



SPEECH-LANGUAGE PATHOLOGY

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by a speech-language pathologist that is licensed under North Dakota (ND) statutes and is enrolled with ND Medicaid.

A Speech-Language Pathologist is an individual possessing a master's degree or its equivalent in the area of speech-language pathology or audiology, and is licensed to practice in the state in which the individual provides services. The Speech-Language Pathologist must adhere to applicable state requirements established for Speech-Language Pathology.

COVERED SERVICES

Speech-Language Pathology includes diagnostic, screening, preventative, consultative or corrective services provided by or under the directions of a Speech-Language Pathologist.

Speech-language pathology services must relate directly and specifically to a written treatment regimen established by the physician, after any needed consultation with the qualified Speech-Language Pathologist, or by the Speech-Language Pathologist providing services.

The following must be documented in the member's plan of care:

- The member's medical diagnosis and any contraindications to treatment;
- A description of the member's functional status;
- The objectives of the speech-language pathology service;
- A description of the member's progress toward the objectives.

The member's physician must sign the plan of care. Recertification of the treatment plan must occur at 60-day subsequent intervals from the date of the initial evaluation or first encounter.

Speech-Language Pathology includes services necessary for the diagnosis and treatment of speech, hearing and language disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphasia) regardless of the presence of a communication disability.

The following is a list of ND Medicaid covered CPT codes for speech-language pathology services.

92507	Treatment of speech, language, voice, communication, and / or auditory processing disorder; individual
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
92523	with evaluation of language comprehension and expression (e.g., receptive and expressing language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and / or oral function for feeding
G0153	Services performed by a qualified speech-language pathologist in the home health setting

NON-COVERED SERVICES

- Speech-language pathology that is provided without a prescription from a physician;
- Services that are not medically necessary;
- Services that are not documented in the member’s health care record;
- Services that are not part of the member’s plan of care or are specified in a plan of care that is not reviewed and revised as medically necessary as part of a re-certification process;
- Services that are not designed to improve or maintain the functional status of a member with a physical impairment;
- Services by more than one provider of the same type for the same diagnosis unless the service is provided by the school district as specified in the member’s individualized education plan;

- Speech-language pathology services provided in a nursing facility or ICF/MR. ND Medicaid pays for those services through the rate established for the facility;
- Maintenance therapy.

SERVICE AUTHORIZATIONS

A service authorization is required for services exceeding the limit of 30 visits and one evaluation per calendar year. The provider must complete and submit **SFN 481** to ND Medicaid, prior to the member's receipt of additional services. The form is available at www.nd.gov/dhs/services/medicalserv/medicaid/online-forms.html.

Information needed is:

- Prior short-term goals;
- Prior long-term goals;
- Progress since previous update;
- New short-term goals;
- New long-term goals.

Upon receipt of the information, ND Medicaid will evaluate the treatment plan for the following:

- Accomplishment of prior goals;
- Progress;
- Reasonable new goals;
- Maintenance care.

If the services are determined necessary to sustain a level of function or the member's condition would digress, the services would be covered by ND Medicaid. The services must be medically necessary and physician ordered.

ND Medicaid will not pay for services that are provided without submitting required information.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.