

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 08/01/07 07/01/09
Section: Outpatient Speech-Language Pathology (Speech Therapy)	Section: 49.03 Pages: 2 3 Cross Reference: General Coverage Criteria 49.04, Maintenance Therapy 49.13	
Subject: Exclusions		

Outpatient speech-language pathology therapy services **not** covered/reimbursed by the Division of Medicaid include, but are not limited to, the following:

- Services not certified/ordered by a physician, physician assistant, or nurse practitioner
- Services when the plan of care has not been approved and signed by the physician, physician assistant, or nurse practitioner, within established timeframes
- Services that do not meet ~~medical necessity~~ the general coverage criteria. Refer to Provider Policy Manual Section 49.04 for General Coverage Criteria policy.
- Services that do not require the skills knowledge, skill, and judgment of a licensed speech-language pathologist ~~therapist~~
- Services when documentation supports that the beneficiary has attained the ~~therapy~~ speech-language pathology goals or has reached the point where no further significant practical functional improvement is apparent and/or can be expected to occur
- Services when documentation supports that the beneficiary has not reached ~~therapy~~ speech-language pathology goals and is unable to participate and/or benefit from skilled intervention, refuses to participate, or is otherwise noncompliant with the speech-language pathology therapy regimen
- Services that the beneficiary can perform independently or with the assistance of unskilled personnel or family members
- Services that duplicate other concurrent therapy (example: occupational therapist and ~~physical~~ speech-language pathologist ~~therapist~~ providing the same treatment to the same beneficiary)
- Maintenance and/or palliative services ~~which~~ that maintain function and generally do not involve complex procedures or the professional skill, judgment, or supervision of a licensed speech-language pathologist ~~therapist~~. Refer to Provider Policy Manual Section 49.13 for Maintenance Therapy policy.
- Services for conditions that could be reasonably expected to improve spontaneously without therapy
- Services ordered daily or multiple times per day from the initiation of speech-language pathology ~~therapy~~ through discharge, i.e., frequency should decrease as the beneficiary's condition improves
- Services provided in multiple settings for the same beneficiary (example: speech-language pathology ~~therapy~~ services provided in both the school and the outpatient clinic).
- Services normally considered part of nursing care

-
-
- Services provided through a Comprehensive Outpatient Rehabilitation Facility (CORF)
 - Separate fees for self care/home management training (beneficiary and caregiver education is inclusive in covered therapy services)
 - Services which are related solely to employment opportunities (i.e., on-the-job training, work skills, or work settings)
 - Services that are primarily general wellness, exercise, and/or recreational programs
 - Services when the purpose is vocationally based
 - Services provided by student.
 - Services provided by speech-language assistants
 - Services provided by speech-language pathology aides
 - Group therapy
 - Co-therapy
 - Services that are investigative or experimental
 - Acupuncture or biofeedback
 - Services outside the scope/and or authority of the therapist's specialty and/or area of practice
 - Services and items requiring pre-certification if the pre-certification has not been requested and/or denied, or the pre-certification requirements have not been satisfied by the provider
 - Speech-language pathology services that is educational in nature, i.e., services provided under Individuals With Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973 (504 Plan). These are deemed the responsibility of the educational system.
 - Speech-language pathology services when the goal is instruction of and/or corroboration with other professionals
 - Services not specifically listed as covered by the Division of Medicaid
 - Exclusions listed elsewhere in the Mississippi Medicaid Provider Manual, bulletins, or other Mississippi Medicaid publications

Conditions/services that the Division of Medicaid considers **not medically necessary** include, but are not limited to, the following:

- Dysfunctions that are self-correcting (e.g., speech-language pathology services for children with natural dysfluency ; hoarseness; developmental articulation errors that are self-correcting)
- Developmental problems (includes but is not limited to developmental delays)
- Learning disabilities

-
-
- Intellectual and developmental disabilities
 - Psychosocial speech delay
 - Behavioral problems
 - Attention disorders
 - Stammering, stuttering
 - Conceptual handicap (e.g., Asperger's Syndrome)
 - Semantic and pragmatic disorders
 - Computer-based learning programs
 - Altered auditory feedback devices such as SpeechEasy, the Fluency Master, and Fluency Enhancer
 - Untreated conductive hearing loss
 - Hippotherapy
 - Facilitated communication
 - Treatment of dialect and/or accent reduction
 - Functional speech disorders
 - Functional/developmental articulation disorders
 - Phonological disorders
 - Functional dysphonia (hoarseness)
 - Auditory/Sensory integration therapy
 - Oral myofunctional disorders (e.g., deviant swallow, reverse swallow, visceral swallow, tongue thrust) in children unless there is a diagnosed neuromuscular disease adversely affecting swallowing

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 07/01/06 07/01/09
Section: Outpatient Speech-Language Pathology (Speech Therapy)	Section: 49.04 Pages: 4 2 Cross Reference: Exclusions 49.03 Group Therapy 49.07 Prior Authorization/Pre- Certification 49.09	
Subject: General Coverage Criteria		

Outpatient speech-language pathology services must meet all general coverage criteria as follows:

- The services must be medically necessary and appropriate for the diagnosis and treatment of the beneficiary's illness, condition, or injury: communication impairment and/or swallowing disorder due to disease, trauma, or congenital anomaly.
- The beneficiary must be under the care of and referred for speech-language pathology therapy services by a state-licensed physician, physician assistant, or nurse practitioner. (The Certificate of Medical Necessity for Initial Referral/Orders form must be completed by the prescribing provider prior to therapy evaluation.)
- The services (speech therapy) must be provided by a state-licensed require the knowledge, skill and judgment of a speech-language pathologist. Services provided by speech-pathology assistants and/or aides are not covered.
- The services must be provided according to a plan of care (POC) developed by the therapy provider speech-language pathologist and authenticated (signed and dated) by the prescribing provider. The prescribing provider must sign and date the POC before initiation of treatment OR within thirty (30) calendar days of the verbal order approving the treatment plan. This applies to both initial and revised plans of care.
- The POC must include specific diagnosis-related goals and there must be a reasonable expectation that the beneficiary can achieve measurable improvement in a reasonable period of time (generally four to six months).
- The discipline in which the speech-language pathologist therapist is licensed must match the order for speech-language pathology therapy services, i.e., only a state-licensed speech-language pathologist may evaluate, plan care, and deliver speech-language pathology therapy services.
- The services must be individualized, consistent with the symptomatology/diagnosis, and not in excess of the beneficiary's needs.
- Treatments must result in significant, practical improvement in the level of functioning within a reasonable period of time OR must be necessary for establishment of a maintenance program. The improvement potential must be significant in relationship to the extent and duration of the therapy requested.
- The services must require one-to-one intervention and supervision of a speech-language pathologist. Group therapy is not covered. Refer to Provider Policy Manual Section 49.07 for Group Therapy Policy.
- The services must not duplicate another provider's services (i.e., occupational therapist and speech-language pathologist performing the same services on the same day; two speech-language pathologists performing the same services).

Exclusions

A list of therapy services ~~not covered/reimbursed by the Division of Medicaid~~ may be found in Section 49.03 of this manual. Refer to Provider Policy Manual Section 49.03 for Exclusions policy.

Pre-Certification

Certain CPT codes require prior authorization from the DOM Utilization Management and Quality Improvement Organization (UM/QIO). All procedures and criteria set forth by the UM/QIO are applicable to speech-language pathology therapy providers and are approved by the Division of Medicaid. ~~Refer to Section 49.09 of this manual.~~ Refer to Provider Policy Manual Section 49.09 for Prior Authorization/Pre-Certification policy.

NOTE: Facilities who are Medicaid providers and who contract with an individual or group to provide speech-language pathology therapy services must ensure compliance with all speech-language pathology therapy program policies.

Division of Medicaid State of Mississippi Provider Policy Manual	New: -X Revised: X Current:	Date: 02/01/06 Date: 07/01/09
Section: Outpatient Speech-Language Pathology (Speech Therapy)	Section: 49.05 Pages: 1 Cross Reference:	
Subject: Definitions		

Speech-Language Pathology (Speech Therapy)

Speech-language pathology (speech therapy) services are medically prescribed services necessary for the diagnosis and treatment of ~~speech and language ailments that may result in speech and language dysfunction or dysfunction of related functions such as difficulty swallowing. Services may include the evaluation and treatment of disorders of verbal and written language, articulation, voice, fluency, phonology, cognition, communication (including the pragmatics of verbal communication), and auditory and visual processing, etc.~~ communication impairment and/or swallowing disorder that has occurred due to disease, trauma or congenital anomaly.

Speech-Language Pathologist (Speech Therapist)

A speech-language pathologist (speech therapist) is an individual who meets the state and federal licensing and/or certification requirements to perform speech-language pathology services.

Speech-Language Pathology Assistant (Speech Therapy Assistant)

A speech-language pathology assistant is an individual who meets the state and federal licensing and/or certification requirements to assist in the practice of speech-language pathology services under the supervision of a licensed speech-language pathologist.

Speech-Language Pathology Aide (Speech Therapy Aide)

A speech-language pathology aide is an unlicensed individual who assists the speech-language pathologist and the speech-language pathology assistant in the practice of speech-language pathology. The speech-language pathology aide performs services under the supervision of the licensed speech-language pathologist.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: X Current:	Date: 02/01/06 Date: 07/01/09
Section: Outpatient Speech-Language Pathology (Speech Therapy)	Section: 49.07 Pages: 1 Cross Reference:	
Subject: Group Therapy		

Group therapy is defined as the simultaneous treatment of two (2) or more beneficiaries. Group therapy is **not** covered under the outpatient speech-language pathology program.

~~The Division of Medicaid will cover outpatient group therapy services, if medically necessary, only for the treatment of pragmatic speech-language disorders.~~

Coverage Criteria

DOM covers therapy services for the treatment of pragmatic disorders when all of the following criteria are met:

- ~~Pre-certification is obtained through the UM/QIO, **and**~~
- ~~The group consists of no more than five (5) persons, **and**~~
- ~~Therapy is rendered under an individualized plan of care and does not represent the entire plan of treatment, **and**~~
- ~~Group sessions are conducted by a state-licensed speech-language pathologist.~~

Exclusions

- ~~Group therapy sessions conducted in social organizations/settings such as the stroke club or lost cord club are not covered.~~
- ~~Group and individual therapy sessions for a beneficiary on same day are not covered regardless of whether services are provided by the same provider or a different provider.~~

Documentation

In addition to the general documentation requirements listed in Section 49.15 of this manual, **all** of the following documentation is required for group therapy:

- ~~Exact start and end time of the group therapy session, **and**~~
- ~~Number of persons in the group therapy session, **and**~~
- ~~Treatment goal for group therapy in the plan of care, **and**~~
- ~~Specific treatment techniques used in the group, **and**~~
- ~~Signature and title of speech-language therapist conducting group therapy.~~