

Eli's Rehab Report

Speech Spotlight: 5 Must-Have Tips for SLPs Going Independent

SLPs have a lot to do before July 1 to bill Medicare directly.

If youre a speech-language pathologist itching to bill Medicare as an independent provider, youre not alone.But take note of the following issues before they becomehurdles to going live this summer.

Background: The Medicare Improvements for Patients and Providers Act of 2008 included a provision that gave SLPs permission to bill Medicare as independent providers starting July 1, 2009.

1. Get an NPI. Starting in May 2007, all suppliers (private practitioners) and providers (facilities) that billed Medicare had to have a National Provider Identifier. If youre planning on billing CMS directly in July, youll need one too. This 10-digit ID is your ticket to getting paid -- and is mandated by HIPAA law. So if youre an SLP in private practice, youll need one even if you dont bill Medicare. You can apply for an NPI one of three ways:

" **Electronically.** Visit the Web at <u>https://nppes.cms.hhs.gov/NPPES/Welcome.do</u> to complete your application.

" **Paper application.** Download a copy of the NPI application form (CMS 10114) at <u>www.cms.hhs.gov/cmsforms/downloads/CMS10114.pdf</u>. When youve completed the form, mail it to NPI Enumerator, P.O. Box 6059, Fargo, ND, 58108-6059.

"Bulk enumeration process. You can have an electronic file interchange organization submit application data on your behalf. For more information on EFI, visit www.cms.hhs.gov/NationalProvIdentStand/07_efi.asp#TopOfPage.

2. Know when you can begin enrolling. If you have your NPI, dont enroll just yet. CMS is not accepting applications from SLPs until June 2, reports **Mark Kander**, director of health care regulatory analysis for the American Speech-Language Hearing Association.

Unfortunately, that leaves SLPs with only one month before the July 1 implementation date of billing Medicare directly -and it can take close to two months to process Medicare enrollment, Kander points out. But theres plenty you can do to prepare while you wait.

When June 2 rolls around, enroll using the CMS-855i form, found at <u>www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf</u>. Currently, SLPs arent listed as eligible providers on the 855i, but this is still the correct form,ASHAs director of healthcare economics and advocacy.CMS doesnt want anyone submitting the form until on or before [June 2]. More information on Medicare enrollment is at <u>www.cms.hhs.gov/MedicareProviderSupEnroll/</u>.

3. Consider electronic enrollment. If you want to process your enrollment as fast as possible, try CMSInternet-based Provider Enrollment, Chain, and Ownership System. The PECOS system is really good because it gives you immediate feedback, Kander says.

For example, if youre applying online and forget to fill out a field or make a critical mistake, the system wont let you go proceed. That could really save you some time, as opposed to sending your enrollment by mail and finding out a month later that you forgot to check a box, Kander says.

Just make sure you have an NPI before you get started, and obtain a National Plan and Provider Enumeration System user ID and password too. To get an NPPES user ID and password, call the NPI Enumerator at 1-800-465-3203 or email the organization at <u>customerservice@npienmerator.com</u>.

Hidden trap: Dont assume you pass up paperwork by using PECOS. CMS still requires you to print, sign, and date your



Certification Statement and all supporting paper documentation, and then mail it to your Medicare contractor within seven days of your electronic submission.

For more information on enrollment, see <u>www.cms.hhs.gov/MedicareProviderSupEnroll/</u>, and for more information on PECOS, visit <u>www.cms.hhs.gov/MedicareProviderSupEnroll/02</u> Internet-basedPECOS.asp#TopOfPage.

4. Cozy up to your documentation rules. If youre an SLP whos applying for Medicare provider status with the intention of starting your own practice or implementing Medicare patients into your current private practice, its time to get very familiar with CMS documentation requirements for therapy services. These are only a couple of years old and include a wealth of guidelines on plans of care, certification, progress reports, and treatment notes. See section 220.3 of the Medicare Benefits Policy Manual at www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf, and scroll to page 171.

Even better, read the entire section 220 of the manual, beginning on page 147, to get an overview of coverage guidelines in general. And for a refresher on coding, see the article on page 4 of this issue.

Important detail: CMS released new non-physician practitioner specialty codes for SLPs in Transmittal 1686, issued Feb. 20, 2009, White points out. When youre ready and able to go live billing Medicare as an independent provider, you will use specialty code 15, the transmittal instructs.

Physical therapists in private practice will continue to bill specialty code 65, and occupational therapists in private practice will continue to bill specialty code 67. To view the transmittal, visit www.cms.hhs.gov/transmittals/downloads/R1686CP.pdf.

5. Get down to business. If youre considering going into private practice, a good business sense is critical.Regardless of your therapy skills, if you dont know how to look at the bottom line, you can wind up going bankrupt your first year, says **Helen Kaye, CCC-SLP**, owner of Cary Speech Services in Cary, N.C. Consider that you have to buy materials, furniture, computers, and software, etc. -- and you need to figure out how much to charge to cover your overhead.

Tip: Ask yourself where your greatest interest lies, and consider specializing. Our field is enormous, and it keeps growing -- and its very hard for one person to be a generalist these days, says Kaye, who specializes in pediatrics.