

HealthCare Frequently Asked Questions (FAQ's)

Q. Why is it important to have speech therapy (ST) in the Hospitals?

1. Lack of services in the schools
2. Skilled at in the initial feeding of infants
3. MBS/FEES procedures-primarily completed in Hospital
4. Immediate/concentrated services on rehab unit for New CVA treatment
5. AAC recommendations on communication intervention to specific child and personal/individualized preferences and needs
6. Assessment of developmental stages

Q. Why is it important to have speech therapy (ST) in Skilled Nursing Facilities (SNF's)?

1. Maintain skilled care and quality of life in swallowing, cognition, aural rehabilitation and communication
2. Maintain Least Restrictive Diet to save money on PEG TUBE feedings, use of thickener, altered diets and added caregiver expense
3. Cognitive/Communication enable the patient to be Independent as long as possible
4. Assist patient to be able to express wants and needs, call for help, access emergency assistance, communicate to caregivers to reduce caregiver burden and to increase Independence in activities of daily living skills.
5. ST adds to minutes provided under Medicare A payer to increase the Resource Utilization Group level (RUG) that respectively increases the payment amount. If minutes are missed, the reimbursement will be reduced.
6. ST will increase Medicare part B and positively affect case mix index payments to the SNF. If the patient received therapy services under Part B benefits in the hospital, this will reduce the amount available for use in the Outpatient or Skilled Nursing Facility settings per the Medicare Part B Caps and the threshold per the Centers for Medicare and Medicaid Services (CMS).

Q. What is a typical productivity expectation?

1. Hospital- 82% scheduled and booked patient care
2. Skilled Nursing Facility- 85% average scheduled patients

Q. How is productivity calculated?

1. Billable time divided by time paid x 100= productivity %

Q. What are strategies to meet productivity?

1. Point of service documentation
2. Scheduling of patients
3. Co-treatment when appropriate
4. Use of Concurrent/Group therapy as appropriate especially with Managed Care that are not run on Resource Utilization Group (RUG) levels

Q. How do I become approved to Bill Medicare/Medicaid for services?

1. Certification and support resources can be found online at the Ohio Department of Medicaid [Website](#), Centers for Medicare & Medicaid Services (CMS) [Website](#) or on the National Plan & Provider Enumeration System (NPPES) [Website](#).

Q. What do I need to know about billing?

1. Medicare Prospective Payment System (PPS) process
2. The Centers for Medicare and Medicaid Services website ([CMS.gov](#)) has multiple resources for PPS training & Resource Utilization Group (RUG) levels and how to meet them
 - a. [November 3, 2011 National Provider Call Training Slides \[PDF, 410KB\]](#)
 - b. [Clarifications to March 2012 National Provider Conference presentation \(v1.1\) \[PDF, 83KB\]](#)
3. Coding of medical diagnosis and treatment diagnosis
 - a. [ICD-10 - Centers for Medicare & Medicaid Services](#)
 - b. [CMS ICD-10 Implementation Guide for Small and Medium Practices](#)
 - c. [ICD-10-CM/PCS Myths and Facts](#)
4. Electronic Medical Records- know how to use a computer
 - a. Most employers now provide this training based on what kind of equipment they use to retain medical records.
5. Medical Manual Review for Part B caps exceptions
 - a. [Physician Fee Schedule - Centers for Medicare & Medicaid Services](#)
 - b. [Therapy Cap - Centers for Medicare & Medicaid Services](#)
 - c. [Requests for Exceptions to the Therapy Threshold: Manual Medical](#)
 - d. [Therapy Services - Centers for Medicare & Medicaid Services](#)
 - e. [Frequently Asked Questions](#)
 - f. Centers for Medicare and Medicaid Services (CMS) changes rulings periodically. Need to keep up on current regulations and CMS transmittals found on [CMS.gov](#).
6. Billable versus non-billable procedures/codes
 - a. [Local Coverage Determinations \(LCDs\) by State Index](#)

Q. What are typical questions for a new professional to ask a potential employer?

1. Who will be my Clinical Fellowship (CF) supervisor?
 - a. Is the supervisor current with licensure and ASHA certification?
 - b. How often will be supervisor be on site?
 - c. How will my supervisor sign off on documents?
 - d. Does the supervisor work with this company?
2. What type of documentation will I use?
3. What type of training will be provided on documentation, coding, and billing?
4. What type of orientation will I receive on how to perform screenings, evaluations and treatment?

The answers to our FAQ's are heavily reliant on current laws and best practices in the state of Ohio and may be subject to change over time. Please consult the professional practice rep currently serving your work setting if you have questions or concerns about the accuracy of the content in this document.