

PI REVIEW



January 2016 Newsletter

PROIMAGE SUBMITS AUTHORIZATIONS SEND US THE INTAKE AND FACE SHEET WE DO THE REST

Healthcare has experienced some massive overhauls in the state of Texas. All dual eligible (Medicare and Medicaid) and Medicaid only patients in the long term care (SNF) facilities are now being managed by commercial insurance policies. We as providers must learn the rules of commercial insurance companies and learn from our colleagues who have been successful in getting services approved and covered. Professional Imaging is an expert in submitting and obtaining authorizations. Proimage has a team that will submit authorization on the patients behalf every time you fill out clinicals and fax them to us to schedule a patient. We will notify you if we need help. Important changes:

1. Commercial plans require pre-authorization.
2. Authorizations are not a guarantee of payment, plan rules apply
3. Commercial plans have a consistent auditing process, if you get paid it does not mean you get to keep the money, your documentation must be bullet-proof.
4. If an authorization is done incorrectly and for the wrong codes, it can place patients at financial risk for a service that should be covered.

Let Professional Imaging do the leg work, simply fax us the information and we will notify you if not covered, otherwise we will simply schedule the patient. We have a team of 11 people in the office verifying insurance and submitting authorizations and notifying you if we cannot obtain coverage. There are no surprises.

Professional Imaging
523 N Sam Houston
Pkwy E, Suite 125
Houston, TX 77060
(281) 272-6277
www.proimagnetx.com

Professional Imaging is an expert at obtaining authorizations, all we need is a completed intake form and a face sheet with billing information, we do the rest.

- Piper Harris

In This Issue

- Healthcare changes
- Commercial insurance authorization recommendations
- Ethical considerations
- Let's get technical
- A good place to start—
THE ORDER

Be sure to check out:

DYSPHAGIA CAFE

A great article about critical thinking in dysphagia management: <http://www.dysphagiacafe.com/2015/10/06/highlights-and-lessons-learned-from-a-critical-dysphagia-conference/>

PROFESSIONAL IMAGING IS AN EXPERT IN OBTAINING AUTH:

1. Proimage uses your documentation to submit authorization, be complete in your documentation
2. Be specific and definitive: You are the clinician. If a patient is coughing and choking, call it aspiration.
3. Avoid outdated language. For example: "Rule out", "determine safest diet", or "diet upgrade". These are outcomes NOT medical indications.

Be specific in your documentation for improving authorization and coverage by managed care insurances for diagnostic testing and therapy: select the correct answer,

1. A patient was referred to you for coughing. You observe during meals and decide he needs a swallowing consultation. When filling out paperwork you are asked if the patient is doing better or worse with swallowing. You review the information in the chart and learn that 4 months ago the patient was living alone. Recently he had a bypass surgery and is now in the SNF learning to walk again and is on a regular diet. Is that enough information to indicate that a patient is doing worse with swallowing to show a change in status and qualify for therapy? Yes or no?
2. Every time you walk by Mr. Jones' room he is coughing his head off after returning from a meal. You are very concerned that he is silently aspirating during meals especially considering he has recent weight loss which triggered your referral. Select how you would indicate medical necessity in your documentation and improve your chances at authorization approval:
 - A. Patient is at risk for silent aspiration during meals indicated by the excessive coughing after meals reduced PO intake, and weight loss. Consider diagnostic mbss consult to determine the amount and severity of aspiration.
 - B. Patient is coughing which can be consistent with aspiration, consider further evaluation.
 - C. Rule out aspiration
3. Mama Jones has had a pneumonia recently and is just getting into the facility from the hospital. She is NPO and has a PEG, she is showing progress with therapy and is more alert per family and asking for food. What should you write in your documentation and on your order to support coverage for a diagnostic evaluation & therapy?



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Be specific, definitive and establish medical necessity.

Example:

“Dysphagia consult including MBSS due to aspiration. Patient is coughing with all PO intake and has a PEG in place. Mobile visit requested due to elevated aspiration risk and patient fatigues easily, compromising test participation if transported”

Follow documentation guidelines on orders for all clinical scenarios: be clinical and be definitive. Professional Imaging knows the details of swallowing the best, however this level of documentation can be applied to any patient for any clinical situation in the current healthcare climate to improve authorizations and pass audits.



A. Patient wants to eat and has a PEG.

B. Patient has previously been aspirating and currently has an aspiration pneumonia and PEG. Pt is showing improvement overall and has increased alertness is oriented x3 and is asking for food and water, every time patient takes a sip of water she is coughing, MBSS consult requested to assess amount of aspiration and effective strategies to reduce aspiration risk, patient can follow 3 step directions which makes her an excellent candidate for swallowing strategies and treatment .

C. Patient is NPO and needs MBSS to rule out aspiration.

ANSWERS: 1. YES, 2. A. 3. B. '

Let's Get Technical

There are two parts to all swallow studies; the technical component and the professional component.

Technical component (X-ray machine)

Professional component (Physician's interpretation of the X-ray)

A portion may require authorization. To improve authorization response:

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