

Outpatient Speech Language Pathology Services Rate Review Committee Considerations – Executive Summary

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Outpatient Speech Language Pathology Services

Rate Review Committee Considerations – Executive Summary

What is a Speech Language Pathologist (SLP)?

A Speech Language Pathologist (SLP) is a professional who has obtained a Master's Degree in Communication Disorders and works to "prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults." (<http://www.asha.org/Students/Speech-Language-Pathologists/>). According to the American Speech-Language Hearing Association (ASHA), SLPs "work with the full range of human communication and swallowing disorders in individuals of all ages. SLPs:

- Evaluate and diagnose speech, language, communication, and swallowing disorders.
- Treat speech, language, communication, and swallowing disorders.
- Provide training and education to family/caregivers and other professionals.
- Work collaboratively with professionals from many other disciplines.

Additionally, SLPs may:

- Prepare future professionals in colleges and universities.
- Own or run clinics or private practices.
- Work for national, state, or local associations or agencies.
- Supervise and direct public school or clinical programs.
- Engage in research to enhance knowledge about human communication processes and develop new assessment and treatment methods that may lead to more effective outcomes.
- Provide counseling and consultative services.
- Train and supervise support personnel."

In the State of Colorado, SLPs who work in the schools are required to have a Department of Education License, while SLPs who work outside of the schools are required to have a Department of Regulatory Agency Certification.

Who do Speech Language Pathologists treat?

Speech Language Pathologists treat a variety of disorders in communication, cognitive, social, and swallowing function in all ages (from newborn to elderly). SLPs work with children and adults who have the following conditions:

- "Speech disorders occur when a person has difficulty producing speech sounds correctly or fluently (e.g., stuttering is a form of disfluency) or has problems with his or her voice or resonance.
- Language disorders occur when a person has trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings (expressive language). Language disorders may be spoken or written and may involve the form (phonology, morphology, syntax), content (semantics), and/or use (pragmatics) of language in functional and socially appropriate ways.
- Social communication disorders occur when a person has trouble with the social use of verbal and nonverbal communication. These disorders may include problems (a) communicating for

social purposes (e.g., greeting, commenting, asking questions), (b) talking in different ways to suit the listener and setting, and (c) following rules for conversation and story-telling. All individuals with autism spectrum disorder have social communication problems. Social communication disorders are also found individuals with other conditions, such as traumatic brain injury.

- Cognitive-communication disorders include problems organizing thoughts, paying attention, remembering, planning, and/or problem-solving. These disorders usually happen as a result of a stroke, traumatic brain injury, or dementia, although they can be congenital.
- Swallowing disorders (dysphagia) are feeding and swallowing difficulties, which may follow an illness, surgery, stroke, or injury.

Additionally, SLPs:

- Provide aural rehabilitation for individuals who are deaf or hard of hearing.
- Provide augmentative and alternative communication (AAC) systems for individuals with severe expressive and/or language comprehension disorders, such as autism spectrum disorder or progressive neurological disorders.” (<http://www.asha.org/Students/Speech-Language-Pathologists/>).

In what Settings do Speech Language Pathologists work?

“SLPs work in many different research, education, and health care settings with varying levels of responsibility, and client populations. In many settings, SLPs often work as part of a collaborative, interdisciplinary team, which may include teachers, physicians, audiologists, psychologists, social workers, physical and occupational therapists, and rehabilitation counselors.”

(<http://www.asha.org/Students/Speech-Language-Pathologists/>).

In Colorado, settings include, but are not limited to:

- Schools
- Hospitals: Inpatient, Outpatient
- Nursing Homes
- Specialty Clinics (ie Children’s Feeding Clinic, Cleft Lip and Palate Clinic, Autism Centers, Augmentative and Alternative Communication Services etc.)
- Private Clinics
- Early Intervention
- Home Care Agencies (Colorado): Agencies licensed and regulated by the State of Colorado Department of Public Health and Environment to provide both skilled (nursing, speech therapy, physical therapy, occupational therapy) and unskilled services to clients in their homes. For Speech Therapy services, Home Care Agencies bill to Medicaid using the Outpatient Speech manual policies, procedures, and codes.
- Home Health Agencies: “Home Health Agencies must be licensed by the State of Colorado as a class A home care agency in good standing, must be Medicare and Medicaid certified, and determined to comply with the Medicare conditions of participation for HHAs as specified by Title 42 C.F.R., Part 440.70.” (DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT Health Facilities

and Emergency Medical Services Division STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 26 - HOME CARE AGENCIES 6 CCR 1011-1 Chap 26 obtained online via <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5624> November 14, 2016). Home Health Agencies do not bill for services using Outpatient Speech Language codes. Though, subject to increased regulations and processes for certifications, there is no distinction in types or severity of disorders treated by practitioners in Home Health Agencies vs. Home Care Agencies in Colorado. Home Health Agencies are reimbursed using Revenue Codes and do not use CPT codes/Outpatient Speech Benefits.

- University Clinics
- Telemedicine
- Independent Contractors/ Individual Practitioners (may work in a variety of settings with a variety of client types/ages)

What are some different considerations across these settings in Colorado?

School based services:

- Children receive Speech and Language Services when found eligible under the Individuals with Disabilities Education Act (IDEA)
- Services are outlined using an Individual Educational Plan (IEP)
- Speech services are often limited to 30 min/week in group setting based on high caseloads
- Services may also be provided inside the classroom with SLP assisting in child's learning with peers and classroom activities
- SLPs also work to evaluate children with suspected disabilities or provide intervention to children who are at risk or suspected to have speech/language disabilities
- Medicaid is billed for services through the district and CPT Codes/Outpatient Billing procedures are not utilized

Private Clinics:

- Owners of private clinics may choose to bill Medicaid or to turn away clients who have Medicaid
- Clients are often seen one on one with length of session determined on an individual basis dependent on: Clinic Staff/Budget, Client Needs/Abilities, Evaluation/Treatment, Complexity of disorder, Reimbursement Rates, etc.
- Clients of all ages can be seen in the clinics
- Clinics may choose to specialize in a particular population (i.e. autism, voice, stuttering, feeding, etc.) or serve a variety of disorders
- Length/Duration of treatment will depend on needs of the clients
- Will bill for services using Outpatient Speech Therapy Benefit

Early Intervention:

- Children are identified by Child Find and **family** is found eligible for services
- Services are determined and documented in an Individual Family Service Plan based largely on parent concern and family based goals
- Community Center Boards produce the IFSP, coordinate services, and contract with providers to meet the requirements of the IFSP
- Services are provided in the natural environment (home, daycare, community, etc.)
- Primary Provider Model is encouraged and Providers spend time helping family determine, define, and implement a variety of strategies across developmental areas
- Parent Coaching is a State required and research-based part of Early Intervention, and session length is generally 1 hour
- Team meetings, provider education, participation in child evaluations or IFSP reviews, co-treat sessions, and professional collaboration is common and sometimes required in Early Intervention as a part of the research-based model – Coordinated by Community Center Boards
- Medicaid Providers bill Outpatient Speech Therapy Codes and are required to also meet the procedures and policies of the Medicaid Outpatient Speech Therapy Benefit for Early Intervention

Home Care Agencies:

- In Colorado, therapy companies that wish to continue to work with families in their homes past the age of 3.0 are required to obtain a Class A Home Care Agency License from the Colorado Department of Public Health and Environment
- Home Care Agencies provide speech therapy to a variety of clients (ages, diagnosis, insurances) in their homes or community settings
- Many families who receive Early Intervention services have children who continue to qualify with a speech/language disorder that can be treated in the home through ongoing speech therapy. Many families with Medicaid choose this option for their children due to difficulty with transportation and access to speech therapy in clinics/hospitals
- Home Care Agencies employ therapists who travel to homes and other community settings to provide services
- Home Care Agencies bill Outpatient Speech Benefits
- Home Health Agencies are Home Care Agencies who have also been Medicare/Medicaid certified as Home Health and bill for services using revenue codes

Feeding Clinics:

- Though there is no requirement by ASHA that specialized training be completed for feeding/swallowing treatment, it is highly recommended. Speech therapists who are unable to provide effective and ethical treatment and evaluation of feeding and swallowing in adults and children often choose not to provide those services at their practices.

- “Feeding and swallowing disorders (also known as **dysphagia**) include difficulty with any step of the feeding process—from accepting foods and liquids into the mouth to the entry of food into the stomach and intestines. A **feeding** or **swallowing disorder** includes developmentally atypical eating and drinking behaviors, such as not accepting age-appropriate liquids or foods, being unable to use age-appropriate feeding devices and utensils, or being unable to self-feed.” (<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Overview>).
- “Results or long-term effects for a child diagnosed with pediatric dysphagia include
 - poor weight gain velocity and/or under nutrition (failure to thrive),
 - aspiration pneumonia and/or compromised pulmonary status,
 - food aversion,
 - oral aversion,
 - rumination disorder (unintentional and reflexive regurgitation of undigested food that may involve re-chewing and re-swallowing of the food),
 - dehydration,
 - ongoing need for enteral or parenteral nutrition.” (<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Overview>).

Augmentative and Alternative Communication:

- “**Augmentative and alternative communication** (AAC) is an area of clinical practice that addresses the needs of individuals with significant and complex communication disorders characterized by impairments in speech-language production and/or comprehension, including spoken and written modes of communication.
- AAC uses a variety of techniques and tools, including picture communication boards, line drawings, speech-generating devices (SGDs), tangible objects, manual signs, gestures, and finger spelling, to help the individual express thoughts, wants and needs, feelings, and ideas.
- AAC is **augmentative** when used to supplement existing speech, and **alternative** when used in place of speech that is absent or not functional.
- AAC may be **temporary**, as when used by patients postoperatively in intensive care, or **permanent**, as when used by an individual who will require the use of some form of AAC throughout his or her lifetime.” (<http://www.asha.org/Practice-Portal/Professional-Issues/Augmentative-and-Alternative-Communication/>)

In Colorado Medicaid, what Outpatient Speech codes can SLPs bill?

*Note: SLPs also report/bill services to Medicaid through Schools, Nursing Homes, Inpatient Hospital, and Home Health Agencies. However, these settings do not utilize the Outpatient Speech Benefit and CPT Codes associated for billing to Medicaid.

*SLPs in the following settings bill using the Outpatient Speech Benefit and CPT Codes: Outpatient Hospital Clinics, Private Clinic Based, Individual Practitioners, Home Care Agencies, Early Intervention providers (unless provided by Home Health Agency).

*See Rate Review Process: Preliminary Year Two Physician Services Analysis list of 20 most commonly utilized CPT Codes for Speech Therapy, page 7.

Other Considerations:

- ❖ 97533 is allowed for SLPs under Medicare, but not allowed in Colorado
- ❖ 97000 series is allowed for SLPs for *some* Medicare payers at their discretion (not in Colorado)
- ❖ Some States, such as Virginia, have designated CPT codes specifically for Early Intervention Providers: T1015, T1023, T 1024, T1027

Rate Comparison Considerations:

Prepared by ASHA:

CPT Code	Medicare	Alaska	Michigan	Nebraska	N. Carolina	Texas
92507	\$79.90	\$105.37	\$43.95	\$35.46	\$66.89	\$39.78*
92526	\$86.70	\$113.36	\$43.34		\$62.42	\$39.78*
92522	\$93.51		\$51.90	\$88.01	\$74.55	\$175.77
92523	\$195.98	\$273.31	\$103.41	\$183.21	\$154.64	\$234.36
92610	\$86.83	\$113.51	\$47.54	\$68.95	\$60.34	\$234.36
92609	\$111.78	\$141.21		\$32.70	\$62.39	
					(2014 Data)	*Timed 15 minute/unit

- ❖ 92507 and 92526 are usually priced at near the same rate

What is the impact of services being limited (wait list, decreased session times, decreased duration):

There are many considerations regarding the importance of speech and language services to children/adults with a variety of disorders and disabilities. Some examples of disorders to consider include:

- children with language disorders
- children with severe articulation disorders
- children with learning disabilities
- children with intellectual disabilities
- children with autism
- children with feeding/swallowing dysfunction

- adults with speech/language disabilities
- adults with swallowing dysfunction

What are just some of the considerations of the impact of speech language services for these and other populations:

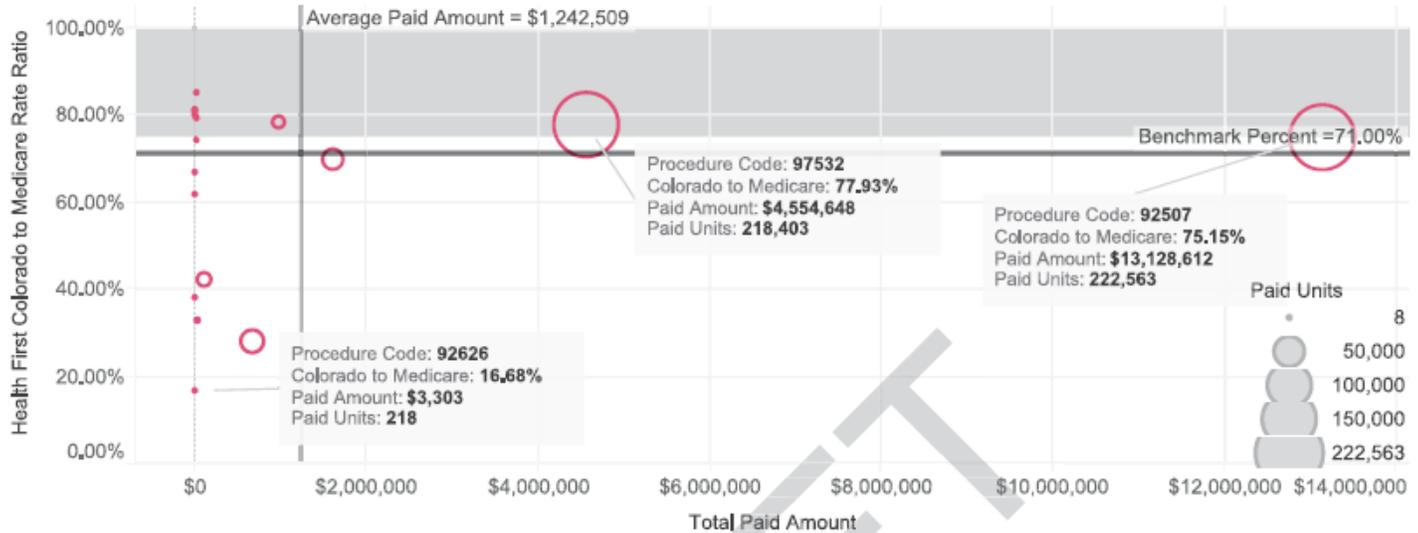
- Safety:
 - Difficulty understanding safety words, tone of voice, hearing familiar words in large groups.
 - Understanding who is a safe person to go to.
 - Understanding how to indicate how you are feeling and how to regulate in public.
 - With feeding/swallowing therapy, safety is the primary concern. Severe medical complications can occur when a person has difficulty with feeding/swallowing.
- Self Care:
 - Ability to indicate when you are hurt or sick.
 - Understanding emotions and communicating if something/someone has harmed or scared you.
 - Following directions to complete routines of self care (brushing, dressing, bathing, etc.)
 - Initiating and organizing what needs to be done next in a variety of routines
- Learning:
 - In the classroom, understanding and communicating language in all areas.
 - As language and learning continue to grow more complicated throughout school these children often are left behind and lost.
 - Children may grow frustrated and drop out.
 - Later in life, a person might find it difficult to learn new information, hold a job, apply for a job, communicate with family members, and raise their own children.
- Interpersonal relationships/public safety
 - Understanding how to communicate your point of view, control your emotions, feel in control, and avoid conflict.
 - Learning how to see another's point of view.
 - Recognizing when someone else is upset or when a situation is escalating or dangerous.
 - Making decisions about the consequences of behavior. Being able to predict and determine the best choice in a given situation.
 - Being able to resolve conflict without violence and "use your words".
- Public Health/Education
 - Knowing how to find resources for yourself or your family.
 - Having tools to raise and teach your own children.

- Knowing when your child may need support in development and how to find support.
- Being able to find and keep employment, learn new skills, and earn a living wage.
- Having access to EPSDT and receiving intervention for delays early and often to support communication development in the brain's most critical developmental stage.



Rate Comparison Analysis: Speech Therapy

Sub-category of Service	Repriced Colorado 7/1/2016	Repriced Medicare 1/1/2016	Colorado to Medicare
Speech Therapy	\$21,523,174	\$30,325,052	71.00%



Top Speech Therapy Services Sorted by Total Paid

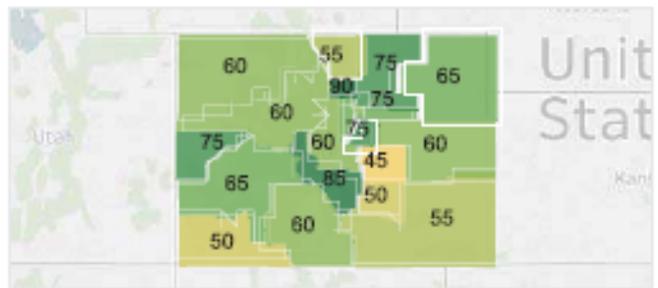
Index	Service	Service Description	Modifier	Paid Units (PHI)	Colorado Rate	Medicare Rate	Colorado to Medicare
1	92507	Speech/hearing therapy	0	222,563	60.38	80.35	75.15%
2	97532	Cognitive skills development	0	218,403	21.04	27.00	77.93%
3	92609	Use of speech device service	0	21,958	78.71	112.49	69.97%
4	92523	Speech sound lang comprehen	0	7,391	154.96	197.19	78.58%
5	92526	Oral function therapy	0	27,471	24.61	87.58	28.10%
6	92630	Aud rehab pre-ling hear loss	0	3,139	49.72	0.00	0.00%
7	92606	Non-speech device service	0	2,616	38.45	0.00	0.00%
8	92508	Speech/hearing therapy	0	9,750	10.07	23.79	42.33%
9	92610	Evaluate swallowing function	0	931	28.63	86.90	32.95%
10	92522	Evaluate speech production	0	322	74.58	94.08	79.27%
11	92607	Ex for speech device rx 1hr	0	197	95.56	128.73	74.23%
12	92524	Behavral qualit analys voice	0	232	77.73	91.19	85.24%
13	92627	Eval aud status rehab add-on	0	421	15.21	22.70	67.00%
14	92521	Evaluation of speech fluency	0	69	91.87	112.84	81.42%
15	92626	Eval aud rehab status	0	218	15.21	91.17	16.68%
16	92608	Ex for speech device rx addl	0	33	43.05	53.74	80.11%
17	92611	Motion fluoroscopy/swallow	0	32	33.95	88.77	38.24%
18	92612	Endoscopy swallow tst (fees)	0	30	117.63	190.49	61.75%
19	92605	Ex for nonspeech device rx	0	30	149.04	0.00	0.00%
20	92597	Oral speech device eval	0	30	59.45	73.55	80.83%



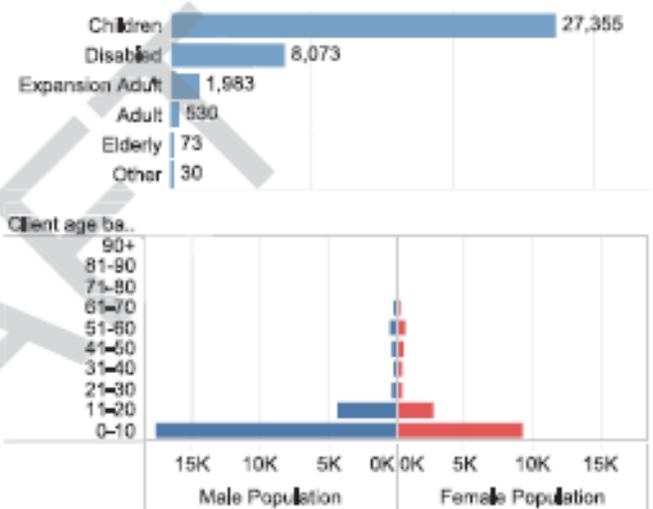
Utilization and Access Analysis: Speech Therapy

Region 01 - Logan, Sedgwick, Phillips, Morgan, ..	65
Region 02 - Larimer	55
Region 03 - Douglas	75
Region 04 - El Paso	45
Region 05 - Elbert, Lincoln, Kit Carson, Cheyenne	60
Region 06 - Crowley, Kiowa, Otero, Bent, Prower..	55
Region 07 - Pueblo	50
Region 08 - Saguache, Mineral, Rio Grande, Ala..	60
Region 09 - Dolores, San Juan, Montezuma, La ..	50
Region 10 - Delta, Gunnison, Montrose, San Mig..	65
Region 11 - Moffat, Routt, Jackson, Rio Blanco	60
Region 12 - Garfield, Grand, Eagle, Summit, Pitkin	60
Region 13 - Lake, Chaffee, Fremont, Custer	85
Region 14 - Adams	75
Region 15 - Arapahoe	65
Region 16 - Boulder, Broomfield	90
Region 17 - Gilpin, Clear Creek, Park, Teller	60
Region 18 - Weld	75
Region 19 - Mesa	75
Region 20 - Denver	60
Region 21 - Jefferson	65

	FY 2015	FY 2016
Rendering Provider Count	817	827
Utilizer Count	25,168	25,491



Clients by Population, Age, and Gender



- Hsr Rgn Cd Desc
- Region 01 - Loga..
 - Region 02 - Lar..
 - Region 03 - Dou..
 - Region 04 - El P..
 - Region 05 - Elbe..
 - Region 06 - Cro..
 - Region 07 - Pue..
 - Region 08 - Sag..
 - Region 09 - Dol..
 - Region 10 - Del..
 - Region 11 - Moff..
 - Region 12 - Garfi..
 - Region 13 - Lake..
 - Region 14 - Ada..
 - Region 15 - Arap..
 - Region 16 - Boul..
 - Region 17 - Gipi..
 - Region 18 - Weld
 - Region 19 - Mesa
 - Region 20 - Den..
 - Region 21 - Jeffe..

Questions regarding current data provided by Medicaid:

1. Rendering Provider Count:
 - a. Is this count based on setting: Home Health who are required to, or, Nursing Homes, Inpatient Hospitals, or Schools may have a Rendering Provider Number, but do not bill Outpatient Codes?
 - b. Does this number take into account agencies that may require a rendering provider number, but do not distinguish pay: ie Rocky Mountain Human Services require all providers to be rendering providers, but may bill Medicaid as the billing entity and pay providers the same rate as the State General Fund for services.
 - c. Does this number take into account the number of Medicaid clients each rendering provider services?
 - d. Does this number take into account providers who may have changed settings, moved out of state or no longer accept Medicaid, but still have a rendering provider number.
2. Utilization Count:
 - a. Is this the utilization count of Medicaid clients who have received Speech Therapy via the Outpatient Billing CPT codes (ex. 92507)?
 - b. How does Medicaid measure numbers of clients that do not receive Speech Therapy because there are not enough SLPs to identify the true number of children/adults with communication disorders or disabilities? It seems that a rendering provider number and client utilization number will always have a correlation.
 - c. How can Medicaid measure amount of clients who may need speech language therapy, but do not have access – due to a variety of reasons (difficulty with transportation, clinic/provider wait lists, option of private therapy unknown to family, etc.)
 - d. What about Utilization based on EI vs. 3+ (using TL Modifier)?
3. CPT Analysis:
 - a. We would request looking at utilization data across settings by CPT code.
 - b. We would request looking at the TL modifier (tracking EI services since 2015).
4. Location:
 - a. Based on client location or billing location?
 - b. Is Tele-therapy taken into account?

How could Medicaid better measure SLP services and increase/decrease in access to services?

1. Collect Data on settings providers serve
2. Exclude School Speech Therapy Data?
3. Collect Data on use of 92526 and concurring CPT codes
4. Collect Data on all CPT codes separately AND when billed on same date of service

5. Collect Data based on setting:

- Home health care
- Home Care (outpatient codes)
- Outpatient hospital/clinic
- Inpatient hospital
- Early Intervention
- Schools
- Telemedicine

6. Use client location to determine provider location rather than billing address

7. Evaluate how other states have utilized speech therapy services and billing codes to address access to programs that use Medicaid funding: Early Intervention, Home Care, timed codes, etc.

More Information:

Links to other Medicaid Billing Manuals that affect Speech Therapy Benefits:

https://www.colorado.gov/pacific/sites/default/files/CMS1500_Speech_9.pdf

<https://www.colorado.gov/pacific/sites/default/files/Early%20Intervention%20Program.pdf>

https://www.colorado.gov/pacific/sites/default/files/CMS1500_Telemedicine_6.pdf

https://www.colorado.gov/pacific/sites/default/files/UB-04_Home_Health_0416.pdf

Links to information regarding specific disorders/speech language treatment considerations:

1. Variety of clinical information across speech-language treatment:

<http://www.asha.org/Practice-Portal/Clinical-Topics/>

2. Pediatric Feeding:

<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965§ion=Overview>

3. Adult Feeding:

<http://www.asha.org/Practice-Portal/Clinical-Topics/Adult-Dysphagia/>

4. Augmentative Communication:

<http://www.asha.org/Practice-Portal/Professional-Issues/Augmentative-and-Alternative-Communication/>

5. Early Intervention:

<http://www.eicolorado.org>

<http://www.zerotothree.org>