# Eli's Rehab Report

## Outpatient Outlook: Gear Up for 2009 With This Medicare Fee Schedule Final Rule Analysis

**SLPs: Keep your fingers crossed for better MBS reimbursement.**

Without the therapy cap exceptions process expiration drama this December, the Medicare **Physician fee schedule** Final Rule may seem like a breeze. But don't brush it off too quickly -- read about this important batch of changes for outpatient rehab in 2009.

First off: The new therapy cap will be $1,840 for occupational therapy and $1,840 for physical therapy and speech-language pathology combined. And thanks to the Medicare Improvements for Patients and Providers Act of 2008, you're still able to use the exceptions process until Jan. 1, 2010. As far as individual code values for 2009, however, you'll see some variance.

PT and OT Get a Good Deal ... for the Most Part

The MIPPA legislation ensured that healthcare providers wouldn't see a 10.1 percent cut to the conversion factor. The MPFS Final Rule confirmed this and declared a 1.1 percent increase to the conversion factor.

On the upside: "Occupational therapy [and physical therapy] codes will see a 3 percent aggregate increase for 2009," says **Sharmila Sandhu, Esq.**, regulatory counsel for the American Occupational Therapy Association. "But keep in mind that this is an average -- some code values have increased, while others may have decreased, so be sure to check the values of each individual code that you bill."

To view the 2009 values of the 97000-series codes, see page 70136 of the Federal Register, Vol. 73, No. 224 for Wednesday, Nov. 19, 2009, at http://edocket.access.gpo.gov/2008/pdf/E8-26213.pdf.

Don't miss: CMS decided to keep bundled the new CPT code for canalith repositioning, 95992 (Canalith repositioning procedure[s] [e.g., Epley maneuver, Semont maneuver], per day). But there may be a chance for physical and occupational therapists to get reimbursed separately for this code in 2009. "We have a meeting scheduled with CMS the first week of December to urge them to unbundle this code," says **Gayle Lee, JD,** director of regulatory affairs for the American Physical Therapy Association. "And CMS does do quarterly updates, so it's possible the code could be updated next quarter, but we'll have to wait and see."

SLPs Play Give and Take

Although SLPs will still see the 1.1 percent conversion factor increase like every other provider, they got slighted on their modified barium swallow procedures. For more information on how the non-physician work pool played a role in cuts to these code values, see Physical Medicine & Rehab Coding Alert, Vol. 10, No. 1.

The details: SLPs will see a nearly 20 percent reimbursement cut to 92610 (Evaluation of oral and pharyngeal swallowing function), and 92611 (Motion fluoroscopic evaluation of swallowing function by cine or video recording) is not far behind, points out **Mark Kander,** director of healthcare regulatory analysis for the American Speech-Language Hearing Association. "This is not good news, especially because so many more SLPs use this technique, as opposed to the endoscopies."

Realistically, the soonest that SLPs may see an increase to these reimbursement rates could be the 2010 MPFS. "There's supposed to be a RUC update in 2009, so we hope that the committee makes an appropriate adjustment then," Kander tells **Eli**.

The good news: The MPFS Final Rule confirms that SLPs will have Private Practice billing status beginning July 1, 2009. For more information on that, see page 69,874 of the Final Rule, which you can access with the link mentioned earlier in the story. "CMS has said it will provide further manual guidance, which we'll probably see in the spring," says **Ingrida Lusis,** director of federal and political advocacy for ASHA. Meanwhile, SLPs should be getting their NPIs and taking care of Medicare enrollment paperwork, she says.

Check Your Setting's CoPs for Updates

If you work in a Comprehensive Outpatient Rehabilitation Facility, a Rehab Agency, or a Critical Access Hospital, the MPFS called for updates to your Conditions of Participation. Some updates are more favorable than others, however.

CAHs: The MPFS declared that a CAH does not need to directly employ PTs, OTs, and SLPs, Sandhu points out. "This was an important clarification because CAHs rarely have the business to employ full-time therapists; they usually hire contract therapists."

CORFs: If you work in this setting, your CoPs will simply see some technical clarifications for 2009. Notably, CMS declared that the newest personnel qualifications for therapists defined in 42 CFR 484.4 apply to CORFs' CoPs, Sandhu says. In addition, the MPFS Final Rule gives CORF therapists the ability to perform a covered home environment evaluation so they can better develop rehab goals for the patient.

Rehab agencies: Lucky for you, the 2009 MPFS deletes the requirement for rehab agencies to offer social or vocational adjustment services. "This was great news for us because it is such an administrative burden," Kander says.

On the downside, rehab agencies will be stuck with a 30-day recertification period, as opposed to the 90-day recertification period for all other rehab settings. CMS' argument was that facilities would automatically meet the CMS payment policy requiring recertification at least every 90 days. But as far as this setting's CoPs, "the agency believed that a physician should be taking a look at the plan of care at least every 30 days," Lee says. "We obviously do not agree with that and believe it's creating an inconsistent policy, so APTA will continue to advocate getting the CoP changed to a 90-day recert."