

**Idaho Medicaid Provider Handbook
Health Care Provider of the Healing Arts
Therapy Services**

3.9 Speech-Language Pathologist - Service Policy

3.9.1 Overview

Medicaid covers physician-ordered speech-language pathology services rendered by a licensed speech-language pathologist, as defined in Idaho Administrative Code, IDAPA 24.23.01, Speech and Hearing Services Licensure Board. Medicaid services are reimbursed when provided in the participant's home or in the therapist's office.

Medicaid will cover up to forty (40) medically necessary speech-language pathology outpatient visits per participant during any calendar year (January through December). Visits exceeding the 40-visit limitation must be prior authorized before services are rendered. School-based services are excluded from the 40 visit limitation and do not require prior authorization.

3.9.2 Independent Therapist

Speech-language pathology services must be rendered by a licensed therapist licensed by the Board of Occupational Licensing, and enrolled as an Idaho Medicaid provider.

A therapy assistant or aide cannot bill Medicaid directly.

A therapist who treats participants in a nursing home or hospital, inpatient or outpatient, home health agency, developmental disability agency, or school system is not considered an independent therapist. Services provided at those locations must be billed by that entity.

3.9.3 Physician Orders

Speech-language pathology services must have a written order from a physician or a midlevel practitioner including a nurse practitioner or a physician assistant. It must be part of a plan of care (POC) based on that order. The participant's progress must be reviewed and the plan of care updated and reordered every 30 days by a physician or midlevel practitioner. If the therapist has documentation from the physician or midlevel practitioner indicating the participant has a chronic condition requiring therapy for more than six months; then an order for continued care is required at least every six months.

The written physician's order must stipulate the type of speech-language pathology needed, the frequency of treatment, the expected duration of therapy, and anticipated outcomes along with the physician's signature and date. The provider must maintain a copy of the plan of care and written physician's order in the participant's file.

3.9.4 Supervision

Services provided by speech-language pathology assistants are considered unskilled services, and will be denied as not medically necessary if they are billed as speech-language pathology services.

3.9.5 Payment

Speech-language pathologists are paid on a fee-for-service basis. The maximum fee paid is based upon Medicaid's fee schedule.

3.9.6 Healthy Connections

Check eligibility to see if the participant is enrolled in Healthy Connections, Idaho's Primary Care Case Management (PCCM) model of managed care. If a participant is enrolled, a referral is required from the Healthy Connections Primary Care Provider (PCP) before services can be rendered.

3.9.7 Post-Payment Review

The plan of care is not required as an attachment to speech-language pathology claims when submitted to Medicaid. The plan of care and documentation of services rendered must be maintained by the provider. A random sample of claims will be selected for post-payment review.

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When a claim is selected for review, the provider will be notified in writing by DHW and required to provide the appropriate documentation to substantiate the Medicaid payment. Medicaid will recoup the payment if proper documentation cannot be produced by the provider.

3.9.8 Prior Authorization (PA)

Providers must submit a prior authorization request to DHW when additional visits are needed over 40 visits in a calendar year. PAs are valid for one year from the date of authorization by Medicaid unless otherwise indicated. Documentation needed for determining the need for additional visits is as follows:

- Referral from Healthy Connections Primary Care Provider when applicable. (For HC participants, PA will be denied if the requesting provider is not the PCP or a referral is not obtained)
- Current physician's order identifying the plan of care and why the therapy is medically necessary
- Speech-Language Pathology evaluation
- Speech-Language Pathology update/progress reports
- Treatment plan which identifies diagnosis, type, frequency, and expected duration of treatment, along with the anticipated outcomes
- Copies of other therapy plans: IFSP or IEP
- Copies of the last 30 days therapy notes
- Number of visits being requested
- Date range of requested services

The Medical Care Management Unit is responsible for speech-language pathology PAs for visits in excess of 40 per calendar year. Write or fax PA requests to:

- **Idaho Medicaid**
Medical Care Management
P.O. Box 83720
Boise, ID 83720-0036
Phone: (208) 364-1904
Fax: (208) 332-7280

When a PA is required, the PA number must be indicated on the claim, or the service will be denied. See Section 2.3.2, *Medicaid Prior Authorization (PA)*, for more information on billing services that require PA.

3.9.9 Covered Services

Idaho Medicaid covers speech-language pathology evaluation and treatment of speech, language, voice, communication, and/or auditory processing as described in the current CPT Manual.

3.9.10 Excluded Services

Services excluded from Medicaid program coverage include:

- Continuing services for participants who do not exhibit the capability to achieve measurable improvement
- Services for recipients who have achieved stated goals
- Services that address developmentally acceptable error patterns
- Services that do not require the skills of a therapist
- Services provided by assistants, aides, or technicians
- Services that are not medically necessary
- Maintenance programs
- Duplicate services
- Group therapy