



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Original Issue Date		Next Annual Review		Effective Date	
11/01/2017		11/01/2018		11/01/2017	
Policy Name				Policy Number	
Speech-Language Pathology				PY-0175	
Policy Type					
Medical	Administrative	Pharmacy	REIMBURSEMENT		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. SUBJECT

Speech-Language Pathology

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Speech-language pathology services include the diagnosis and treatment of speech and language disorders. These services are provided by speech-language pathologists (SLP) within the scope of their practice. Speech-language pathologists diagnose and treat swallowing disorders (dysphagia) and communication disabilities. Speech, language, and swallowing disorders can be a result of a variety of causes, such as a hearing loss, autism, developmental delay, Parkinson's disease, a cleft palate, stroke or brain injury.

C. DEFINITIONS

- **Medically necessary** – health products, supplies or services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted guidelines of medical practice.
- **Speech-language pathology** - is a field in which a clinician specializes in the evaluation and treatment of disorders, cognition, swallowing, voice, and communication disorders. Clinicians are known as speech-language pathologists (SLP), speech and language therapists, or speech therapist.

D. POLICY

- I. CareSource members may receive up to 30 visits per calendar year (January 1 – December 31st) without prior authorization. Additional visits require a prior authorization. Speech-language pathology services must be medically necessary.

Note: If the CareSource member is under 21 years of age, AND the provider is a participating provider with CareSource, there is no limit to the amount of visits for Speech-language pathology services when medically necessary. Prior authorization is required for all non-participating providers for therapy services.

- II. Reimbursement is based off of Ohio Administrative code 5160-8-33 skilled therapy: documentation of services. For further information please refer to: <http://codes.ohio.gov/oac/5160-8-33>
- III. Speech-language pathology services:
 - A. Must be medically necessary and, under accepted standards of medical practice, be considered specific and effective treatment for the patient's condition.
 - B. There must be an expectation that the patient's condition:
 1. Will improve significantly within sixty days after the evaluation.
 2. Or the services must be necessary for the establishment of a safe and effective maintenance program if the member is not expected to attain full functionality or

- make significant progress toward expected developmental milestones within twelve months.
- C. In cases that are of a progressively degenerative disease, service may be intermittently necessary to determine the need for assistive equipment and/or establish a program to maximize function.
 - D. The order or referral for the evaluation and any specific testing in areas of concern should be designated by the referring physician in consultation with an SLP.
 - E. The documentation of the screening, evaluation or re-evaluation, by the SLP, should demonstrate that an actual hands-on assessment occurred to support the medical necessity for reimbursement of the evaluation or re-evaluation and should differentiate between evaluation, re-evaluation and screening.
 - F. Documentation is expected to support the ability of the member to learn and retain instruction. Denial of services may result from lack of such documentation. In cases where the member has questionable cognitive skills, a brief assessment should be performed and documented in order to establish the patient's learning ability.
- IV. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the speech-language pathology service CPT code.
- V. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.
- VI. Non-Covered Services
- A. Regular routine reassessments of patients and the following screening assessments are not covered:
 - 1. V5008
 - 2. V5010
 - 3. V5362
 - 4. V5363
 - 5. V5364
 - B. Evaluations, in the absence of signs and symptoms, are not covered.
 - C. Reevaluation may be covered, if necessary, because of a change in the member's condition, new clinical findings or failure to respond to the therapeutic interventions outlined in the plan of care.

Note: Although speech-language therapy services for members 21 and over do not require a prior authorization for the first 30 visits, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule <http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.**



F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	11/01/2017	New Policy.
Date Revised		
Date Effective	11/01/2017	

H. REFERENCES

1. Appendix DD to rule 5160-1-60. (2017, January 1). Retrieved 3/23/2017 from <http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>
2. Medically Necessary - HealthCare.gov Glossary | HealthCare.gov. (2017, March 14). Retrieved 3/14/17 from <https://www.healthcare.gov/glossary/medically-necessary/>
3. Speech-Language Pathologists: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics. (2017, March 23). Retrieved 3/23/2017 from <https://stats.bls.gov/ooh/Healthcare/Speech-language-pathologists.htm>
4. Lawriter - OAC - 5160-8-33 Skilled therapy: documentation of services. (2014, January 1). Retrieved 3/27/17 from <http://codes.ohio.gov/oac/5160-8-33>
5. Ohio Department of Medicaid - Covered Services. (2017, March 27). Retrieved 3/27/17 from <http://medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx#652245-speechlanguage-pathology-services>

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.