



**News Flash** – A Special Edition MLN Matters provider education article is now available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0837.pdf> on the CMS website. This Special Edition article assists all providers who will be affected by Medicare Administrative Contractor (MAC) implementations. It provides information to make you aware of what to expect as your FI or carrier transitions its work to a MAC. This article alerts providers as to what to expect and how to prepare for the MAC implementations and will help to minimize any disruption in your Medicare business.

MLN Matters® Number: MM6381

Related Change Request (CR) #: 6381

Related CR Release Date: April 24, 2009

Effective Date: July 1, 2009

Related CR Transmittal #: R106BP and R1717CP

Implementation Date: July 6, 2009

## Speech-Language Pathology Private Practice Payment Policy

### Provider Types Affected

Speech-Language Pathologists in Private Practice who wish to bill Medicare Carriers and Medicare Administrative Contractors (A/B MAC) for services provided to Medicare beneficiaries.

### What You Need to Know

CR 6381, from which this article is taken, announces that Medicare will begin paying for appropriate claims submitted by enrolled speech-language pathologists for services provided in private practice on or after July 1, 2009. See the Background section of this article for additional important details.

### Background

Historically, Medicare could only pay for speech-language pathology (SLP) services if the services were billed by an enrolled provider or supplier of services. CR 6381, from which this article is taken, announces that Section 143 of the Medicare Improvements for Patients and Provider's Act of 2008 (MIPPA) has amended the Social Security Act to authorize:

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

- The Centers for Medicare & Medicaid Services (CMS) to enroll speech-language pathologists (SLP) as suppliers of Medicare services, consistent with the enrollment policies that apply to physical therapists and occupational therapists in private practice; and
- SLPs to begin billing Medicare for outpatient speech-language pathology services furnished in private practice beginning July 1, 2009.

This amendment will allow SLPs in private practice to bill Medicare and receive direct payment for their services. CMS will begin enrolling SLPs on June 2, 2009 CMS, and will accept (and pay for) appropriate claims for services provided on or after July 1, 2009 by enrolled SLPs in private practice for dates of service beginning July 1, 2009.

***Note:** A therapist is considered to be in private practice if the therapist maintains office space at his or her own expense and furnishes services only in that space or in the patient's home; or is employed by another supplier of services such as a physician or another therapist and furnishes services in settings where therapy is provided at the expense of that supplier.*

You should be aware that:

1. No other provider or supplier other than the skilled nursing facility (SNF) will be paid for these services during the time the beneficiary is in a covered Part A stay.

For information regarding SNF consolidated billing see the *Medicare Claims Processing Manual* Chapter 6 (SNF Inpatient Part A Billing, Section 10 (Skilled Nursing Facility (SNF) Prospective Payment System (PPS) and Consolidated Billing Overview).

2. The home health prospective payment system (HHPPS) requires home health agencies (HHA) to provide (either directly or under arrangements) all outpatient rehabilitation therapy services to beneficiaries receiving services under a home health plan of care (POC). No other provider or supplier will be paid for these services during the time the beneficiary is in a covered Part A stay.

For information regarding HH consolidated billing see the *Medicare Claims Processing Manual* Chapter 10 (Home Health Agency Billing), Section 20 (Home Health Prospective Payment System (HHPPS) Consolidated Billing).

In addition, note that your carrier or MAC will apply therapy caps and exceptions, as appropriate, to speech language pathology services rendered by speech language pathologists in private practice. Information regarding therapy caps and exceptions for 2009 is available in the MLN Matters article related to CR 6321.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

That article is at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6321.pdf> on the CMS website.

## Additional Information

---

You can find more information about the speech-language pathology private practice payment policy by going to CR 6381, which was issued in two transmittals. You will find the updated portions of Medicare manuals attached to these transmittals as follows:

- The revised chapters of the *Medicare Claims Processing Manual* are available attached to the transmittal at <http://www.cms.hhs.gov/Transmittals/downloads/R1717CP.pdf> on the CMS website; and
- The revised chapter of the *Medicare Benefit Policy Manual* is available at <http://www.cms.hhs.gov/Transmittals/downloads/R106BP.pdf> on the CMS website.

If you have any questions, please contact your carrier or MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.