

## Speech-Language Pathology Summary of 2012 Medicare Physician Fee Schedule

On November 1, 2011, the Centers for Medicare and Medicaid Services (CMS) released the final rule for the 2012 Medicare Physician Fee Schedule (MPFS). Each year CMS establishes a conversion factor (CF) that is used as a multiplier of the total relative value units (RVUs) for each procedure. The current CF is \$33.9764. Unless Congress acts, the CF is scheduled to be reduced to \$24.6712, effective January 1, 2012. This would represent a 27.4% reduction from current payments and would affect all payments under the MPFS. Although the reduction is mandatory because of a statutory formula known as the Sustainable Growth Rate (SGR), please note that there is every indication that Congress will prevent this reduction from occurring as it has nearly every year since the initiation of the SGR. The Congressional Deficit reduction Committee (Super Committee) may make related recommendations, required by November 23, 2011.

Members can view ASHA's complete analysis of the 2012 fee schedule, including specific fees, by November 14 on our [Billing & Reimbursement Website](#).

### Therapy Caps and Alternatives

The final rule reiterated that the current exceptions process for the therapy cap will expire on December 31, 2011, absent Congressional action. Capitol Hill observers anticipate that Congress will not allow the therapy caps to go into effect in 2012 without a modification. Whether it will be another extension of the exceptions process or broader changes is not certain, but the message from Capitol Hill is that the therapy cap should not be reinstated without attenuation of some form. For 2012, CMS has calculated that the therapy cap will increase from \$1,870 to \$1,880 shared between speech-language pathology and physical therapy services. Occupational therapy will continue with an unshared cap of \$1,880. ASHA has been working with CMS-contracted research projects to develop alternatives to the cap over the past three years. Please monitor [ASHA's Billing & Reimbursement Website](#) for further updates on the therapy caps.

### SLP Payment Rates Affected by Transitioned Reduction of Practice/Overhead Values

The year 2012 will be the third of a four-year transition in the reduction of practice expense (PE) relative value units (RVUs). The reduction is due to updated surveys of practice costs. The reductions are further compounded by procedures that were assigned speech-language pathologist professional work RVUs in recent years and now have duplicative practice expense being phased out. Note that CPT 92506 shows a negligible reduction because the code has never been reviewed for professional work and retains original physician work and SLP clinical staff time as PE.

| CPT    | Description      | % RVU reduction | 2012 Fee, with expected legislative intervention | 2012 Fee, without legislative intervention |
|--------|------------------|-----------------|--|--|
| 92506* | Speech-lang eval | -1.22%          | \$165.13   | \$119.90                                   |
| 92507  | Speech-lang tx   | -9.09%          | 74.75  | 54.28                                      |
| 92610  | Dysphagia eval   | -14.89%         | 89.36  | 64.89                                      |
| 92526  | Dysphagia tx     | -11.91%         | 82.90  | 60.20                                      |

## **SLP Group Treatment Value Is Unchanged After ASHA Appeal**

ASHA submitted survey data to CMS and recently presented the same information during a Medicare refinement panel process that is conducted by CMS to assist in reviewing public comments on CPT codes with interim final work RVUs and in developing final work values. After hearing ASHA's presentation stating that the typical group size is three for CPT 92508, the Medicare refinement panel agreed with ASHA and the AMA and recommended that the work value be 0.43. In spite of this support, CMS has maintained the current RVUs of 0.33 that are based on a group size of 4 using only anecdotal support for their position.

## **Physician Quality Reporting System (PQRS)**

CMS will continue the current speech-language pathology PQRS measures that allow reporting of eight National Outcomes Measures (NOMs) Functional Communication Measures related to stroke. Reporting is voluntary from 2010 through 2015. For 2012-2014, the incentive payment for satisfactorily reporting on measures is 0.5% of all allowable Medicare charges for that reporting period as set forth in the Affordable Care Act (ACA). Starting in 2015, eligible professionals that do not satisfactorily report on quality measures will be subject to a payment reduction of -1.5%. PQRS participants need to report on at least 80% of patients that fit into a measure. See [ASHA's Speech-Language Pathology and PQRS Webpage](#) for FAQs and registration information.

## **Revised CPT Code for Developmental Testing**

The official descriptor of CPT 96110 has been revised as a screen rather than "Developmental testing; limited." Testing examples in the descriptor have always been screens. Based on the revision, Medicare is no longer covering the service, as is its policy for other screens. A similar code now appears in the HCPCS Level II coding system as G0451, "Developmental testing, with interpretation and report, per standardized instrument form," but is also not covered by Medicare.

## **Multiple Procedure Payment Reduction (MPPR)**

Under the MPPR policy, Medicare currently reduces payment for the second and subsequent therapy, surgical, and nuclear medicine procedures furnished to the same patient on the same day. It also applies to the technical component of multiple advanced imaging services such as CT, MRI, and ultrasound services. Effective in 2011 and continuing in 2012, there are eight SLP procedures for which payment is affected under the MPPR policy in combination with occupational therapy and physical therapy procedures. In the proposed 2012 MPFS regulation, CMS asked for comments regarding possible extensions of the MPPR, including applying it to the technical component of diagnostic tests other than advanced imaging services. ASHA submitted comments regarding the current number of bundled audiology CPT procedures that already include multiple procedure reductions. CMS determined that it is not expanding MPPR at this time but "will take the comments into consideration as we develop future proposals."

## **Revised Supervision Level for Videostroboscopy (31579) and Nasopharyngoscopy (92511)**

Effective October 1, 2011, the medical policy section of the Medicare Fee Schedule database changed the physician supervision level for these two instrumental assessments. The previous level of personal supervision (effective January 1, 2011) was superseded by no nationally

designated supervision level. ASHA and representatives of the American Association of Otolaryngology-Head and Neck Surgery met jointly with CMS staff in March to present reasons for a less stringent level of supervision. Note that the current supervision level can be otherwise restricted by state regulations or Medicare Local Coverage Determinations. Go to the [FAQs on ASHA's Website](#) for more information on this revision.