



Every **Functional Endoscopic Evaluation of Swallowing (FEES)** is an investment in resident success.
FOR BEDSIDE **TESTING in 48 HOURS** KATRINA@SDX-FEES.COM * 860-573-0120

<p>FEES Financial Advantage: Swallow Testing to your benefit!</p>	<p>FACTS:</p> <ul style="list-style-type: none"> • 95% of residents tested by SDX avoid diet downgrades, • 40% of residents tested by SDX are UPGRADED³. <p>Your POST-FEES Savings? \$11,000 on thickened liquids, back in your budget, every year.</p> <p>Thickened liquids for one resident averages \$232/ month¹. Average cost for 10 Residents = \$2,320/month, or \$27,840/year 10 Residents taking a FEES test with SDX costs less than \$4,000. Your return on FEES testing? 175% per year!</p>
<p>Advantage of FEES: Skilled Nursing & Rehab</p>	<p>FACT: A 70% FALSE-POSITIVE diagnosis rate overestimates swallowing problems when based on clinical findings alone⁴, costing you more in thickener than the price of one FEES test.</p> <ul style="list-style-type: none"> • PRECISION FEES testing prevents underdiagnosis AND overdiagnosis • 1/3 residents with dysphagia develop pneumonia <ul style="list-style-type: none"> ○ Each rehospitalization = up to \$4,000 in lost revenue
<p>Advantage of FEES: NONORAL nutrition</p>	<ul style="list-style-type: none"> • PEG feedings without supplemental PO cost upwards of \$35,000 per year¹
<p>Advantage of FEES: Long-term Care</p>	<ul style="list-style-type: none"> • CMS Regulations expect diet individualization; FEES is the only test that can assess specific, preferred foods as part of the procedure (e.g., breads, ice cream, soups, even pills). • Facilities gain an average of \$300 reimbursement via UB-04, Institutional Billing, for FEES (CPT 92612) plus dysphagia treatment (CPT 92526).

¹ Desai, Rinki. (2019). Build a Case For Instrumental Swallowing Assessments in Long-Term Care. The ASHA Leader. 24. 38-40. 10.1044/leader.OTP.24032019.38.

² 10 tests per annum is typical for a 120-bed facility.

³ SDX FEES 2023 stats 40% upgrade, 55% unchanged, <5% downgrade.

⁴ Leder, S., Espinosa, J. Aspiration Risk After Acute Stroke: Comparison of Clinical Examination and Fiberoptic Endoscopic Evaluation of Swallowing . Dysphagia 17, 214–218 (2002). <https://doi.org/10.1007/s00455-002-0054-7>



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