



Speech-Language Pathology Private Practice Payment Policy – JA6381

Related CR Release Date: April 24, 2009

Date Job Aid Revised: May 7, 2009

Effective Date: July 1, 2009

Implementation Date: July 6, 2009

Key Words MM6381, CR6381, R106BP, R1717CP, Speech, Language, Pathology

Contractors Affected

- Medicare Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Speech-language pathologists (SLPs) in private practice who wish to bill Medicare Carriers and A/B MACs for services provided to Medicare beneficiaries



Change Request (CR) 6381 announces that Medicare will begin paying for appropriate claims submitted by enrolled SLPs for services provided in private practice on or after July 1, 2009.

Provider Needs to Know...

- Section 143 of the Medicare Improvements for Patients and Provider's Act of 2008 has amended the Social Security Act to authorize:
 - The Centers for Medicare & Medicaid Services (CMS) to enroll SLPs 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 SLP 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, 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.
- 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.
 - The home health prospective payment system requires home health agencies to provide (either directly or under arrangements) all outpatient rehabilitation therapy services to beneficiaries receiving services under a home health plan of care. No other provider or supplier will be paid for these services during the time the beneficiary is in a covered Part A stay.
 - Carriers or MACs will apply therapy caps and exceptions (as appropriate) to SLP services rendered by SLPs in private practice.

Background

Historically, Medicare could only pay for SLP services when the services were billed by an enrolled provider or supplier of services.

**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6381.pdf> on the CMS website.

For more information regarding this change, providers can review the following transmittals:

- 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.

Information regarding therapy caps and exceptions for 2009 is available in the MLN Matters® article related to CR6321 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6321.pdf> on the CMS website.

For information regarding SNF consolidated billing, providers may review 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) at <http://www.cms.hhs.gov/manuals/downloads/clm104c06.pdf> on the CMS website

For information regarding home health consolidated billing, providers may review the *Medicare Claims Processing Manual*, Chapter 10 (Home Health Agency Billing), Section 20 (Home Health Prospective Payment System (HHPPS) Consolidated Billing) at <http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf> on the CMS website
