

OHCA Guidelines

Medical Procedure:	* Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual and group (two or more individuals)
Implementation Date:	July 1, 2017
Review/Revision Date:	
Chief Medical Officer (CMO) Signature/Date:	<i>[Signature]</i> 6/21/17
Director Medical Authorization and Review (MAR) Signature/Date:	<i>[Signature]</i> 6-26-17
Author Signature/Date:	<i>[Signature]</i> 6/26/17
* 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>Speech-Language Therapy (Intervention) - Speech-language therapy is the treatment of speech/language production, voice production, cognitive-linguistic skills, and/or general communication abilities that have been impaired as a result of a disease, injury, developmental delay or surgical procedure. The purpose of speech therapy is to provide necessary services for the diagnosis and treatment of impairments that impact a person's ability to safely and effectively communicate in activities of daily living at the level of his/her peers.</p> <p>Speech-language therapy services are expected to result in significant functional improvement in a reasonable amount of time. The complexity of the intervention and/or patient's condition must require the skilled level of judgment and knowledge or a licensed, qualified therapist. Speech-language therapy services must be delivered according to currently accepted standards or practice (based on credible scientific evidence and cannot be considered experimental). When limited or no research exists, standards for best practice, treatment guidelines, consensus statements from expert panels and person-specific evaluations must be used together for decision-making purposes.</p> <p>Disability – According to the World Health Organization (WHO), "disability" is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.</p>

CPT Codes Covered: 92507, 92508 see CPT Manual for definition of codes.

Non Covered Items: None identified

Approval Criteria:

I. GENERAL

- A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)**.
- B. Speech-language pathology services are covered for the pediatric population (ages 0-20 at the time of evaluation) when it is medically appropriate.
- C. Documentation of therapy sessions must include:
 - a. In accordance with Provider Letter 2014-13, parent/caregiver involvement is required at a minimum of 50 percent of the member's (15 and younger) treatment sessions. Involvement of the parent/caregiver includes, but is not limited to; direct participation in the member's session, instructional methods and practice assignments relayed by email or telephone, or instructional methods and practice assignments documented in a notebook along with data collection and parent/caregiver signatures. Documentation should clearly indicate: the method by which the parent/caregiver was instructed (e.g. in person, electronically, etc.), what goals and objectives were targeted; and how the parent/caregiver was educated to reinforce, support and, in general, carry out the treatment plan outside of the therapy session. The parent's/caregiver's understanding should be assessed for further teaching accomplished outside of the therapy session. Services provided through the public school system are not included in this policy.
 - b. Subjective information that details parental involvement, factors contributing to progress or lack thereof and location of therapy.
 - c. Objective, descriptive information linked to long and short-term goals that include accuracy and level of skilled involvement provided by the professional.
 - d. Interpretation of the information above that states how the subjective influences objective information.
 - e. Plan for next session based on information above.
- D. Frequent changes of therapists within or the same group should be avoided at all costs as it impacts continuity of care and may negatively impact a child's ability to make progress. Any changes of therapists should be reported and rationale given.
- E. Treatments are expected to be evidence-based and result in significant, functional improvement in a reasonable and generally predictable period of time, or are necessary for the establishment of a safe and effective maintenance program.
- F. The complexity of the therapy and the patient's condition must require the judgment and knowledge of a licensed qualified clinician practicing within the scope of practice for that service. Services that do not require the performance or supervision of a qualified clinician are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.
- G. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.

II. DOCUMENTATION REQUIRED FOR ALL TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER REQUIREMENT:

- A. An order from a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.R.N.P.) ; **AND**
- B. A copy of the speech and language evaluation; **AND**
- C. A signed parental consent form within the previous 30 days; **AND**
- D. A completed HCA-61 Therapy Prior Authorization Request form.

III. INDICATIONS:

- A. Service must be "linked" to an ICD-10-CM diagnosis code, which should be supported in the clinical documentation. Diagnoses impacting communication may include but are not limited to: receptive/expressive language disorder, social communication disorder, autism, apraxia, phonological disorder, hearing impairment or deafness, cleft lip and palate, traumatic brain injury, dysphagia, feeding aversion, and fluency disorder.

Denial Criteria: Request outside the guidelines.

Approval Period: Up to one year.

References:

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. <http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Medical-Necessity/>
3. <http://www.asha.org/uploadedFiles/practice/reimbursement/mednecfinal3.pdf>
4. <http://www.asha.org/policy/>
5. <http://www.asha.org/policy/PP2004-00191.htm>
6. <http://www.who.int/topics/disabilities/en/>
7. <http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/cshcn-MedicalNecessity.pdf>
8. <http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/Family-Centered-Practice/>
9. <http://ajslp.pubs.asha.org/article.aspx?articleid=1757632>
10. <http://www.asha.org/Research/EBP/Introduction-to-Evidence-Based-Practice/>
11. <http://www.asha.org/Practice/reimbursement/medicare/Examples-of-Documentation-of-Skilled-and-Unskilled-Care-for-Medicare-Beneficiaries/>
12. <http://www.asha.org/Code-of-Ethics/>
13. <http://leader.pubs.asha.org/article.aspx?articleid=1788368>

