

## OHCA Guideline

<b>Medical Procedure Class:</b>	Treatment of Speech, Language, Voice, Communication and/or Auditory Processing Disorder
Initial Implementation Date:	July 2017
Last Review Date:	July 2017
Effective Date:	April 15, 2021
Next Review/Revision Date:	April 2024
* This document is not a contract, and these guidelines do not reflect or represent every conceivable 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.	
<input type="checkbox"/> New Criteria <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Communication and /or Auditory Processing Disorder (APC or CAPD):</b> A hearing problem also known as Central Auditory Processing Disorder (CAPD), in which what is heard cannot be processed, the hearing and the brain do not fully coordinate. May be associated with difficulties in higher order language, learning, and communication.</p> <p><b>Central Auditory Processing Disorder (CAPD):</b> deficits in the neural processing of auditory information in the central auditory nervous system (CANS) not due to higher order language or cognition (CAPD) may coexist with other disorders (e.g., attention-deficit/hyperactivity disorder [ADHD], language impairment, and learning disability). CAPD is not due to peripheral hearing loss, which includes conductive hearing loss (i.e., outer or middle ear), sensorineural hearing loss at the level of the cochlea or auditory nerve, including auditory neuropathy and synaptopathy (i.e., hidden hearing loss).</p> <p><b>Disability:</b> 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> <p><b>Licensed Qualified Clinician:</b> May include a fully licensed Speech-Language Pathologist as described below OR a Speech Language Pathology Clinical Fellow who has completed the necessary educational requirements and work experience necessary for the Certificate or has completed the academic program and is acquiring supervised work experience to qualify for the Certificate of Clinical Competence</p> <p><b>Speech Language Pathologist (SLP):</b> Fully licensed, Master's degree, ASHA certified speech language pathologist holding the Certificate of Clinical Competence in Speech-Language Pathology.</p> <p><b>Qualified health professional:</b> A medical doctor (MD), osteopathic doctor (DO), physician's assistant (PA), certified nurse practitioner (CNP), or an advanced practice registered nurse (APRN) who is currently contracted with Sooner Care.</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.

### Description

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.

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 of a licensed, qualified therapist. Speech-language therapy services must be delivered according to currently accepted standards of 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.

### CPT Codes Covered Requiring Prior Authorization (PA)

- 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals

### 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. Therapy session documentation must include;
1. Subjective information that details the factors contributing to progress or lack thereof and location of therapy.
  2. Objective, descriptive information linked to long and short-term goals that include accuracy and level of skilled involvement provided by the professional contained within the progress summary or report for the most recent authorization period.
  3. Interpretation of the information that states how the subjective influences objective information.
  4. Plan of care for the next prior authorization period based on documentation including measurable long-term and short-term goals/objectives.
  5. If CPT codes 92507 & 92508 are requested on the same prior authorization, medical necessity must be met for each code requested. Goals should clearly be identified for each code and include a rationale, with supporting documentation, provided for each service requested.

- D. Frequent changes of therapists within the same group should be avoided 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 rational 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 as defined above, practicing within the scope of practice for that service. Services that do not require the performance or supervision of a licensed 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.
- H. Treatment goals that may be addressed in an academic setting and/or do not require skilled services of a Speech-Language Pathologist (SLP) do not meet medical necessity.
- I. Treatment involving a bilingual member must consider both languages; services must be provided in a culturally appropriate manner. Treatment must address the appropriate provision of services (for example, use of an interpreter or bilingual SLP to provide support and/or translation as appropriate in the member's language.)

## **II. INDICATIONS**

Service must be linked to an ICD-10-CM diagnosis code supported in the clinical documentation. Diagnoses impacting communication may include but are not limited to:

- A. Receptive/expressive Language Disorder
- B. Social Communication Disorder
- C. Autism
- D. Apraxia
- E. Phonological disorder
- F. Hearing impairment or deafness
- G. Cleft lip and palate
- H. Traumatic Brain Injury
- I. Dysphagia
- J. Feeding aversion
- K. Fluency disorder

## **III. DOCUMENTATION**

Prior Authorization (PA) requests for treatment of speech, language, voice, communication, and/or auditory processing disorder must include **all** the following documentation.

- A. An order from a contracted qualified health professional (MD, DO, PA, CNP, APRN); AND
- B. A copy of the speech and language evaluation; including treatment plan with recommendations, frequency of services, duration requested, and both long- & short-term goals; AND

- C. A signed parental consent form; AND
- D. A completed HCA-61 Therapy Prior Authorization Request form found on the [www.OKHCA.org](http://www.OKHCA.org) website.
- E. If CPT codes 92507 & 92508 are requested on the same PA, medical necessity must be met for each code requested. Goals should clearly be identified for each code and include a rationale, with supporting documentation, provided for each service requested.
- F. Requests for continuation of services must include all of these documents plus a detailed progress summary outlining the member's response toward all goals addressed during the previous authorization period.

Note: Additional information may be requested.

#### **Continuation Criteria**

- I. Prior Authorization for CPT codes 92507 or 92508 may be approved for up to one year.
- II. Requests outside this guideline will be referred for medical director review.

#### **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.asha.org/Practice-Portal/Clinical-Topics/Autism/Family-Centered-Practice/>
8. <http://ajslp.pubs.asha.org/article.aspx?articleid=1757632>
9. <https://www.asha.org/NJC/Evidence-Based-Practice/>
10. <http://www.asha.org/Practice/reimbursement/medicare/Examples-of-Documentation-of-Skilled-and-Unskilled-Care-for-Medicare-Beneficiaries/>
11. <http://www.asha.org/Code-of-Ethics/>
12. <https://www.asha.org/Practice-Portal/Clinical-Topics/Central-Auditory-Processing-Disorder>
13. <https://www.asha.org/policy>