. This tool only includes clinical modification codes.
Definitions

Excludes Notes: The ICD-10-CM has two types of excludes notes. Each type has a different definition for use, but both indicate that excluded codes are independent of each other.

■ Excludes1: A type 1 excludes note is a pure excludes and indicates that the code excluded should never be used at the same time as the code above the excludes1 note. An excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

■ Excludes2: A type 2 excludes note represents Not included here. An excludes2 note indicates that the condition excluded is not part of the condition from which it is excluded, however, a patient may have both conditions at the same time. When an excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together.
Definitions

- **Highest level of specificity:** This means the maximum number of digits for the code being used. For example, the ICD-9-CM code for voice and resonance disorders begins with 784.4. However, if you submit a claim with the diagnosis 784.4, it will be denied because it requires a fifth digit, such as 784.41 (aphonia).

- See also Code to the Highest Degree of Specificity to Avoid Denials

ICD-10-CM Code Lists

Audiology and SLP related disorders have been culled from approximately 68,000 codes into manageable, discipline-specific lists.

- [2014 ICD-10-CM Diagnosis Codes Related to Hearing and Vestibular Disorders](#) [PDF]
- [2014 ICD-10-CM Diagnosis Codes Related to Speech, Language, and Swallowing Disorders](#) [PDF]
ICD-10-CM Code Lists

- This ASHA document lists the 2014 *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* codes related to hearing and vestibular disorders. It is **not** a comprehensive list. Entries with only 3 or 4 digits may require coding to a higher degree of specificity than indicated in this listing.

- **Codes in ICD-10 are not valid for use until October 1, 2015.**
ICD-10-CM Code Lists

- This ASHA document lists the 2014 *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* codes related to speech, language, and swallowing disorders. It is not a comprehensive list. Entries with only 3 or 4 digits may require coding to a higher degree of specificity than indicated in this listing.

- Codes in ICD-10 are not valid for use until October 1, 2015.
Scope and Purpose-Aud

- The intent of ICD-10-CM is to standardize disease and procedure classification throughout the U.S. and gather data about basic health statistics.
- HIPAA legislation requires the ICD-10-CM to be used for health services billing and record keeping.
- The audiologist practicing in a health care setting, especially a hospital, may have to code delivery of services according to the ICD-10-CM.
Scope and Purpose-SLP

- The intent of ICD-10-CM is to standardize disease and procedure classification throughout the U.S. and gather data about basic health statistics.
- HIPAA legislation requires the ICD-10-CM to be used for health services billing and record keeping.
- The SLP practicing in a health care setting, especially a hospital, may have to code delivery of services according to the ICD-10-CM.
Resources

- ICD-10-CM Resources
  ASHA Web Page for ICD-10 Resources
  http://www.asha.org/Practice/reimbursement/coding/ICD-10/

- CMS Continues Education Efforts on ICD-10 With Provider Call
  http://www.asha.org/News/2014/CMS-Continues-Education-Efforts-on-ICD-10-With-Provider-Call/

- Online mapping tool
  http://www.asha.org/icdmapping.aspx

- For questions regarding ICD-10, please contact the health care economics and advocacy team at reimbursement@asha.org.
Reimbursement, and Advocacy Modules

By Concepts in Audiology and Speech-Language Pathology and Advocacy

Getting reimbursement for your services or advocating for your profession? These eight modules provide an overview of important reimbursement and advocacy concepts that professionals should be aware of. Pick a topic, go at your own pace whenever you want!

Reimbursement, and Advocacy Modules (3:29 minutes), read the transcript.

Current Modules

Provider Economics Committee

Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Description of Diagnoses (14:00 minutes), read the transcript.
Description of Speech-Language Pathology Services in Different Settings (14:04 minutes).
Description of Audiology Services in Different Settings (13:04 minutes), read the transcript.
Module for Speech-Language Pathology (21:11 minutes), read the transcript.
Module for Audiology (19:53 minutes), read the transcript.

FREE Self Study WEBINARS

passy-muir.com/ceu
Billing and Reimbursement

This site provides extensive information on audiology and speech-language pathology specific issues relating to insurance, Medicare, Medicaid, private health plans, and billing codes.

Tools for Consumers & Employers

- Understanding Health Insurance
- Employer Insurance Packet
- Adding Speech, Language, and Hearing Benefits to Your Policy

Other Resources

- ASHA’s Speech-Language Pathology Medical Review Guidelines
- ASHA’s Coding, Reimbursement, & Advocacy Modules
- Health Insurance Portability & Accountability Act (HIPAA)
- ASHA State-by-State
- ASHA Practice Policy

Advocate

Advocacy

Action: Make a Difference in 5 Minutes
Licensure News

- Renames Permanent Doc-Fix (4/2/2015)
- Government Expands Efforts to Pay for Value to Private Health Plans (3/16/2015)
- Record Straight About H.R. 1116 (3/6/2015)
- Resumes Manual Medical Review of Therapy Services (2/19/2015)
- Physician Quality Reporting System 2015 Codes Released (2/9/2015)
- Updates Provider Enrollment Rules (12/11/2014)
- Medicare Fee Schedule for Audiologists and SLPs Now Available (11/26/2014)
- Clarifies Billing Modifiers for Therapy Services (11/12/2014)
- Rescinds Speech-Generating Device Policies (11/7/2014)
- Medicare Physician Fee Schedule Released (11/3/2014)
- Keeps the Audiology Osseointegrated Implant as Benefit (11/3/2014)
- Releases 2015 Final Rules for Home Health Agencies (10/31/2014)
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- Allows Audiologists and SLPs to Bill Medicare for Telehealth Services (9/10/2014)
- Offers Online Chat on Ethics and Reimbursement in Health Care Settings (9/5/2014)
- Advises Therapists to Check the Patient Therapy Utilization (8/28/2014)
- Delays September 1 Speech-Generating Device Policies (8/28/2014)
- New ICD-10 Implementation Date Confirmed in Final Rule (8/4/2014)
- Clarification of Medicaid Coverage of Services to Children With Autism (7/17/2014)
- Proposes to Eliminate Osseointegrated Implant as Benefit (7/9/2014)
- Releases 2015 Proposed Rules (7/7/2014)
- Releases Proposed Rules for Home Health Agencies (7/7/2014)
- Seeking Input for Quality Reporting Programs (7/7/2014)
- Delays Auditor Contracts and Therapy Manual Medical Review (7/2/2014)
- Continues Education Efforts on ICD-10 With Provider Call (5/28/2014)
Medicaid

- Medicaid is a jointly funded program between the federal and state governments to assist states in providing medical care to low-income individuals and those who are categorized as medically needy.

- Speech-language pathology and audiology are recognized as covered services under the Medicaid program. The federal government establishes broad guidelines and each state then administers its own program and establishes its own income eligibility standards; type, amount, duration and scope of services covered; and payment rates with review and approval by the federal Centers for Medicare and Medicaid Services (CMS).
Federal Medicaid Requirements

- Audiology and speech-language pathology on a comprehensive basis through the Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) for children under age 21.
Speech-language pathology and Audiology services

- As part of the comprehensive developmental history, are included for
  - the identification of children with speech or language impairments,
  - diagnosis and appraisal of specific speech or language impairments,
  - referral for medical or other professional attention necessary for rehabilitation of speech or language impairment,
  - provision of speech and language services, and
  - counseling and guidance of parents, children, and teachers
Speech-language pathology and Audiology services

- EPSDT requires that any devices such as hearing aids and augmentative and alternative communication devices be covered when medically necessary.
Federal Medicaid regulations require

- that a patient receive a referral for audiology or speech-language pathology services from a physician or other licensed practitioner of the healing arts acting within their scope of practice. Code of Federal Regulations, Title 42, section 440.110[c]
Speech-Language Pathologist
Requirements

- Has a Certificate of Clinical Competence (CCC) from ASHA;
- Has completed the equivalent educational requirements and work experience necessary for the certificate; or
- Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.
Medicaid-Marketplace Overview

The Federally-facilitated Marketplace (FFM) is offering health coverage in Iowa through a state partnership model in 2015. The FFM will make assessments of Medicaid/CHIP eligibility and then transfer the applicant's account to the state agency for a final eligibility determination. Iowa is expanding Medicaid coverage to low-income adults.

Medicaid and CHIP Eligibility Levels

To view the modified adjusted gross income (MAGI) based eligibility levels, expressed as a percentage of the federal poverty level (FPL) and by monthly dollar amount and family size for Medicaid and CHIP, visit the National Medicaid and CHIP Eligibility Levels page for more information.

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Expansion</th>
<th>Children - Medicaid</th>
<th>Separate CHIP</th>
<th>Pregnant Women</th>
<th>Parents3</th>
<th>Other Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa</td>
<td>Y</td>
<td>375%</td>
<td>167%</td>
<td>167%</td>
<td>302% (1-18)</td>
<td>375%</td>
</tr>
</tbody>
</table>

1. These eligibility standards include CHIP-funded Medicaid expansions.

2. Children in separate CHIP programs are typically charged premiums. This table does not include notations of states that have elected to provide CHIP coverage from conception to birth.

3. In states that use dollar amounts rather than percentages of the federal poverty level (FPL) for 2013 to determine eligibility for parents, we converted those amounts to a percent of the FPL and selected the highest percentage to reflect eligibility level for the group. In addition, in states that are adopting the Medicaid expansion, we have indicated the upper income limit for parents to also be 133% of the FPL, since parents can be eligible for coverage under the new adult group. The actual dollar standards that states will use to determine eligibility are quoted in the monthly income tables.

Monthly Medicaid and CHIP Enrollment Data

Each month, CMS releases state-reported data on State Medicaid and CHIP program Enrollment. The enrollment data for each month is a point-in-time count of total Medicaid and CHIP enrollment on the last day of the month, and is not solely a count of those newly enrolled during the reporting period. Below, this data is compared to average enrollment from July-September 2013, the period before the initial open enrollment period of the Health Insurance Marketplaces. Additional information and enrollment data is available on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page.

<table>
<thead>
<tr>
<th>State</th>
<th>Total Medicaid &amp; CHIP Enrollment (Jan 2015) (Preliminary)</th>
<th>Comparison of Jan 2015 data to July-Sept 2013 Average Enrollment</th>
<th>National</th>
<th>Total Medicaid &amp; CHIP Enrollment, All States (Jan 2015) (Preliminary)</th>
<th>Comparison of Jan 2015 data to July-Sept 2013 Average Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Net Change</td>
<td>% Change</td>
<td>Net Change</td>
<td>% Change</td>
<td>Net Change</td>
</tr>
<tr>
<td>Iowa</td>
<td>512,533</td>
<td>19,018</td>
<td>3.85%</td>
<td>69,975,289</td>
<td>11,151,468</td>
</tr>
</tbody>
</table>
Resources

- www.asha.org/practice/health-care-reform
- http://www.asha.org/practice/reimbursement/coding/
- http://www.asha.org/Practice/reimbursement/modules/
- http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/iowa.html
ASHA Resources

- Coding Normal Results
  www.asha.org/practice/reimbursement/coding/normalresults/
- Coding to the Highest Degree of Specificity
  www.asha.org/practice/reimbursement/coding/codespecificity/
Reimbursement, and Advocacy Modules

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Reimbursement, and Advocacy Modules (3:29 minutes), read the transcript.

Current Modules

Economics Committee

- CPT - Using Codes to Report Your Services (13:35 minutes), read the transcript.
- Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Patient Diagnoses (14:00 minutes), read the transcript.
- Orientation of Speech-Language Pathology Services in Different Settings (14:04 minutes), read the transcript.
- Orientation of Audiology Services in Different Settings (13:04 minutes), read the transcript.

Module for Speech-Language Pathology (21:11 minutes), read the transcript.
Module for Audiology (19:53 minutes), read the transcript.
Billing and Reimbursement

Resources provide extensive information on audiology and speech-language pathology specific issues such as Medicare, Medicaid, private health plans, and billing codes.

Tools for Consumers & Employers

- Understanding Health Insurance
- Employer Insurance Packet
- Adding Speech, Language, and Hearing Benefits to Your Policy

Other Resources

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- ASHA’s Coding, Reimbursement, & Advocacy Modules
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- ASHA State-by-State
- ASHA Practice Policy
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- Delays Auditor Contracts and Therapy Manual Medical Review (7/2/2014)
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CMS Resources

• View the [ICD-10 Introduction](#) fact sheet and [FAQs](#) to get a general overview on ICD-10.

• See official resources designed to help [providers](#), [payers](#), [vendors](#), and [non-covered entities](#) with the transition to ICD-10.
Resources

- www.asha.org/practice/health-care-reform
- http://www.asha.org/practice/reimbursement/coding/
- http://www.asha.org/Practice/reimbursement/modules/
- http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/iowa.html
Additional Resources

About ICD-10-CM for Audiology and Speech-Language Pathology
ICD-10 Preparation Checklist
National Center for Health Statistics ICD-10 website
Centers for Medicare and Medicaid Services ICD-10 website
Speech-Language Pathology Coding Information by Topic

speech-language pathologists should also contact payers for final coverage and coding decisions.

Speech-Language Pathology-Related
- Aural Rehabilitation (CPT)
- Electrical Stimulation (CPT)
- AAC and Other Devices (HCPCS)

See also:
- Medicare CPT Coding Rules
- National Correct Coding Initiative (CCI) Edits: Speech-Language Pathology
- Coding FAQs

Other
- Co-Treatment (CPT)
- Evaluation & Management (CPT)
- Medical Team Conferences (CPT)
- Normal Results (ICD-9)
- Online Medical Evaluations (CPT)
- Stuttering (CPT, ICD-9)
- Telephone Assessments (CPT)
- Timed & Untimed Codes (CPT)

http://www.asha.org/practice/reimbursement/coding/SLPCodeInfo.htm
Tools for Consumers & Employers
• Understanding Health Insurance
• Employer Insurance Packet
• Adding Speech, Language, and Hearing Benefits to Your Policy

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• ASHA's Speech-Language Pathology Medical Review Guidelines
• ASHA's Coding, Reimbursement, & Advocacy Modules
• Health Insurance Portability & Accountability Act (HIPAA)
• ASHA State-by-State
• ASHA Practice Policy
Billing and Reimbursement

These webpages provide extensive information on audiology and speech-language pathology specific issues related to Medicare, Medicaid, private health plans, and billing codes.

- **Audiology & Speech-Language Pathology Resources For:**
  - Coding For Reimbursement
  - Medicare
  - Medicaid
  - Private Health Plans
  - Health Care Reform

- **Latest Developments**
  - Get the latest billing and reimbursement news.

- **Be an Advocate**
  - ASHA Advocacy
  - Take Action: Make a Difference in 5 Minutes
ASHA is Here to Help!

- The new classification system provides significant changes and ASHA will continue to assist members as they make the transition. Critical information will be posted on the webpage and/or relayed through various communication vehicles, including The ASHA Leader and ASHA Headlines.

- Members may contact the health care economics and advocacy team with specific questions regarding the transition at reimbursement@asha.org.
Questions and Answers