
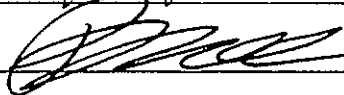


## OHCA Guidelines

<b>Medical Procedure:</b>	* Evaluation of speech fluency; Evaluation of speech sound production; Evaluation of speech sound production with evaluation of language comprehension and expression; Behavioral and qualitative analysis of voice and resonance
<b>Implementation Date:</b>	July 1, 2017
<b>Review/Revision Date:</b>	
<b>Chief Medical Officer (CMO) Signature/Date:</b>	 6/21/17 <i>Father CMO</i>
<b>Director Medical Authorization and Review (MAR) Signature/Date:</b>	 6-25-17
<b>Author Signature/Date:</b>	
* This document is not a contract, and these guidelines do not reflect or represent every conceived 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.	

New Criteria

Revision of Existing Criteria

<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

<b>Definitions:</b>
<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.

<b>CPT Codes Covered:</b> 92521, 92522, 92523, 92524; see CPT Manual for definition of codes.
<b>Non Covered Items:</b> None identified

<b>Approval Criteria:</b>
<p><b>I. GENERAL</b></p> <p>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 <b>OAC 317:30-3-1(f)</b>.</p> <p>B. Speech-language pathology evaluations are covered for the pediatric population (ages 0-20 at the time of evaluation) when it is medically appropriate.</p> <p>C. Eligibility for evaluation is indicated if one or more of these factors are present:</p> <ol style="list-style-type: none"> <li>a. Referral from the individual, family member, audiologist, physician, teacher, other speech-language pathologist, or interdisciplinary team because of a</li> </ol>



background information regarding the member's suspected condition and how it may impact potential treatment programs. Documentation of current or previous therapy program is required for all prior authorization requests for continuance of therapy or therapy for new diagnoses.

- h. Analysis of results - should include interpretation of all assessment measures (parent/caregiver report, standardized and dynamic assessment, informal assessment). Interpretation should include rationalization of medical necessity, prognosis for intervention and plans for skilled service delivery.
  - i. Plan of care - developed to address functional communication goals and objectives, which encourage increased participation in home, school and/or community. Plan should also include type of therapy, functional and measurable short and long-term goals (specific, measurable, attainable, relevant and timely), baseline measures for short-term goals, and level of support (type and level of prompting and/or cues) to be utilized by skilled provider. Plan should also address parental involvement, home program and be culturally sensitive to the child and family. Parental support (resources, community support, programs) should also be addressed to increase opportunity for generalization. Plan should also be in accordance with evidence-based practices.
- E. When evaluating clinicians should consider whether a child who appears to have a language problem is demonstrating a linguistic difference or a disorder. This issue pertains to any child who comes from a background with cultural or linguistic differences from the normative sample used in the evaluation tool. For example, using a test normed on native Standard English speakers without scoring that takes into account dialect differences is inadequate to test a Spanish-speaking child or one who uses another dialect of English, such as African American English. In recent years, a number of tests, both for screening and evaluation, have been translated into Spanish and a small number of other languages.

**II. DOCUMENTATION REQUIRED FOR ALL EVALUATION OF SPEECH FLUENCY, SPEECH SOUND PRODUCTION, SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION, BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE:**

- A. Supporting evidence must include an order from a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.R.N.P.) requesting the services be completed within 90 days of the date the order was signed; **AND**
- B. Clinical documentation from the ordering provider (within the one year) previous which clinically supports the requested ICD-10 code referenced in the documentation. The submitted documentation should include information regarding respiratory status, voice and fluency of speech and any standardized testing including the testing results. Requests for 92521, 92522, and 92524 require documentation to support the need for the specific code requested; **AND**
- C. A hearing screening performed within one year prior to the initial evaluation; in the instance of a failed hearing screening, documentation of an audiologist appointment should be included in the submitted clinical notes; **AND**
- D. A signed parental consent form prior to or on the date of the evaluation; **AND**
- E. A completed HCA-61 Therapy Prior Authorization Request form; **AND**
- F. If applicable, Change of Provider Form (SC-16) should also be submitted.

**III. INDICATIONS:**

- A. Service must be "linked" to an ICD-10-CM diagnosis code, which should be supported in the clinical documentation. Diagnoses impacting communication may include but are not limited to: receptive/expressive language disorder, social communication disorder, autism, apraxia, phonological disorder, hearing impairment or deafness, cleft lip and palate, traumatic brain injury, dysphagia, and fluency disorder.

**Denial Criteria:** Request outside the guidelines.

**Approval Period:** 90 Days

**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/mednecifinal3.pdf>
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5. <http://www.who.int/topics/disabilities/en/>
6. <http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/cshcn-MedicalNecessity.pdf>
7. <http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/Family-Centered-Practice/>
8. <http://ajslp.pubs.asha.org/article.aspx?articleid=1757632>
9. <http://www.asha.org/Research/EBP/Introduction-to-Evidence-Based-Practice/>
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15. <http://www.asha.org/policy/PP2004-00191.htm>
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17. <http://www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders/>
18. <http://www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders/Assessment-Procedures--Parallel-With-CPT-Codes/>
19. <http://www.sciencedirect.com/science/article/pii/S0021992416300892>
20. [http://www.theinformedslp.com/2016\\_7\\_ped/bilingualism-in-children-with-developmental-disabilities](http://www.theinformedslp.com/2016_7_ped/bilingualism-in-children-with-developmental-disabilities)
21. <http://www.sciencedirect.com/science/article/pii/S0021992416300661>