PDPM, PDGM, and the Healthcare Practitioner Amber Heape, CScD, CCC-SLP, CDP, CMDCP Pruitthealth Therapy Services State Advocate for Medicare Policy (StAMP) Representative-South Carolina 1

	RUG-IV	PDPM
Reimbursement primarily driven by	Therapy minutes provided	Clinically relevant factors (not therapy minutes)
Number of case-mix groupings for nursing	43 Nursing RUGs,	25 Nursing CMGs
Case-mix for therapy	5 major levels of therapy minutes (with or without extensives)	16 CMGs for PT/OT (related to self care, mobility) 12 CMGs for ST (related to 3 elements)
MDS Assessments	5, 14, 30, 60, 90 day; EOT, COT,	5 day admission, Interim Payment Assessment (IPA), Discharge Assessment

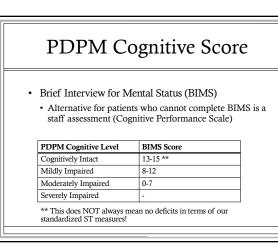
2

SLP Clinical Components Acute Neurological Presence of cognitive impairment Use of mechanically altered diet Presence of dysphagia Other SLP-related comorbidities (Each component area directly contributes to the SLP Case Mix Index Formula)

SLP-Related Comorbidities

Aphasia	CVA or TIA
Hemiplegia or Hemiparesis	Apraxia
Traumatic Brain Injury	ALS
Tracheostomy (while resident)	Oral Cancer
Ventilator	Speech & Language Deficits

3



PDGM

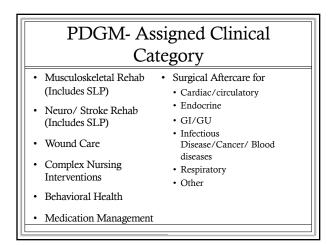
Affects Home Health companies, as well as private practitioners who treat patients in their homes.

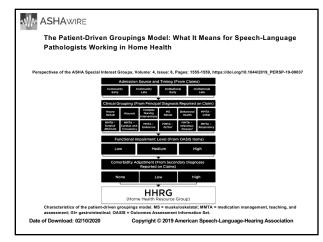
PDGM payment is based on:

- Source of admission (community or institutional).
- Lower payment for the second 30 days of a 60-day episode.
- Assigned clinical category
- Comorbidities
- · Patient's level of function (low, medium, or high).

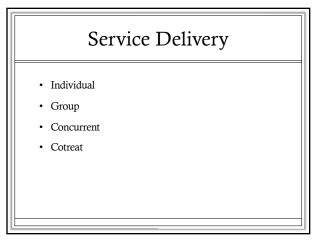
(Information from www.asha.org)

4





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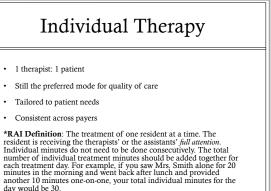
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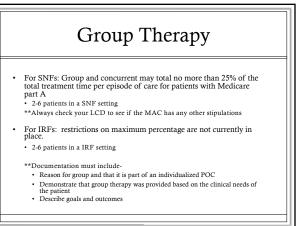
• 1 therapist: 2-6 patients

*RAI Definition: Group therapy is defined for Part A as the treatment of two to six residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals.



day would be 30.

10



12

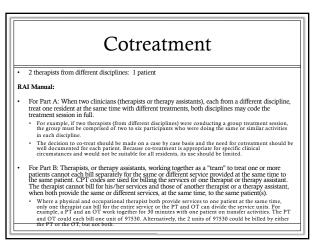
Can Group Therapy be Done with MCB?

Yes!

- Medicare Benefit Policy Manual, Chapter 15:
- Group Therapy Services. Contractors pay for outpatient physical therapy services (which includes outpatient speech-language pathology services) provided simultaneously to two or more individuals by a practitioner as group therapy services. The individuals can be, but need not be, performing the same activity. The physician or therapist involved in group therapy services must be in constant attendance, but one-on-one patient contact is not required.

*RAI Manual: For Medicare Part B, treatment of two patients (or more), regardless of payer source, at the same time is documented as group treatment. For all other payers, follow Medicare Part A instructions.

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Cognitive Performance

Coding

96125-Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test

Subtests of standardized tests may be used if the subtests themselves are standardized.

97130- each additional 15 minutes (list separately in addition to code for primary

If the time is less than 31 minutes, you would need to apply the -52 modifier. Some FIs only allow this code if decline is due to an acute neurological event (CVA, TBI)

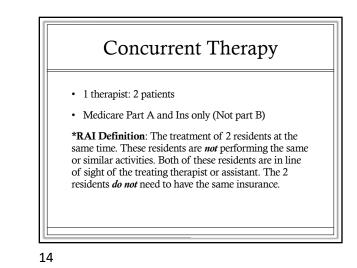
97129- Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; initial 15 minutes (Report 97129 only once per day)

***You cannot bill these treatment codes on the same day as 92507 or 92508

results and preparing the report.

G0515 deleted. Instead

15



Speech/Language/Cognitive **Communication Codes** 92521- Evaluation of speech fluency (e.g.., stuttering, cluttering) 92522- Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) 92523- Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria); **WITH** evaluation of language comprehension and expression (e.g., receptive and expressive language)

- If you do not include a speech component to the evaluation, you must use a -52 modifier
- For Cognitive Linguistic disorders, BCRS, SLUMS, MOCA are examples of tests you would use for 92523
- 92507- Treatment of speech, language, voice, communication, and/or auditory processing disorder- (Individual, Concurrent, or Cotreat)
- 92508- Treatment of speech, language, voice, communication, and/or auditory processing disorder- $\ensuremath{\mathsf{Group}}$

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