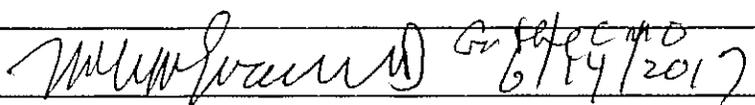
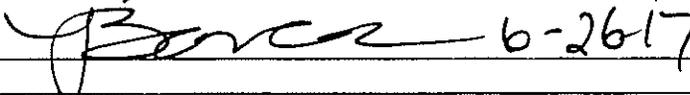


OHCA Guidelines

Medical Procedure:	*Speech-Language Screening
Implementation Date:	July 1, 2017
Review/Revision Date:	
Chief Medical Officer (CMO) Signature/Date:	
Director Medical Authorization and Review (MAR) Signature/Date:	
Author Signature/Date:	
* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	

New Criteria

Revision of Existing Criteria

Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions:
<p>Screening - <i>Screening</i> for communication needs in infants and toddlers is a process of identifying young children at risk so that <i>evaluation</i> can be used to establish eligibility, and more in-depth <i>assessment</i> can be provided to guide the development of an intervention program. The aim of screening is to make a determination as to whether a particular child is likely to show deficits in communication development (ASHA, 2008).</p> <p>Speech-language screenings are completed as a <u>benevolent</u> service to members and require documentation of informed consent from parent/legal guardian. When the screening is held at a non-public location (i.e. church school, daycare, private school, etc.); screenings must be offered to all children at the location regardless of the member/parent's income or potential funding source. Providers shall not solicit members for ongoing services prior to or after the completion of screenings.</p> <p>Speech Language Pathologists (SLPs) are responsible for choosing an appropriate screening instrument that meets criteria for fairness and efficiency. Screening instruments should be an objective measure that is reflective of current practice standards. Should an evaluation or assessment be recommended, best practice dictates that the families to be provided with multiple options for service – through public and private means, and given accurate and adequate information to make informed decisions regarding assessment and intervention.</p> <p>When evaluating the results of screening, clinicians should consider whether a child who appears to have a language problem is demonstrating a linguistic <i>difference</i> or a <i>disorder</i>. This issue pertains to any child who comes from a background with cultural or linguistic differences from the normative sample used in the screening tool. For example, using a test normed on native Standard English speakers without scoring that takes into account dialect differences is inadequate to test a Spanish-speaking child or one who uses another dialect of English, such as African American English. In recent years, a number of tests, both for screening and evaluation, have been translated into Spanish and a small number of other languages.</p>

SLPs are responsible for choosing an appropriate screening instrument that meets criteria for fairness and efficiency. It is generally not acceptable to translate a test standardized in English into another language for use as a screener because the psychometric properties of the test are not valid when the test has been translated.

Screening of communication should include, but not be limited to, receptive and expressive language, social/pragmatic language, articulation/phonology, voice, and fluency.

CPT Codes Covered: N/A

Non Covered Items: Speech-language screenings are not a reimbursable service.

Approval Criteria:

Speech-language screenings are not a reimbursable service.

References:

1. Oklahoma Health Care Authority; Policies & Rules, OAC
2. American Speech-Language Hearing Association: Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Guidelines.
<http://www.asha.org/policy/>