Medicaid Clarifications for Speech Language Pathology (August 4, 2016):

There is no such thing as a maximum lifetime Medicaid benefit! Billing for speech services will not impact any other Medicaid benefits. If a student receives services outside of the school system, the school will not bill.

ICD-10 codes are required for all Medicaid billing that occurs for services provided on or after October 1, 2015. For Speech Language Pathology, the codes must match the specific therapy being provided to the student. A global diagnosis such as Autism is not specific enough.

Although not a complete list of possible codes, the following are ICD-10 codes that have been programmed into WVEIS. This was compiled with feedback from Speech Language Pathologists (SLPs) and the American Speech-Language-Hearing Association’s (ASHA) document: 2015 ICD-10-CM Diagnosis Codes Related to Speech, Language, and Swallowing Disorders. If an SLP is aware of additional codes that are appropriate please send that information to Terry Riley at tjriley@k12.wv.us. District special education directors periodically receive updates of all diagnosis codes currently available in WVEIS.

- F80.0 Phonological disorder (Articulation)
- F80.1 Expressive language disorder
- F80.2 Mixed receptive-expressive language disorder
- F80.4 Speech and language development delay due to hearing loss
- F80.81 Childhood onset fluency disorder
- F80.89 Other developmental disorders of speech and language
- F80.9 Developmental disorder of speech and language, unspecified
- Q38.3 Other congenital malformations of tongue (tongue thrust)
- R13.0 Aphagia
- R13.10 Dysphagia, unspecified
- R13.11 Dysphagia, oral phase
- R13.19 Other dysphagia
- R47.01 Aphasia
- R47.02 Dysphasia
- R47.1 Dysarthria and anarthria
- R47.8 Slurred Speech
- R47.82 Fluency Disorder in conditions classified elsewhere
- R49.0 Dysphonia (Hoarseness)
- R49.1 Aphonia (Loss of Voice)
- R49.21 Hypernasality
- R49.22 Hyponasality
- R49.8 Other voice and resonance disorders
- R62.0 Delayed milestone in childhood

SLPs should use their professional judgement on which code(s) are most appropriate based upon the therapy being provided for each student. This is to be documented on the Service Care Plan, the Physician’s Authorization Form, and the billing forms.

The Physician, Physician’s Assistant (PA) or Advanced Practice Registered Nurse (APRN), confirms these diagnosis codes when signing the Physician’s Authorization Form.

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Medicaid requires “Medical Necessity” to allow for billing for reimbursement. West Virginia Bureau of Medical Service’s (BMS) School Based Health Services Policy Chapter 538.2 defines Medical Necessity as follows:

Services and Supplies that are:

1. appropriate and medically necessary for the symptoms, diagnosis or treatment of an illness;
2. provided for the diagnosis or direct care of an illness;
3. within the standards of good practice;
4. not primarily for the convenience of the plan member (student) or provider; and
5. the most appropriate level of care that can be safely provided

Medical necessity must be demonstrated throughout the provision of services. For these types of services the following five factors will be included as part of this determination:

- Diagnosis (as determined by a physician or licensed psychologist (Section 538.12 in regard to speech allows a referral from a physician, PA or APRN.)
- Level of functioning
- Evidence or clinical stability
- Available support system
- Service is the appropriate level of care

The starting point for medical necessity is a diagnosis. There are multiple diagnosis codes that apply specifically to speech-language therapy. A list of some potential diagnoses is listed above in this clarification. Speech-language therapy is provided to treat the diagnosis. Therapy must be within the standard of good practice and not for convenience of the student or therapist. The amount and type of therapy must be appropriate for the student based upon the level of functioning (present levels), clinical stability and availability of a support system. The service must be appropriate level of care.

A student’s Individualized Education Program (IEP) and Service Care Plan contain goal(s), and appropriate therapy based on the student’s present level of performance.

The following are statements from ASHA resources:

“ASHA’s position is that speech-language pathology and audiology services are medically necessary to treat speech-language, swallowing, hearing, and balance disorders. Many of these disorders have a neurological basis and result from specific injury and illness, such as head injury and cerebral palsy.” (Lusis, I, and McCarty, J (May, 2006) Medical Necessity and Medicaid.)

“Audiology and speech-language pathology services are medically necessary to treat speech-language, hearing, balance, swallowing, voice, fluency, and cognitive-communication disorders. Many disorders have a neurological basis, including head injury, Parkinson’s disease, stroke, autism, and cerebral palsy. Children who require services as part of their individualized education programs (IEPs) and are identified as having a disability under the Individuals with Disabilities
**Education Act (IDEA) are also generally considered to have met the requirements.”** (ASHA Website - Medicaid Toolkit: Medicaid Necessity)

The WVDE Speech-Language Pathology: Services in WV Schools Guidance for West Virginia Schools and Districts (September 2015) on page 15 states the following:

“**Dismissal**

The decision to dismiss a student from speech-language therapy is the responsibility of the EC unless speech therapy is a related service and the IEP Team determines the need to continue the service. **A student should be dismissed from speech-language intervention when one or more of the following occur:**

- Student has met IEP goals.
- Parent submits written request to exit student from service. **Within five days of receipt, PWN provided to parent and services will cease.**
- Intervention no longer results in measurable benefits, as confirmed by documented use of a variety of appropriate approaches and/or strategies.
- Student is unwilling or unmotivated to participate in therapy.
- Inconsistent attendance at sessions and efforts to address those factors has been unsuccessful (Documentation).
- Extenuating circumstances such as medical, dental, social, etc. warrant suspension of services temporarily or permanently. (Documentation).
- Disorder no longer has an adverse impact on educational performance.
- Student no longer needs special education or related services to participate in the general curriculum.”

The EC or IEP Team will review existing data about the student from a variety of sources including performance data collected during sessions, formal/informal assessments, teacher observation/reports, SLP documentation of attendance, parental reports of performance outside the school environment and/or student self-reporting. **The team determines if the information is sufficient to find the student is no longer in need of speech-language services.** If the parent does not agree with the recommendation for dismissal, the parent must be provided PWN and services will cease.”

**Therefore, based upon best practice guidance from WVDE, it is inappropriate to continue to provide and bill Medicaid for speech services when the student’s level of performance has plateaued.**

**Articulation has a diagnosis code (F80.0 Phonological disorder) and is considered part of speech-language services. Therefore, therapy for articulation is considered medically necessary.**

Targeted Case Management (TCM) is an appropriate and billable Medicaid service for students receiving speech-language services. TCM can and should be billed for time spent coordinating the student’s care. This includes time spent consulting with teachers, aides, therapists, doctors, parents and other individuals in regard to the student’s speech-language needs. This is also billable for time spent revising or drafting a service care plan for a student. This is not an all-inclusive list of billable activities. **See the TCM billing module and TCM clarification document for more specifics.**

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