



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

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N.L.: 15-0605
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: SPEECH PATHOLOGY SERVICES

PURPOSE

The purpose of this Numbered Letter (NL) is to provide policy guidelines for CCS Independent County programs, CMS Regional Offices and CCS Dependent County programs participating in Level III of the Case Management Improvement Project (CMIP) for review and authorization of Speech Pathology Services for CCS clients when all criteria for medical necessity are met as delineated in this NL.

BACKGROUND

Speech Pathology services, including speech therapy as well as treatment for a variety of conditions affecting communication and deglutition, are benefits of the CCS program. Children with CCS-eligible medical conditions who are over three years of age may receive Speech Pathology services through the public school system. The Early Start program may provide Speech pathology services for clients under three years of age.

Not all CCS clients qualify for either the Early Start program or school-based services and many of these programs do not provide the direct one-on-one Speech Pathology services needed to meet the client's medical needs as school therapy is provided in a small group setting or in the classroom. In these cases, CCS may authorize Speech Pathology services for clients with CCS-eligible medical conditions. If a client is receiving services from the public school system or another agency, a careful review will help in identifying when Speech Pathology services may be medically necessary to treat the client's CCS-eligible medical condition. The educational system's focus is on access to the core curriculum and many of the public school speech language pathologists are not licensed or have little experience with children with CCS-eligible

medical conditions, most frequently, children with cleft and craniofacial conditions or with hearing impairments.

Prior to authorizing on-going Speech Pathology services, it is possible to authorize Speech and Language Evaluations for CCS clients to provide a clear description of the child's communication or feeding/swallowing problem to assist in determining if the client's communication or feeding/swallowing problems are related to the CCS-eligible medical condition and to determine if the client is a candidate for treatment. Speech evaluation (X4301) and language evaluation (X4300) are included in Service Code Groupings 04 (Communication Disorder Centers) and 05 (Cochlear Implant Centers). Codes for aural rehabilitation are included in these two service code groupings.

POLICY

- I. Speech pathology services are benefits of the CCS program when determined to be medically necessary to treat a CCS client's eligible medical condition. These conditions can include, but are not limited to:
 - A. Speech disorders affecting pronunciation and understandability that are related to an identified medical condition, i.e., cleft lip and palate, dysarthria related to an acute neurological insult, traumatic facial injury.
 - B. Cognitive deficits affecting attention/memory, problem-solving, judgment, and executive functions resulting from an acute insult and limited to the rehabilitation period. (This could include, but is not limited to, traumatic brain injury, surgery, CVA, or treatment of a brain tumor. This does NOT include services to address chronic, long-term developmentally or educationally related deficits.)
 - C. Hearing loss (even if cochlear implant is present).
 - D. Language disorders affecting comprehension and expression. (This could include, but not be limited to, difficulties in understanding due to hearing loss, CVA, brain surgery, traumatic brain injury; or problems expressing oneself in words, sentences or narrative due to aphasia, traumatic brain injury, stroke, hearing impairment.)
 - E. Voice disorders affecting quality and use of the voice. (This could include laryngeal impairments, presence of a tracheostomy.)
 - F. Dysphagia/feeding and swallowing disorders.

- II. Speech pathology services, when requested by an Outpatient Rehabilitation Center, can be authorized as regular Medi-Cal benefits. When done at other sites, they must be authorized as EPSDT SS for clients with full scope, no share of cost Medi-Cal.
- III. Speech Pathology services treatment can be authorized on a time-limited basis, not to exceed a six month time period.
- IV. Authorizations for Speech Pathology services can be issued for children when:
 - A. There is documentation that the speech pathology services are to treat a deficit that is a result of the CCS eligible medical condition.
 - B. The prescribing physician is CCS approved and authorized to treat the CCS eligible medical condition related to the need for Speech Pathology services.
 - C. The prescription has indicated the frequency and duration of treatment.
 - D. The provider is CCS approved and has an active Medi-Cal provider number or is employed by an institution that is a Medi-Cal provider.
- V. Treatment authorizations may be renewed when there is documentation of measurable and functional progress demonstrating benefit from the Speech Pathology services. The provider must submit a progress report indicating measurable progress and goals, together with a request for renewal or reauthorization of Speech Pathology services. The progress report should indicate:
 - A. Start and end dates for the previous therapy.
 - B. Report of attendance including number of sessions attended/sessions scheduled.
 - C. Progress achieved for each treatment plan objective/goal with beginning baseline and current performance and statement of how the client has benefited from the Speech Pathology services. Progress must be expressed in measurable terms. (For example, at the beginning of treatment, Johnnie correctly pronounced /s/ and /t/ in words with 20 percent

accuracy. At the end of the reporting period, he correctly pronounced /s/ and /t/ in sentences with 90 percent accuracy. GOAL MET.)

- D. Statement of the reason for continued therapy.
- E. Submission of an updated treatment plan with new objectives/goals with baseline performance, criteria for mastery and means and methods of measurement.
- F. Requested frequency and duration of treatment. (e.g., two times per week for 30 minutes for four months)
- G. Information on Speech Pathology services being provided by any other source including goals, progress and why they are not sufficient to meet the client's medical needs.
- H. Any information requested in the Special Instructions portion of the prior authorization.
- I. Any information on a change of the client's medical status.

IMPLEMENTATION

- I. Authorization for initial evaluation for CCS clients who do not have a SAR issued to either a CDC or Cochlear Implant Center
 - A. Authorization for the initial evaluation for speech pathology services shall be issued either to an individual CCS approved Speech Language Pathologist or to a Medi-Cal approved outpatient rehabilitation facility at which an approved speech language pathologist works.
 - B. The authorization shall be identified as EPSDT SS for CCS clients, with full scope, no share of cost Medi-Cal eligibility, when not performed at a Medi-Cal certified outpatient rehabilitation center (see Attachment A).
 - C. "EPSDT SS" must be indicated on the SAR, with special instructions on the drop down menu.

- D. "EPSDT SS": Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item or service. "
- E. Authorizations for CCS-only and CCS/Healthy Families clients should not indicate "EPSDT SS".

II. Authorization for speech pathology treatment services

- A. Upon completion of the evaluation, a treatment plan must be submitted to the county CCS program or CMS Regional Office.
- B. In order to determine the appropriate authorization of services, the evaluation must be dated no earlier than six months prior to the date of the speech pathology services request and must contain the following information:
 - 1. Relevant history including related medical or developmental conditions.
 - 2. Description of previous/concurrent therapy and other school or early intervention-based services including dates.
 - 3. Description of all services being provided by other relevant agencies.
 - 4. Evaluation findings that include assessment measures used and observations with interpretation of results; tests used with standardized results, clinical observations with age-level performance comparisons, and results of any trial therapy/teaching.
 - 5. Prognosis for measurable success of treatment/ability to functionally benefit from treatment.
 - 6. Requested frequency and duration of treatment, e.g., two times per week for 30 minutes for four months
 - 7. Treatment plan (see below for details).
 - 8. Documentation of why other services, i.e., school, early intervention, are not sufficient or are unavailable to meet the client's medical needs

for Speech Pathology services. If services are available, include a copy of the child's IEP or IFSP.

C. The Treatment Plan shall contain:

1. Objectives to address areas of deficit that have been identified in the evaluation and are related to the CCS eligible medical condition. (Examples include speech production, auditory skills, and language comprehension).
2. Specific behavioral objectives/treatment goals with means and methods of measurement. (Example: Client will produce /t, d, n, l, s, z/ with correct tongue-tip placement with 80 percent (8/10) accuracy for each sound in single words over two consecutive sessions).
3. Beginning baseline performance for each objective/goal. (Example: baseline or beginning performance: 10-20 percent (1-2/10) correct).
4. Criterion for mastery of each objective/goal. (Example: the 80 percent (8/10) is the mastery criterion, the point at which the goal is considered to be met).
5. Specific objectives/goals for parent education & training/home program/collaboration with other providers. (Example: Parent/caregiver will practice with the child at home 5/7 days, documented by parent charting. Speech Pathologist will contact school-based or other Speech Pathology service provider to coordinate treatment plan objectives/goals, one time per month).

D. If documentation of medical necessity is provided, services shall be authorized. Documentation should include information that has specific and appropriate goals and objectives designed to treat the communication and feeding/swallowing deficits related to the client's CCS-eligible medical condition and that goals and objectives are measurable with beginning baselines so that progress can be determined).

E. Authorizations shall be issued following the guidelines in I.A – E above.

F. Speech Pathology services are authorized and billed under the following codes:

HCPCS Code	Description	Comments
X4300	Language Evaluation	Can be used every 6 months
X4301	Speech Evaluation	Can be used every 6 months
X4302	Speech-language therapy, grp	Each patient
X4303	Speech-language therapy, per hour	Can be used one time per day
X4304	Speech-language therapy, ½ hour	Can be used one time per day
X4306	Out-of-office call	Used when therapy is medically necessary and there are access issues.
X4310	SGD-related bundled speech therapy services	Can be used one time per day
X4312	SGD recipient assessment	By Report
X4320	Unlisted speech therapy services	By Report
Z5944	Aural rehabilitation, ½ hour for children using alternative listening devices	Can be used up to three units per day
Z5942	Aural rehabilitation, ½ hour for children with cochlear implants	Can be used up to three units per day
Z5940	Aural rehabilitation, ½ hour, for children with hearing aids.	Can be used up to three units per day

NOTE: all HCPCS codes are subject to change in compliance with the HIPPA conversion. The County staff should review the Medi-Cal Bulletin monthly to determine when the code changes occur.

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The CMS Branch's Speech Pathology (SP) Consultant remains available for assistance with authorization requests. To request a consult, fax to (916) 327-1010, the case information including the documentation of medical necessity that had been provided, the evaluation and treatment plan or progress note and updated treatment plan, documentation of concurrent Speech Pathology services if available. Please include your contact information and your questions or concerns about the case. The SP Consultant will review the information and send a response letter with recommendations. If you have questions, please call the main CMS number, at (916) 327-1400 and ask to be connected to the SP Consultant.

For questions concerning this NL, please contact your CMS Regional Office Nurse Consultant or CMS SP Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

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Attachments
Attachment A