Speech-Language Pathology (SLP) Services

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33.1 Enrollment

To enroll in the CSHCN Services Program, SLP providers must be actively enrolled in Texas Medicaid, have completed the CSHCN Services Program enrollment process, have a valid Provider Agreement with the CSHCN Services Program, and comply with all applicable state laws and requirements. Out-of-state SLP providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border, and be approved by the Department of State Health Services (DSHS).

**Important:** CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 25 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1617(a)(6)(A) for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 25 TAC §38.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to, at all times, deliver health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his or her profession, as well as those required by the CSHCN Services Program and Texas Medicaid.

**Refer to:** Section 2.1, “Provider Enrollment,” on page 2-2 for more detailed information about CSHCN Services Program provider enrollment procedures.

33.2 Benefits, Limitations, and Authorization Requirements

SLP services for a client must be medically necessary, prescribed by a physician, and provided by a speech-language pathologist (SLP) that is licensed by the state of Texas.

The CSHCN Services Program SLP services benefit may be limited to certain conditions, by type of service, by age, by the client’s medical status, and whether the client is eligible for services that a school district is legally responsible to provide. SLP services are benefits when provided to clients experiencing speech-language difficulty because of a disease or trauma, developmental delay, oral motor problem, or congenital anomaly.

Clients can receive SLP services from both the CSHCN Services Program and from other sources, such as from school districts, only when the therapy provided by the CSHCN Services Program addresses different client needs. Therapy provided by the CSHCN Services Program is not intended to duplicate, supplement, or replace services that are the legal responsibility of other entities or institutions. The CSHCN Services Program encourages the private therapist to coordinate with other therapy providers to avoid treatment plans that might compromise the clients progress.

Therapy sessions include the time the therapist is with the client, time spent preparing the client for the session, and the time spent completing documentation. Evaluation, reevaluation, and therapy services may not be billed on the same date of service. Reimbursement of an evaluation is limited to once every 6 months. Procedure code S9152 must be used when requesting reimbursement for reevaluation and is limited to once per month. Providers must bill the appropriate national procedure code for the SLP service provided: 92506, 92507, 92526, 92610, 92630, 92633, 97535, or S9152. Speech-language therapy treatment codes (procedure codes 92507, 92526, and 97535) may be reimbursed in 15-minute increments as prescribed and are authorized up to a maximum of one hour (four treatment units) per day. Procedure codes 92506 and S9152 are limited to one service per day.

**Note:** Services related to audiological testing, hearing exams, and amplification devices for clients younger than 21 years of age are coordinated through the Program for Amplification for Children of Texas (PACT).
### 33.2.1 Authorization Requirements

The initial SLP evaluation does not require authorization. Only one evaluation is considered for payment per 6-month period without authorization or written documentation of medical necessity. An evaluation is not considered for reimbursement if it is performed on the same date of service as treatment.

All other SLP services must be authorized. Use the “C SHCN Services Program Authorization Request for Initial Outpatient Therapy (TP1) Form and Instructions” form or the “C SHCN Services Program Authorization Request for Extension of Outpatient Therapy (TP2) Form and Instructions” form to submit authorization requests or a request for extension. Examples of these forms are provided in Appendix B, “C SHCN Services Program Authorization Request for Initial Outpatient Therapy (TP1) Form and Instructions,” on page B-93, and Appendix B, “C SHCN Services Program Authorization Request for Extension of Outpatient Therapy (TP2) Form and Instructions,” on page B-89.

**Note:** To assure there is no duplication of therapy services, any child eligible for special education services must have a copy of their IEP or a statement from the independent school district to verify that the child is not eligible for the same services through the school included with an authorization request in order to submit claims for reimbursement of therapy services.

SLP services may be authorized, if the client meets one of the following criteria:

- Meets other program criteria and has a cleft lip or palate or other craniofacial anomaly
- Has dysphagia
- Meets SLP authorization guidelines as detailed below:

<table>
<thead>
<tr>
<th>Procedure or Condition</th>
<th>Frequency and Duration</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SLP Evaluation</strong></td>
<td></td>
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<tr>
<td>Speech pathology evaluation</td>
<td>1 per patient, per 6-month period does not require authorization. More frequent evaluation schedules will require documentation of medical necessity. An evaluation will not be reimbursed on the same day as treatment.</td>
<td>Up to 21 years of age</td>
</tr>
<tr>
<td>Reevaluation</td>
<td>May be reimbursed 1 time per month.</td>
<td>Up to 21 years of age</td>
</tr>
<tr>
<td>Speech pathology evaluation or re-evaluation of dysphagia (swallowing disorders), or cleft palate or severe craniofacial anomalies, if the SLP is assisting a dentist, radiologist, orthodontist, or surgeon with diagnostic procedures</td>
<td>Authorizations are based upon documentation of the dentist’s, radiologist’s, orthodontist’s, or surgeon’s diagnostic procedure schedule. Authorization up to 3 evaluations per year is permissible.</td>
<td>Up to 21 years of age</td>
</tr>
<tr>
<td>Equipment assessment for augmentative communication device or system (ACDs) or other communication technology</td>
<td>1 equipment assessment may be authorized before receipt of the equipment through rental arrangement or purchase. <strong>Note:</strong> Time for adjustment of the ACDs will be included as part of the therapy session.</td>
<td>Up to 21 years of age</td>
</tr>
<tr>
<td><strong>SLP Therapy Services</strong></td>
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<tr>
<td>Dysphagia (swallowing disorders), cleft palate, or severe craniofacial anomalies</td>
<td>Up to 2 times a week for 6 months. Extensions are permitted without further medical justification for up to 1 year. After 1 year will require documentation of continued medical necessity on an annual basis.</td>
<td>Up to 21 years of age</td>
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Children who have a condition other than cleft palate or craniofacial anomaly may be eligible to receive services, if they are expected to make progress toward their individual SLP treatment goals and have any of the following:

- Voice articulation
- Expressive language
- Receptive language

Authorization requests must be received in writing and may be granted for:

- SLP reevaluation, which may be reimbursed only once per month.
- SLP evaluation of swallowing and oral function for feeding.

<table>
<thead>
<tr>
<th>Procedure or Condition</th>
<th>Frequency and Duration</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental anomalies, including but not limited to: cerebral palsy (CP) or significant hearing loss when there is a voice, articulation, expressive language, or receptive language disorder, or with swallowing dysfunction or oral dysfunction for feeding</td>
<td>Up to 2 times a week for 6 months. May be extended up to 3 years of age. Authorization extension for 6-month intervals up to 3 years of age. Physician’s prescription good for 6 months.</td>
<td>Up to 3 years of age;</td>
</tr>
<tr>
<td>Developmental anomalies, including but not limited to: cerebral palsy (CP) or significant hearing loss when there is a voice, articulation, expressive language, or receptive language disorder, or with swallowing dysfunction or oral dysfunction for feeding</td>
<td>May be authorized with documentation of medical necessity if client is ineligible for special education services or the child has a new condition.</td>
<td>3 to 21 years of age</td>
</tr>
<tr>
<td>New conditions, for example: traumatic brain injury, brain tumor, brain embolism, stroke cerebrovascular accident (CVA); other conditions that affect voice, articulation, expressive language, or receptive language</td>
<td>Up to 5 times a week for 3 months. Begin therapy no later than 1 year after date of onset of new condition. May authorize extension for 6-month intervals based upon documentation of continued medical necessity for up to 1 year. After 1 year additional medical justification will be required.</td>
<td>Up to 21 years of age</td>
</tr>
<tr>
<td>Training sessions in the use of technology (including ACD and the required adjustments or modifications)</td>
<td>Up to 5 times a week for 1 month after receipt of the device, then 3 times a week for 2 months. Additional requests will require documentation of continued medical necessity.</td>
<td>Up to 21 years of age</td>
</tr>
<tr>
<td>Rehabilitation postcochlear implant</td>
<td>Therapy up to 5 times a week for 3 months beginning 4 to 6 weeks postoperatively. May be extended at this frequency based on medical necessity for up to 1 year. Therapy frequency will decrease to 3 times a week for the second and third postoperative year. Requests for therapy at other frequencies will require documentation of medical necessity. If the client is receiving these services through a school-based therapist, the CSHCN Services Program will not duplicate services but can provide additional therapy if the school is unable to provide therapy at the above described frequencies.</td>
<td>Up to 21 years of age</td>
</tr>
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</table>
- Sessions that do not exceed one hour in length.
- Treatment plans (not to exceed 6 months) and extensions.

Refer to: Section 4.2, “Authorizations,” on page 4-2 for detailed information about authorization requirements.

Chapter 10, “Augmentative Communication Devices (ACDs).” on page 10-1.

### 33.2.2 Rehabilitation Postcochlear implant

SLP services may be authorized as follows:

- For nonschool-based treatment after a cochlear implant, SLP treatment may be scheduled up to five times a week for 3 months beginning 4 to 6 weeks postoperatively. This may be extended based on medical need for up to 1 year (after 1 year, refer to medical review for requests for continuation of the five times a week frequency).

- Up to three times a week, for the second and third years after cochlear implant placement (after the third year postoperatively, refer to medical review for requests for extension of treatment).

If the child is receiving these services through a school-based therapist, the CSHCN Services Program does not duplicate these services, but can provide additional therapy, if the school is unable to provide therapy at the required/recommended frequency. For example, if the school is providing therapy three times a week, the CSHCN Services Program can provide additional outpatient therapy services two times a week during the first year postcochlear implant.

### 33.3 Coordination with the Public School System

To assure there is no duplication of therapy services, any child eligible for special education services must have a copy of their IEP or a statement from the independent school district to verify that the child is not eligible for the same services through the school included with an authorization request in order to submit claims for reimbursement of therapy services.

### 33.4 Claims Information

Outpatient therapy services provided by outpatient facilities and SLP providers must be submitted to TMHP in an approved electronic format or on a CMS-1500 claim form. Providers may purchase CMS-1500 claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 claim form, all required information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

Refer to: Chapter 36, “TMHP Electronic Data Interchange (EDI),” on page 36-1 for information about electronic claims submissions.


Section 5.7.1.3, “CMS-1500 Claim Form Instructions,” on page 5-21 for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

### 33.5 Reimbursement

Speech-language therapy services may be reimbursed at the lower of the billed amount or the amount allowed by Texas Medicaid.

### 33.6 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.