

# TIMS Medical

## FEES Advocacy

“How can I advocate for FEES in my clinical practice?”

This is a question we frequently hear from clinicians across the United States and abroad. When advocating for FEES, it is important to understand current evidence, the ability to demonstrate the return on investment (ROI), and an open mind to understanding the goals of the administrative team.

### **Purpose of FEES**

The fiberoptic endoscopic evaluation of swallowing (FEES) is a well-established instrumental assessment utilized with a variety of patients demonstrating signs of dysphagia. It is often used as an alternative to, or in conjunction with, videofluoroscopy (i.e., modified barium swallow study) to obtain information pertaining to the pharyngeal stage of swallowing. During the procedure, a flexible endoscope is inserted transnasally into the hypopharynx to assess anatomy, movement, sensation, swallow function, secretion management, and response to interventions (Reynolds, Carroll, & Sturdivant, 2016). FEES is a viable option in both the adult and pediatric populations

### **Evidence for the use of FEES**

- FEES was created in 1988 by Dr. Susan Langmore for the evaluation of swallow function (Langmore et al., 1988). Today, FEES is now known around the world for the evaluation and treatment of swallowing disorders.
- Research demonstrates that FEES is sensitive, predictive, practical, and is a valuable evaluation and treatment tool (Pisegna, 2022).
- FEES is safe, well tolerated, and significantly impacts patient outcomes (Dziewas et al., 2019)

### **Benefits of FEES**

- FEES can be conducted in a variety of settings.
  - This makes instrumental evaluations accessible to more patients.
- Applicable for adult and pediatric patients.
- Can be completed at bedside.
- Specific benefits for the *pediatric patient*:
  - Can be performed during breastfeeding
  - Parental involvement/observation at bedside
- Specific benefits for the *adult patient*:
  - Adaptable to mobility and positional issues (e.g., obesity)
  - Biofeedback tool
  - Can be used with mechanical ventilation
- No barium is administered.
- There is no concern for radiation exposure.

- This means that evaluations can be conducted over a longer duration of time or repeated multiple times. This aspect may be beneficial for a variety of patient populations. For example, if the clinician is wanting to assess a person's swallow function over the course of a meal, or if trialing a variety of compensatory strategies is indicated.
- Assessment of secretion management.
- Use of regular food and liquids.
- Optimal visualization of the larynx, in order to view airway protection and anatomical structures (Kelly et al., 2006).
- Current literature indicates that FEES is easy to perform and may be more economical than videofluoroscopic swallowing studies (Warnecke et al., 2009).
- FEES is beneficial in the evaluation of residue. (Farneti, 2008).
- Generally, well tolerated with little adverse reaction/side effects.

### **Costs Incurred with Dysphagia**

- Hospital admissions due to dysphagia and aspiration related pneumonia.
  - 40% of aspirators are missed during bedside evaluation and the cost of treating hospital acquired aspiration pneumonia in post-stroke patients is \$34,706 causing prolonging hospital stay. (Wilson, 2012)
  - The monthly cost for thickened liquids can range from \$174 to \$289 per patient (Desai, 2019).
  - FEES is a less expensive instrumental study as compared to MBSS (i.e., no transport, scheduling or using staff resources with the radiology department)
  - Studies show that FEES is equal to or better than MBSS in detecting aspiration and severity of residues (Langmore et al., 1991, Leder et al., 1998, Kelly et al., 2007)
- Management of alternative sources of nutrition and hydration.
  - Current literature indicates that the yearly cost incurred with feeding tube management is over \$30,000 (Callahan et al., 2001).

### **Continuing Education**

According to American Speech-Language-Hearing Association Endoscopy Guidelines (ASHA, 2002, 2008), a SLP performing endoscopy must 1) have knowledge of dysphagia from clinical experience and MBSS, 2) have knowledge of medical conditions, 3) attend a FEES workshop/course, 4) have an experienced FEES mentor to conduct hands-on training, 5) complete competency with 25 normal and patient passes.

### **Billing Codes**

What are the procedure codes for FEES/FEEST used by speech-language pathologists in any setting?

- Flexible endoscopic evaluation of swallowing (FEES): Code 92612
- Sensory testing (FEEST): Code 92616
- Treatment of swallowing function (SLP): Code 92526
- Therapeutic activities (OT or PT): Code 97530

## Reimbursement Rates

- Rates of reimbursement depend on a variety of aspects (ex. Mac Locality) however, according to the Centers for Medicare and Medicaid Services (2023) reimbursement rates are:
  - FEES: Code 92612
  - Treatment of swallowing function: Code 92526
  - Therapeutic activities (OT or PT): Code 97530

## Scope Costs

- Scopes range in price. When considering which scope to purchase, a variety of aspects need to be considered including cleaning, image quality, and more. Please see our “Scope Purchase Decision” document for assistance on the purchase of a scope.
- When you determine which scope is most optimal for your team, you can demonstrate the justification of the purchase by subtracting the cost of the scope, training, and SLP pay from the overall reimbursement total the team will obtain.
- It should also be noted that the healthcare facility and patient have the potential to avoid unnecessary costs due to hospital readmissions, lengthened hospital stays, and unneeded healthcare interventions such as feeding tube placements and thickened liquids when dysphagia is accurately diagnosed with use of FEES.

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