



SWALLOWING  
DIAGNOSTICS, LLC

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Celebrating 11 Years of Service  
[www.swallowingdiagnostics.net](http://www.swallowingdiagnostics.net)



## Red Sox vs Yankees



By Judy Rosenfield, Director

Swallowing Diagnostics would like to introduce their new organizational structure to you. Due to our expanding territories and the increasing number of facilities that we service for FEES, we thought it necessary to start using area managers to help oversee our day-to-day clinical operations. Thus, as of March 1<sup>st</sup>, Cheryl Rowe and Katrina Woodward were promoted to area manager positions. They will be working to ensure a high quality of service and continual growth in our customer relations. To make the division of territories easier to remember so that you will know whom to contact with any questions or concerns, just think of “Yankees” vs the “Red Sox”.

**Katrina Woodward** - Area Manager for the Greater Hartford area and Eastern Connecticut, all of Massachusetts and Rhode Island (think Red Sox) - Cell phone 860-573-0120

**Cheryl Rowe** - Area Manager for all points further south of Rocky Hill and further west of Southington (think Yankees) - Cell phone: 860-604-2943

**Contracts / New Business** - For all matters pertaining to contracts for new FEES business, and/or per diem speech pathology staffing needs, please contact: Judy Rosenfield - Cell phone 860-965-2103

**Billing** - For all billing matters contact: McKenzie Ursin - Phone / Fax 860-677-4048

**Licensure / Insurance** - For requests for license and insurance renewals contact: Cynthia Griffin - Phone / Fax 860-677-4048

Please note that to schedule FEES referrals, you should continue to schedule with your assigned FEES specialist. There have been no changes to FEES caseloads. The above territories are for managerial regions.

All of us at Swallowing Diagnostics appreciate your business and join you in your commitment to serve your patients and their families to the best of our abilities.

GO TEAM!!!!

### YOUR FEEDBACK IS IMPORTANT TO US!

Please take a few minutes to complete the enclosed  
**Customer Satisfaction Survey**  
and return it to us. It is already postmarked

## It's Tough Being A SuperMom

By Katrina Woodward, MS, CCC-SLP

With the uncanny timing of Mother's Day in the midst of May as Better Hearing and Speech Month, it seems an appropriate time to pay homage to the SLP as a Mom.

How do you working moms do it all? Only a few decades ago, “working mom” was an oxymoron; now, it's a way of life. We manage the demands of home, work and the personal pressures we put on ourselves. We meet the expectations of our significant other, our kids, our boss, as well as those we impose on our self. And we SLPs embrace it. We achieve 80% productivity while completing our paperwork, treating a garden variety of speech, language and swallowing disorders, quelling the anxiety of a new patient's family, and then we drive home to get dinner on the table, help with homework, go to a soccer game, pick up a kid from dance class, tidy up the house and read a bedtime story. And that's just between the hours of 8:00 a.m. and 8:00 p.m.!

Balance is a recurrent theme in the juggling act of life. You remedy challenges at work several times a day by striking the right balance. When treating patients with dysphagia, we ask ourselves what diet is most functional for their abilities. Our goal is to achieve balance between swallowing safety and patient satisfaction. We balance the needs of our patient, physically and emotionally, to develop realistic recommendations.

Balance is key to our professional success as well as to our personal success. A very wise Mom shared her very realistic philosophy with me: If her kids were involved in extracurricular activities, sports, and working, she was thrilled at report card time when they earned B+'s because this reflected upon the balance in their lives. Every day, as you involve yourself in projects at work, at home, and in your community, you do your best to keep life in balance by prioritizing, and by managing your time and resources. You can't hold out for perfection when you are moving in four different directions and you can't control every minute detail. But, you still *can* do a very good job at everything you do. So SuperMoms, be proud of your very good work!

### For your convenience, SDX staff can be reached at the following numbers:

Judy Rosenfield, Director	(860) 677-4048
Cheryl Rowe	(860) 257-0800
Laurie Watts (RI)	(401) 487-5439
Alicia Cox	(860) 306-3473
Katrina Woodward	(860) 573-0120
Ann Caselden (MA)	(413) 427-1656

## *SDX: Your Dysphagia Resource*

By Cheryl Rowe, MA, CCC-SLP

SDX sponsored our first peer group meeting of 2009 in Southington on Thursday, April 2nd. We covered an array of topics including CT speech licensure legislation, meeting productivity requirements and tackling oral care. For those of you new to our services, we hold 3 peer meetings throughout the year at various Connecticut locations. Since many of us function solo as the speech department at our facilities, having an outside network of SLPs to communicate with is always beneficial. Whether you have been in practice for 30 years or are just starting out, we can all learn from one another.

At SDX, we feel one of the greatest advantages of doing a FEES on your patient is the opportunity to collaborate with you. Many times while performing FEES with the treating speech pathologist we have open discussions as we determine the best course of action for a given patient. Our diverse training, experiences and background can bring us to view things differently, giving us the opportunity to learn from each other. SDX therapists pride ourselves in mentoring newer therapists. We can be considered as the linking piece because we have access to so many skilled therapists working with dysphagia, and what we learn from one of you we pass on to others. Please view us as a resource. We are available to discuss a case or to provide an in-service to your facility. Our peer group meetings provide an opportunity for us to exchange ideas, discuss common concerns, meet new friends and get reacquainted with old ones.

We are currently working on compiling an e-mail address list of therapists with whom we work; if you are not yet on this list, please send us your information at the following address and we will make sure to share the dates of upcoming events and important information.

[admin@swallowingdiagnostics.net](mailto:admin@swallowingdiagnostics.net)

Our next peer group meeting will be held in September, date and location to be determined. Enjoy the summer, and we look forward to seeing you in the fall.

## *BILLING: Questions You've Always Wanted to Ask*

By Katrina Woodward

**Question:** Why all the talk about NPIs?

**Answer:** A National Provider Identifier (NPI) is a government-assigned number which allows an individual service provider or a facility to bill Medicare directly. As of July 1, 2009, private practice SLPs will be able to bill Medicare B for services delivered in an office or outpatient clinic using their own provider number, instead of billing under the physician or agency. Two exceptions: when providing services in a SNF or through a homecare agency, the facility/agency is the provider and you are a consultant to them. Registration for a number takes about 5 minutes - go to the website at:

<https://nppes.cms.hhs.gov/NPPES/Welcome.doc>

**Question:** How does a facility get billed for a FEES?

**Answer:** At the end of the month, SDX sends an invoice to each facility for all patients seen during that time period. We charge a flat rate per procedure, regardless of payor source, to the facility, and the facility is responsible for billing the patient's insurance for reimbursement with three exceptions. SDX bills Evercare and HealthNet directly, with no charge to the facility. Medicaid (T19) cannot be billed for a FEES, so the facility gets no reimbursement from the state. If your administrator approves of your clinical decision to order a FEES for a Medicaid resident, then SDX will ask that your administrator sign a waiver form indicating that the facility agrees to pay for the test. When you call in a FEES referral, it's important to tell us your patient's payor source so we can correctly indicate the payor source on our billing sheet.

**Question:** Why does SDX leave a billing sheet for your business office?

**Answer:** The billing sheet indicates what CPT codes to bill Medicare or the patient's insurance, and what ICD-9 codes to use. For Medicare A, it serves as a record of the type of service provided to the resident. It is important that your SDX FEES specialist knows if the facility therapist is billing for 92526 on the day of the visit. This code is service-based and cannot be billed more than once a day. If the facility therapist is billing 92526, we will cross it off of the billing sheet so that the patient won't be billed for dysphagia therapy twice on the same day.

**Question:** How can I incorporate FEES minutes into my Med A totals?

**Answer:** The 30-minute treatment time, billed under 92526, can be applied to a patient's rehab totals. If the facility therapist is not present for the test, an SDX FEES specialist can sign your treatment log to include the treatment time in the patient's rehab totals.

## CSHA is on Your Side

By Vernice L. Jury, President

Connecticut Speech-Language-Hearing Association

I'd like to thank Swallowing Diagnostics for asking me to contribute this article for their newsletter. My purpose is twofold. First, it is very important that every practicing speech-language pathologist and audiologist understand what is happening with our licensure law. We all need a license in order to practice but often do not take the time to read the law behind the license or learn how the law is sometimes changed. My second reason is to promote membership in the Connecticut Speech-Language-Hearing Association. There are currently about 2300 licensed speech-language pathologists in Connecticut. No more than twenty five percent belong to CSHA. When there are legislative challenges or initiatives regarding licensure it is CSHA that does the work for everyone. As I have met with members of the Public Health Committee this year I have been viewed as speaking for all speech-language pathologists in Connecticut. I felt that weight on my shoulders.

**Diagnose or Evaluate?** - HB6265 came before the Connecticut Legislature's Public Health Committee in February. This bill would have removed the word diagnose from the scope of practice of speech-language pathologists and replaced it with the word evaluate. This change was proposed by the Connecticut Ear Nose Throat Society at the urging of the American Academy of Otolaryngology. We learned about this bill through the monitoring work done by CSHA lobbyists, Betty Gallo and Associates.

The CSHA Board determined that we had to oppose this bill and we initiated an intense lobbying effort hoping that the bill would die in committee. The legislature can work quickly and we had only days between the time the bill was raised and the day of the public hearing held by the Public Health Committee. We contacted all CSHA members through an email blast urging them to contact members of the committee. By the time of the hearing all members of the committee had heard from more than one speech-language pathologist urging them to defeat this bill because diagnosis must continue to be part of our scope of practice. We supplied written and oral testimony from speech-language pathologists in multiple settings clearly demonstrating that speech-language pathologists have the expertise to do what they are doing. We also received support from ASHA and the Connecticut Academy of Audiology (CTAA). On the day before the hearing I had a telephone conversation with the president of the Connecticut Ear Nose Throat Society and explained that diagnosis is an essential part of what we do. At the hearing he acknowledged that the word *diagnose* was necessary and proposed that the wording be changed to "non-medical diagnosis." **The physicians group claims that speech-language pathologists in the practice of evaluating dysphagia are making medical diagnoses.** Thanks to the efforts of many CSHA members the bill died in committee. We anticipate that this proposal may come up again in the future.

**Separate Licenses** - Speech-language pathology and audiology licensure has been covered in Chapter 399 of the Connecticut State Statutes ever since the law was first written in 1974. This year CTAA is raising a proposal creating separate licensure laws. CSHA is an association of both speech-language pathologists and audiologists and the CSHA Board felt that we could best maintain a strong working relationship between the two professions by not opposing the separate licensure laws proposal. We did determine that with separate laws hearing screening must be added to the scope of practice of speech-language pathologists. We also decid-

ed that it is time to add continuing education requirements to licensure renewal. Our proposal would require 20 hours of continuing education (two continuing ed units) every 2 years. The CTAA decided to add a similar continuing ed requirement to their proposal. I am writing this article on May 14th, the legislature is still in session and the CTAA proposal is still with the Department of Public Health. We do anticipate that it will move forward and pass. The action to separate licensure opens Chapter 399 on the floor of the legislature. This increases our lobbying costs. This increased cost was not anticipated in our 2008-2009 budget.

**Why join CSHA?** - Our licensure law defines who we are and what we can do as professionals. Our professional association clearly has the major role in protecting that license but as an association we are much more. In the past few years, CSHA has established several special interest committees and the members of those committees are carrying on some exciting projects. Our newest committee is the Private Practice, SNF and Hospitals Committee chaired by Laurie Lustiber. This committee is already taking on two important projects, addressing issues related to coding for third party billing and working to develop a more detailed and useful private practice and facilities referral list. The referral list would include CSHA members only and would be located on the CSHA website when it is revised within the next year. Other committees recently carried out recruitment projects, developed informational materials for employers, and obtained an ASHA Division One grant to support a research project.

Our Program Committee plans educational activities including our annual Spring Conference. This is a committee of CSHA volunteers who develop the program and arrange every detail of the conference. The committee is always looking for more members and for recommendations for relevant topics and highly qualified presenters. We want the conference to be a place where all speech and hearing professionals gather not only to learn new information but also to learn more about one another. We are a small state and our profession will benefit from working and learning together even though our work settings and our clients' needs vary greatly.

Dr. Rhea Paul will become CSHA President on June 1st. I know that she joins me in urging you to join CSHA. The CSHA membership year runs from July 1st through June 30th. Dues are only sixty dollars per year. A membership mailing will go out in early July. Membership information can also be obtained at the CSHA website [www.ctspeechhearing.org](http://www.ctspeechhearing.org). As a member you can play an active part in ensuring that the association's lobbying efforts, committees and conferences represent you. CSHA will turn 60 in 2010. We hope that it will be an exciting year and would like to find some special ways to celebrate. We would like you all to be part of that year.

### STAR EDUCATIONAL SEMINARS

Coming in the Fall of 2009

SDX Seminar Sponsored by AllStar Therapy

### PEDIATRIC DYSPHAGIA FOR OTS & SLPS IN THE SCHOOLS

Contact Judy Rosenfield at [jfrosenfield@aol.com](mailto:jfrosenfield@aol.com)

## Update in Reflux Identification

By Laurie Watts, MS, CCC-SLP

As speech-language pathologists, we are familiar with the terms LPR, laryngopharyngeal reflux and GERD, gastroesophageal reflux disease. It is estimated that at least 30% of Americans are affected by LPR, and 50% of American adults are affected by GERD. As clinicians who assess swallowing function, we need to be aware that swallowing is a complex, dynamic process from the lips to the duodenum. According to both ASHA and Medicare standards, it is within the scope of SLP's to recognize characteristics of these diagnoses. While physicians must evaluate and diagnose, ASHA directly states that speech-language pathologists should have the knowledge and skills to recognize patient signs and symptoms that may be associated with esophageal phase dysphagia.

At a recent conference by Julie A. Hoffman, MA, CCC-SLP, three tools were presented to identify these symptoms. The first tool was completing a patient case history to identify patient specific complaints related to swallowing. The second tool was the Reflux Symptom Index (RSI). The RSI is a nine item instrument that can be completed by the patient or care giver in less than one minute. The person completing the tool scores items such as hoarseness, coughing and heartburn from 0-5. A total score of > 13 indicates abnormality and a 95% likelihood of LPR. The third tool is the Reflux Finding Score (RFS), which can be completed by speech-language pathologists trained in performing F.E.E.S. This tool allows the clinician to visually inspect the larynx upon implementation of F.E.E.S. and to score items such as the presence of vocal fold edema, granuloma, diffuse laryngeal edema, and ventricular obliteration. A total score of >7 with this instrumentation indicates 95% certainty of LPR.

As speech-language pathologists continue to play a primary role in addressing dysphagia, it is important that we become aware of the characteristics of esophageal dysphagia and the relationship to oropharyngeal dysphagia so that we can provide the optimal level of care for our patients.

## New Members to Our Team

[Laurie Watts, M.S. CCC-SLP](#)

has recently joined the team at Swallowing Diagnostics, LLC providing FEES services within the state of Rhode Island. Laurie has been practicing as a speech-language pathologist for thirteen years focusing on adult patients. She has worked in the hospital setting across the continuum of care including acute care, inpatient rehabilitation, home care services, and outpatient therapy. Laurie has continued to work per diem in the hospital and has also been working in long-term care over the past two years. She has specialized in working with laryngectomy patients, tracheostomy care and dysphagia.

Part of Laurie's initial FEES training was provided by Swallowing Diagnostics nine years ago while working in an acute care hospital. She also received training in conjunction with ENT physicians at the same hospital. Unfortunately, the hospital decided not to pursue a FEES program for their inpatients. Nine years later, after researching her options for refresher training, Laurie contacted Judy Rosenfield of Swallowing Diagnostics once again. Together they developed a plan for further training including performing the procedure with patients, completing the reports and developing treatment plans. When Swallowing Diagnostics expanded their services into Rhode Island, Laurie enthusiastically joined the team.

[Ann Caselden, M.A. CCC-SLP](#)

received her Master of Arts degree in speech-language pathology from UMass in 2008. Her diverse clinical experiences include hospital and outpatient settings, acute and subacute rehab, and preschool, elementary, and middle school placements. Ann completed her CFY between two skilled nursing facilities in Massachusetts, and continues to work with the geriatric population. Her special interests include dysphagia and aphasia. Ann joins the Swallowing Diagnostics team as the FEES specialist for Massachusetts.

## Online Resources Related to Dysphagia

Compiled by Alicia Wisniewski

[www.dysphagia.com](http://www.dysphagia.com) - Provides latest news articles on various areas of dysphagia including GERD, e-stim. and objective testing. Gives overview of anatomy and physiology of swallowing and cranial nerves. Provides reference materials/research articles. Lists related organizations. Reviews diagnostic procedures.

[www.dysphagiaonline.com](http://www.dysphagiaonline.com) - Provides explanation of dysphagia and who it affects. Provides signs and symptoms and various treatments. Gives tips for those with dysphagia and/or those caring for someone with dysphagia. Provides sample menu.

[www.dysphagiacoobook.com](http://www.dysphagiacoobook.com) - Provides recipes for those on dysphagia diets and provides links to various dysphagia related websites

[www.nestlenutritionstore.com](http://www.nestlenutritionstore.com) - Offers helpful tips, recipes ideas, consistency guide and products.

[www.voiceandswallowing.com](http://www.voiceandswallowing.com) - Website of Dr. Aviv, founder of the FEEST. Reviews normal swallowing. Explains airway protective mechanisms against aspiration. Gives symptoms, diagnosis and treatment of reflux.