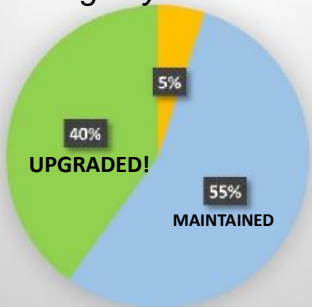




Every **Functional Endoscopic Evaluation of Swallowing (FEES)** is an investment in resident success.  
 FOR BEDSIDE TESTING in 48 HOURS CONTACT [Katrina@SDX-FEES.COM](mailto:Katrina@SDX-FEES.COM) \* 860-573-0120

<p><b>FEES Financial Advantage: Swallow Testing to your benefit!</b></p> 	<p><b>FACT: 40% of residents tested by SDX are UPGRADED<sup>3</sup>.</b></p> <p>Thickened liquids for one resident=\$174-289/month<sup>1</sup>          Average cost for 10 Residents = \$2,315/month → \$27,780/year</p> <p>10 Residents taking a FEES test<sup>2</sup> with SDX costs only \$3,750.</p> <p><b>POST-FEES Savings: nearly \$7,500 at a cost of only \$3,750.</b>          Your return on FEES testing? <b>103% per year!</b></p>
<p><b>Advantage of FEES: Skilled Rehab</b></p>	<p><b>FACT: A 70% FALSE-POSITIVE diagnosis rate overestimates swallowing problems<sup>4</sup>, costing you more in thickener than the cost of one FEES test.</b></p> <ul style="list-style-type: none"> <li>)] PRECISION FEES testing prevents underdiagnosis AND overdiagnosis</li> <li>)] 1/3 residents with dysphagia develop pneumonia             <ul style="list-style-type: none"> <li>o Each rehospitalization = \$2-4k in lost revenue</li> </ul> </li> </ul>
<p><b>Advantage of FEES: NONORAL nutrition</b></p>	<ul style="list-style-type: none"> <li>)] PEG <i>feedings without supplemental PO</i> cost upwards of \$35,000 per year<sup>1</sup></li> </ul>
<p><b>Advantage of FEES: Long-term Care</b></p>	<ul style="list-style-type: none"> <li>)] CMS Regulations expect diet individualization; <b>FEES is the only test that can assess specific, preferred foods as part of the procedure</b> (e.g., breads, ice cream, soups, even pills).</li> <li>)] <b>Facilities gain an average of \$300 reimbursement</b> via UB-04, Institutional Billing, for FEES (CPT 92612) plus dysphagia treatment (CPT 92526).</li> </ul>

<sup>1</sup> 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.*

<sup>2</sup> 10 tests per annum is typical for a 120-bed facility.

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

<sup>4</sup> 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>