



Medicaid Provider Manual

2.4 SPEECH, LANGUAGE AND HEARING THERAPY (INCLUDES ASSISTIVE TECHNOLOGY DEVICE SERVICES)

2.4.A. SPEECH, LANGUAGE AND HEARING THERAPY

Definition	Speech, language and hearing therapy must be a diagnostic or corrective service to teach compensatory skills for deficits that directly result from a medical condition. This service is provided to beneficiaries with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the beneficiary. Speech, language and hearing therapy must require the skills, knowledge and education of a qualified American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence (CCC) speech-language pathologist or audiologist to provide the therapy.
Prescription	Speech, language and hearing services require an annual referral from a physician. A stamped physician signature is not acceptable.
Provider Qualifications	<p>Speech, language and hearing services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A speech-language pathologist (SLP) possessing a current ASHA Certificate of Clinical Competence (CCC); ▪ A licensed audiologist in Michigan; ▪ A speech-language pathologist (SLP) and/or audiology candidate (i.e., in his clinical fellowship year or having completed all requirements but has not obtained a CCC), under the direction of a qualified SLP or audiologist. All documentation must be reviewed and signed by the appropriately-credentialed SLP or licensed audiologist; or ▪ A teacher of students with speech and language impairments (TSLI), under the direction of an ASHA-CCC SLP or audiologist. All documentation must be reviewed and signed by the appropriately-credentialed supervising SLP or licensed audiologist.
Evaluations for Speech Pathology Services	<p>Evaluations are formalized testing and reports conducted to determine the need for services and recommendation for a course of treatment. They may be completed by an ASHA-CCC SLP or audiologist.</p> <p>Evaluations include:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Current therapy being provided to the beneficiary in this and other settings; ▪ Medical history as it relates to the current course of therapy; ▪ The beneficiary's current communication status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary.



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	<p>Evaluations may also include, but are not limited to,:</p> <ul style="list-style-type: none"> ▪ Articulation - standardized tests that measure receptive and expressive language, mental age, oral motor skills, articulation skills, current diet level (including difficulties with any food consistencies), current means of communication, and a medical diagnosis. ▪ Language - standardized tests that measure receptive and expressive language, mental age, oral motor skills, current and previous means of communication, and medical diagnosis(es). ▪ Rhythm - standardized tests that measure receptive and expressive language, mental age, oral motor skills, and measurable assessment of dysfluency, current means of communication, and a medical diagnosis. ▪ Swallowing - copy of the video fluoroscopy or documentation that objectively addresses the laryngeal and pharyngeal stages, oral motor assessment that measures consistencies that have been attempted and the results, voice quality (i.e., pre- and post-feeding and natural voice), articulation assessment, and a standardized cognitive assessment. ▪ Voice - copy of the physician's medical assessment of the beneficiary's voice mechanism and the medical diagnosis.
<p>Speech Assessments for Durable Medical Equipment</p>	<p>If an ISD speech pathologist or audiologist performs assessments for DMEPOS that are billed by a Medicaid medical supplier, the clinician must comply with all prior authorization policies and procedures regarding that DMEPOS item. For example, a physician must order the assessment. The clinician must comply with all requirements for the assessments specified in the Medical Supplier Chapter of this manual. For example, the clinician must perform and write his/her own evaluation and may not sign evaluations completed by a medical supplier. Three appropriate economical alternatives must be ruled out for some items. (Refer to the Medical Supplier Chapter of this manual for details.) If the child is also receiving physical therapy, occupational therapy, speech pathology or audiology services in another outpatient setting, it may be more appropriate for the outpatient clinician to perform the assessment. The ISD clinician must coordinate with all clinicians in other settings.</p>
<p>Services</p>	<p>Speech, language and hearing services include:</p> <ul style="list-style-type: none"> ▪ Group therapy provided in a group of two to eight beneficiaries. ▪ Articulation, language, and rhythm. ▪ Swallowing dysfunction and/or oral function for feeding. ▪ Voice therapy. ▪ Speech, language or hearing therapy. ▪ Speech reading/aural rehabilitation. ▪ Esophageal speech training therapy. ▪ Speech defect corrective therapy. ▪ Fitting and testing of hearing aids or other communication devices.



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Procedure Codes	<p>The following procedure codes may be used to bill for speech, language and hearing therapy services:</p> <ul style="list-style-type: none"> ▪ 92506 – Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status. This code can be used with no modifier, or with the HT or TM modifiers. ▪ 92507 – Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab); individual. ▪ 92508 – Therapeutic procedure(s), group (2 or more individuals).
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2.4.B. ASSISTIVE TECHNOLOGY DEVICE SERVICES

Definition	<p>Assistive Technology Device Services General Description:</p> <p>Utilizing the description in Section 602(2) of the Individuals with Disabilities Education Act (IDEA), the term 'assistive technology device' means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. Therapists should restrict their evaluations and services to those within the scope of their practice and consistent with their education and training.</p>
Prescription	<p>Assistive technology device services must be prescribed by a physician and updated annually. A stamped physician signature is not acceptable.</p>
Provider Qualifications	<p>Assistive Technology services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A licensed audiologist; ▪ A speech-language pathologist (SLP) possessing a current ASHA Certificate of Clinical Competence (CCC).
Evaluations for Assistive Technology Devices	<p>Evaluations are formalized testing and reports for the development of the beneficiary's treatment plan. They may be completed by an audiologist or SLP.</p> <p>An evaluation includes:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Current therapy being provided to the beneficiary in this and other settings; ▪ Medical history as it relates to the current course of therapy; ▪ The beneficiary's current functional status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; ▪ Assessment of the beneficiary's performance components (strength, dexterity, range of motion, sensation, perception) directly affecting the beneficiary's ability to function; ▪ Assessment of the beneficiary's cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary in the school environment and home.



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<p>Assessments for Durable Medical Equipment</p>	<p>If an ISD audiologist or speech-language pathologist performs assessments for DMEPOS that are billed by a Medicaid medical supplier, the clinician must comply with all prior authorization policies and procedures regarding that DMEPOS item. For example, a physician must order the assessment. The clinician must comply with all requirements for the assessments specified in the Medical Supplier Chapter of this manual. For example, the clinician must perform and write his/her own evaluation and may not sign evaluations completed by a medical supplier. Three appropriate economical alternatives must be ruled out for some items. (Refer to the Medical Supplier Chapter of this manual for details.) If the child is also receiving physical therapy, occupational therapy, speech pathology or audiology services in another outpatient setting, it may be more appropriate for the outpatient clinician to perform the assessment. The ISD clinician must coordinate with all clinicians in other settings.</p>
<p>Services</p>	<p>ATD services are intended to directly assist a beneficiary with a disability in the selection, coordination of acquisition, or use of an ATD. The direct acquisition of medical equipment, such as wheelchairs, etc., is not a covered benefit of the SBS program; this service must be billed under the Medical Supplier program coverage. The direct acquisition of medical equipment is covered under the Medicaid Medical Supplier benefit.</p> <p>Assistive Technology Device Services include:</p> <ul style="list-style-type: none"> ▪ Coordinating and using other therapies, interventions, or services with the ATD. ▪ Training or technical assistance for the beneficiary or, if appropriate, the beneficiary's parent/guardian. ▪ Training or technical assistance for professionals providing other education or rehabilitation services to the beneficiary receiving ATD services. ▪ Evaluating the needs of the beneficiary, including a functional evaluation of the beneficiary. ATD services are intended to directly assist a beneficiary with a disability in the selection, coordination of acquisition, or use of an ATD. ▪ Selecting, providing for the acquisition of the device, designing, fitting customizing, adapting, applying, retaining or replacing the ATD.
<p>Procedure Codes</p>	<p>The following procedure code may be used to bill for ATD services:</p> <ul style="list-style-type: none"> ▪ 97535 – Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact by provider, each 15 minutes. <p>(Use this code only when billing for speech-related ATD services.)</p> <ul style="list-style-type: none"> ▪ 97755 – Assistive technology assessment (e.g., to restore, augment, or compensate for existing functional tasks and/or maximize environmental accessibility), direct one-on-one contact by providers, with written report, each 15 minutes. (If assessments are provided for equipment that is covered under the Medicaid Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers.)