

# Speech/Language Referrals

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  - Information provided does not involve unapproved/off-label use of products.

# Communication Disorders...

- Encompass a wide variety of problems in language, speech, and hearing.
  - Speech and language impairments include:
    - articulation problems (difficulty making certain speech sounds).
    - voice disorders (a deviation in vocal pitch, intensity, or quality which interferes with communication or adversely affects the speaker).
    - fluency problems (difficulty saying sounds, words, phrases in a smooth flow, e.g. *stuttering*)
    - dyspraxia/apraxia (*difficulty in controlling the muscles that are needed for speaking skillfully and quickly*)
    - delays in speech and/or language
      - delays may be due to many factors including environmental factors or hearing loss.

Adapted from: *Children with Communication Disorders*. Assessed on February 1, 2007 at [http://www.kidsource.com/kidsource/content2/language\\_disorders.html](http://www.kidsource.com/kidsource/content2/language_disorders.html)

# TRICARE POLICIES

TRICARE Policy Manual 6010.54-M, August 1,  
2002

- **Speech Services**
  - Chapter 7, Section 7.1
  
- **Special Otorhinolaryngologic Services**
  - Chapter 7, Section 8.1

# Speech Services, Chapter 7, Section 7.1

(TRICARE Policy Manual 6010.54-M, August 1, 2002)

CPT1 PROCEDURE CODE RANGE: 92506 – 92508

AUTHORITY: 32 CFR 199.4(g)(45), 32 CFR 199.5(c), and  
Public Law 107-107

## DESCRIPTION

- **Medical** services that provide *evaluation, treatment, habilitation, and rehabilitation* of speech, language, and voice dysfunctions resulting from congenital anomalies, disease, injury, hearing loss, communication or pervasive developmental disorders or a therapeutic process.

# Speech Services, Chapter 7, Section 7.1

(TRICARE Policy Manual 6010.54-M, August 1, 2002)

**CPT1 PROCEDURE CODE RANGE: 92506 – 92508**

**AUTHORITY: 32 CFR 199.4(g)(45), 32 CFR 199.5(c), and  
Public Law 107-107**

## **POLICY**

- **A.** Speech services provided or prescribed and supervised by a physician may be cost shared.
- **B.** Speech therapy to improve, restore, or maintain function, or to minimize or prevent deterioration of function of a patient when prescribed by a physician is covered in accordance with the rehabilitative therapy provisions found in Chapter 7, Section 18.1.

# Speech Services, Chapter 7, Section 7.1

(TRICARE Policy Manual 6010.54-M, August 1, 2002)

## May be a Covered Benefit when

Therapy is required because of a Speech / Language and/or voice dysfunction due to:

- Congenital anomaly or anomalies
- Disease
- Injury
- Hearing loss
- Communication disorder
- Pervasive developmental disorder
- Therapeutic process

And is medically necessary to:

- Improve Speech/Language development or skills
- Maintain Speech/Language functions
- Minimize or prevent deterioration of Speech/Language function

And is prescribed and supervised by a physician

# Children $\leq$ 18 Months Of Age

- TRICARE generally will not pay for SL services for children under 18 months except in cases of medical or psychological necessity involving:
  - Feeding/swallowing dysfunction
  - Cleft lip/palate
  - Hearing loss
- Refer all others to Infant Educator at Early Intervention

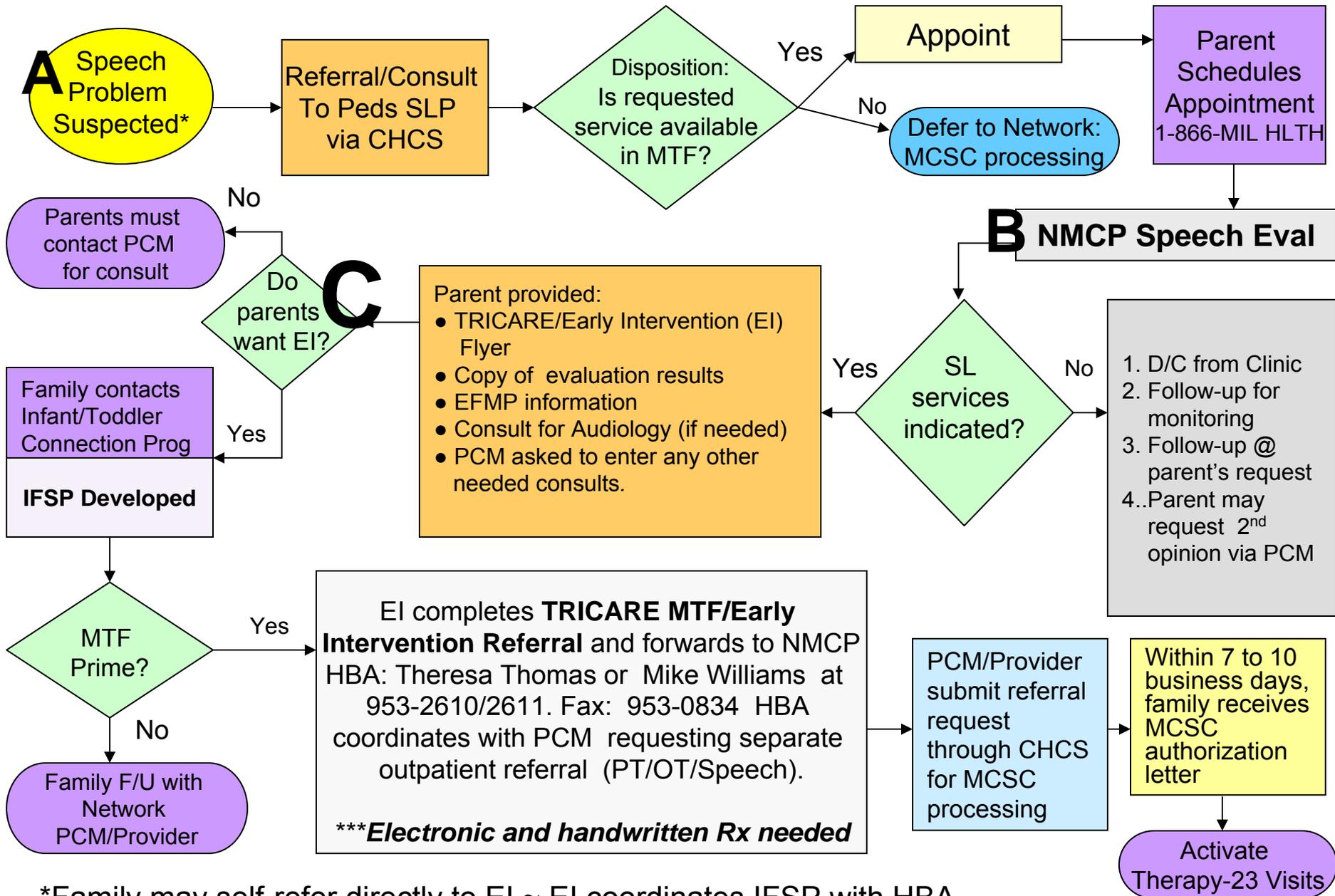
# Speech Services, Chapter 7, Section 7.1

(TRICARE Policy Manual 6010.54-M, August 1, 2002)

Not A Covered TRICARE Benefit When Requested For:

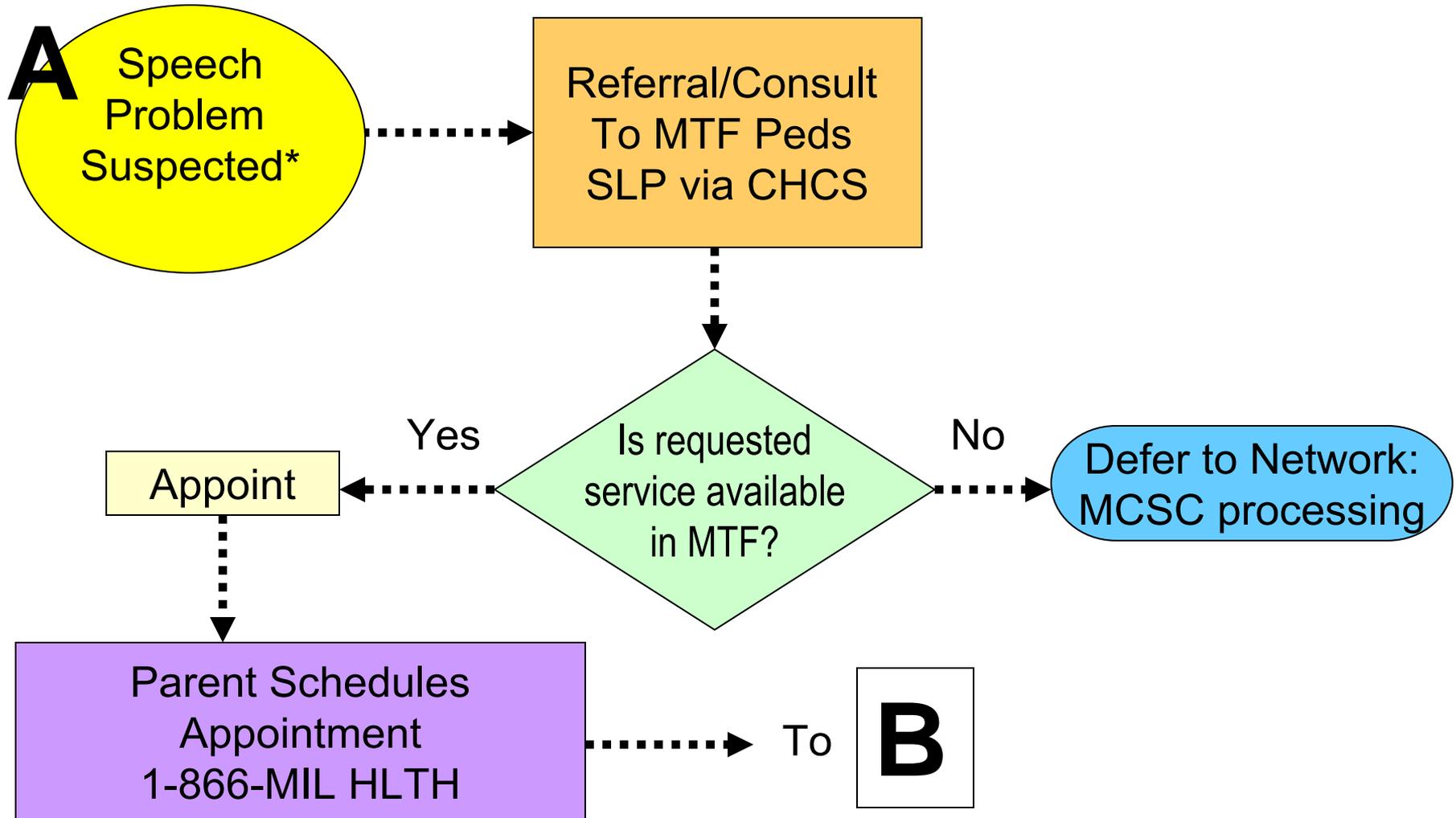
- Myofunctional or tongue thrust therapy
- Maintenance speech therapy
  - That does not require a skilled level after a therapy program has been designed
- Videofluoroscopy evaluation in speech pathology
  - (Note: video swallow for evaluation of aspiration has been covered)
- Treatment of dyslexia
- Treatment for pragmatic language disorder
- Services to address disorders resulting from occupational or educational deficits

# NMCP Speech/Language Disabilities Referral/Screening (Age Birth to Three)

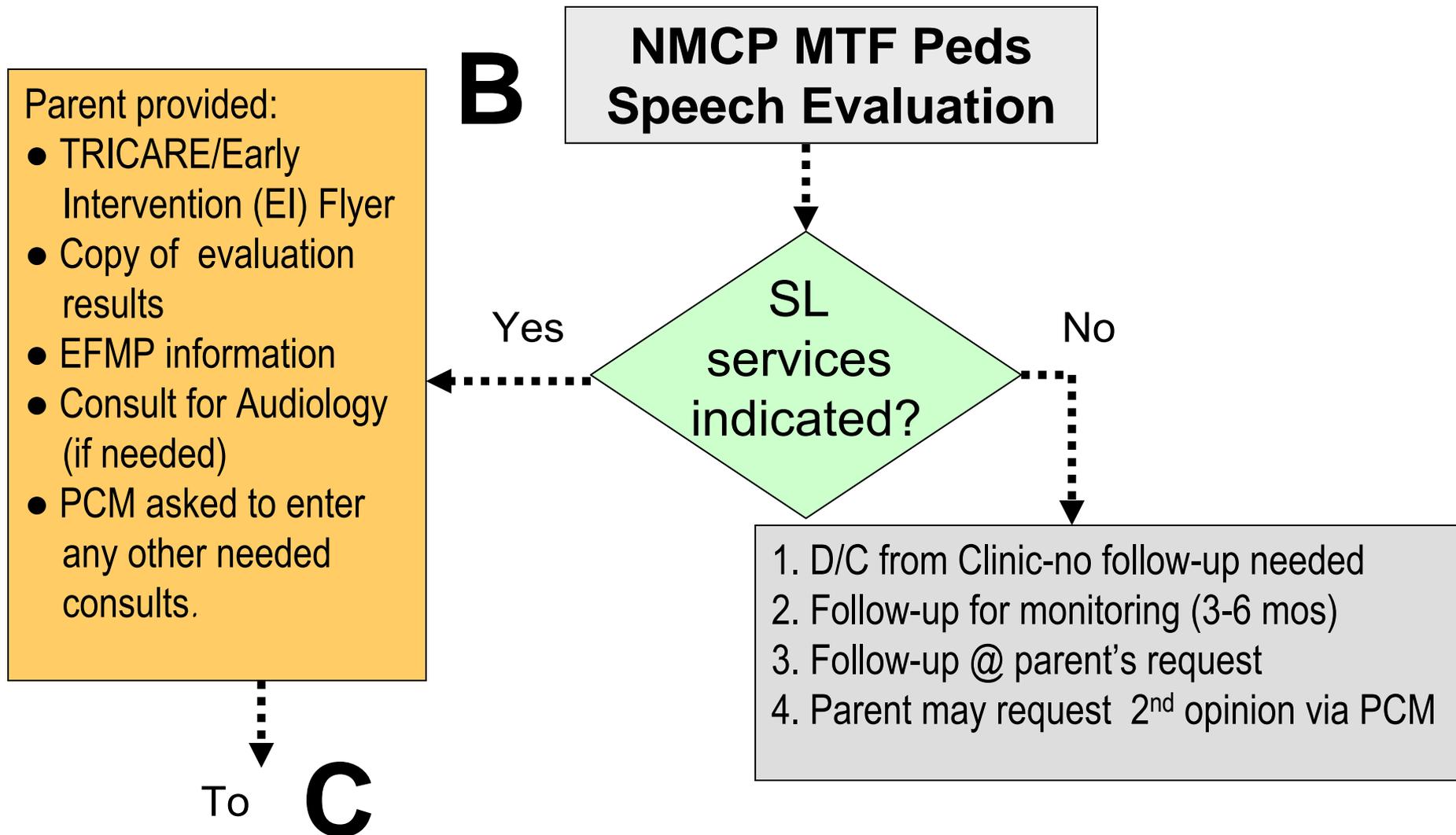


\*Family may self-refer directly to EI ~ EI coordinates IFSP with HBA.

# NMCP Speech/Language Disabilities Referral/Screening (Age Birth to Three)

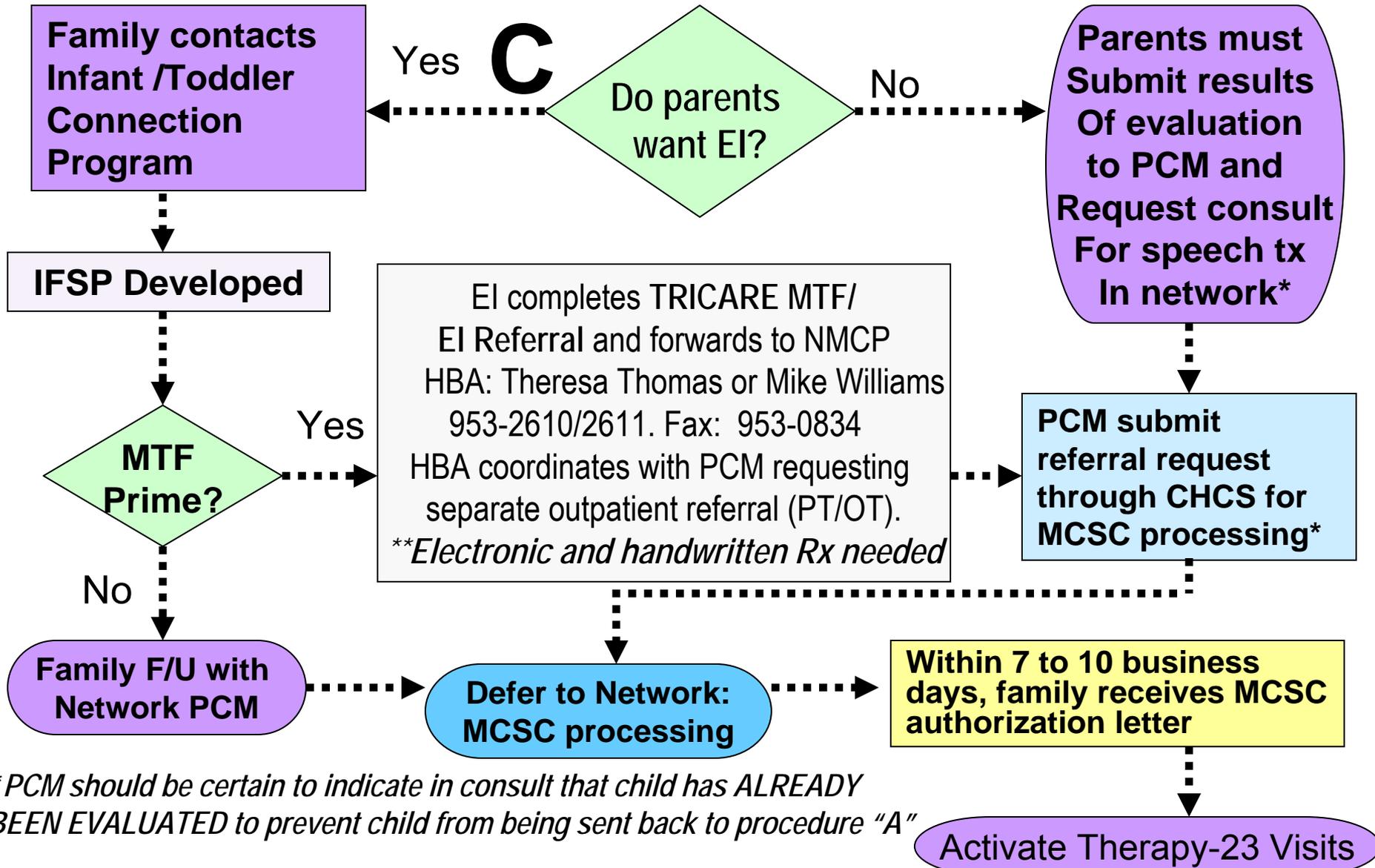


# NMCP Speech/Language Disabilities Referral/Screening (Age Birth to Three)



\*Family may self-refer directly to EI ~ They then enter process at “C”

# NMCP Speech/Language Disabilities Referral/Screening (Age Birth to Three)



*\*PCM should be certain to indicate in consult that child has ALREADY BEEN EVALUATED to prevent child from being sent back to procedure "A"*

# Early Intervention: NOT TOTALLY FREE!

(Eligibility and service availability vary from locality to locality and State to State)

## Services At No Cost

- ***Child Find***--Activities to identify children who may be eligible for Part C services.
- ***Evaluation and assessment*** to determine if a child is eligible for services and to identify strengths and needs in order to plan appropriate supports and services;
- ***Service coordination***--Activities and communication by the service coordinator assigned to the child/family.
- ***Development, review and evaluation of the Individualized Family Service Plan;***
- All activities related to child/family rights including the administrative complaint process and mediation (e.g., *implementation of procedural safeguards*).

# Early Intervention: **NOT TOTALLY FREE!**

(Eligibility and service availability vary from locality to locality and State to State)

## **Services With Fees Charged:**

- Speech/language pathology
- Occupational therapy
- Physical therapy
- Assistive technology services and devices

# Early Intervention: **NOT TOTALLY FREE!**

(Eligibility and service availability vary from locality to locality and State to State)

## ***Charges for Services:***

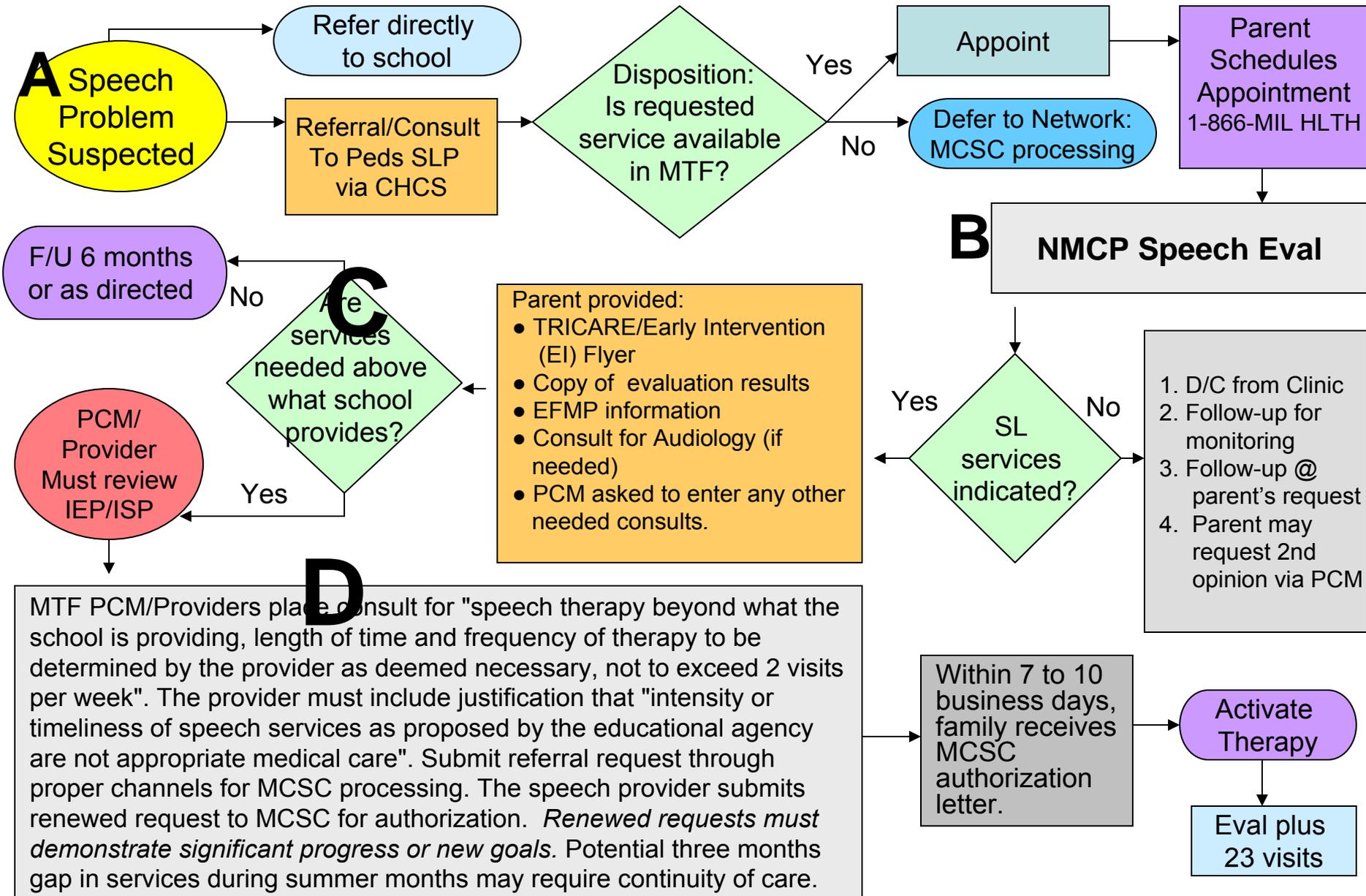
- **Charges are:**

- assessed to families whose children receive early intervention services in Virginia.
- made in accordance with federal Part C regulations and the Virginia Code.

- **Families are responsible for:**

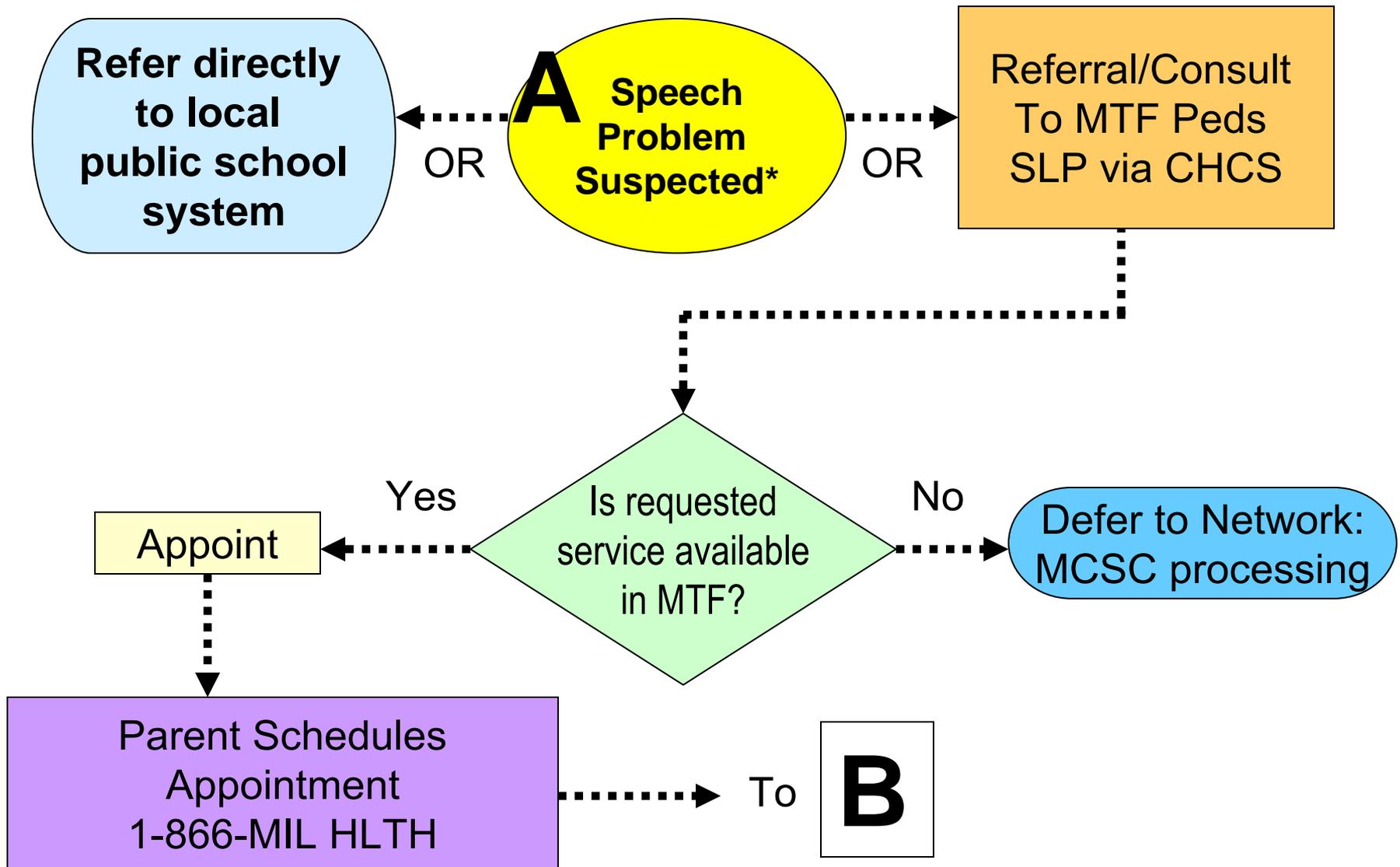
- providing financial information in order for a monthly cap to be determined by the sliding fee scale.
- initiating the fee appeal process if the sliding fee scale creates a financial hardship for them.

# NMCP Speech/Language Disabilities Referral/Screening (Age Three to Five)



Who should be primary referral: School or Healthcare System?  
 (Note: Claims processor may not honor Auth without IEP/ISP or letter of attestation).

# NMCP Speech/Language Disabilities Referral/Screening (Age Three to Five)



# NMCP Speech/Language Disabilities Referral/Screening (Age Three to Five)

## B

NMCP MTF Peds  
Speech Evaluation

Parent provided:

- Copy of evaluation results with recommendation of needed SL services
- Information about IEP/ISP process and how to access public school system services
- EFMP information
- Consult for Audiology (if needed)
- PCM asked to enter any other needed consults.

Yes

SL  
services  
indicated?

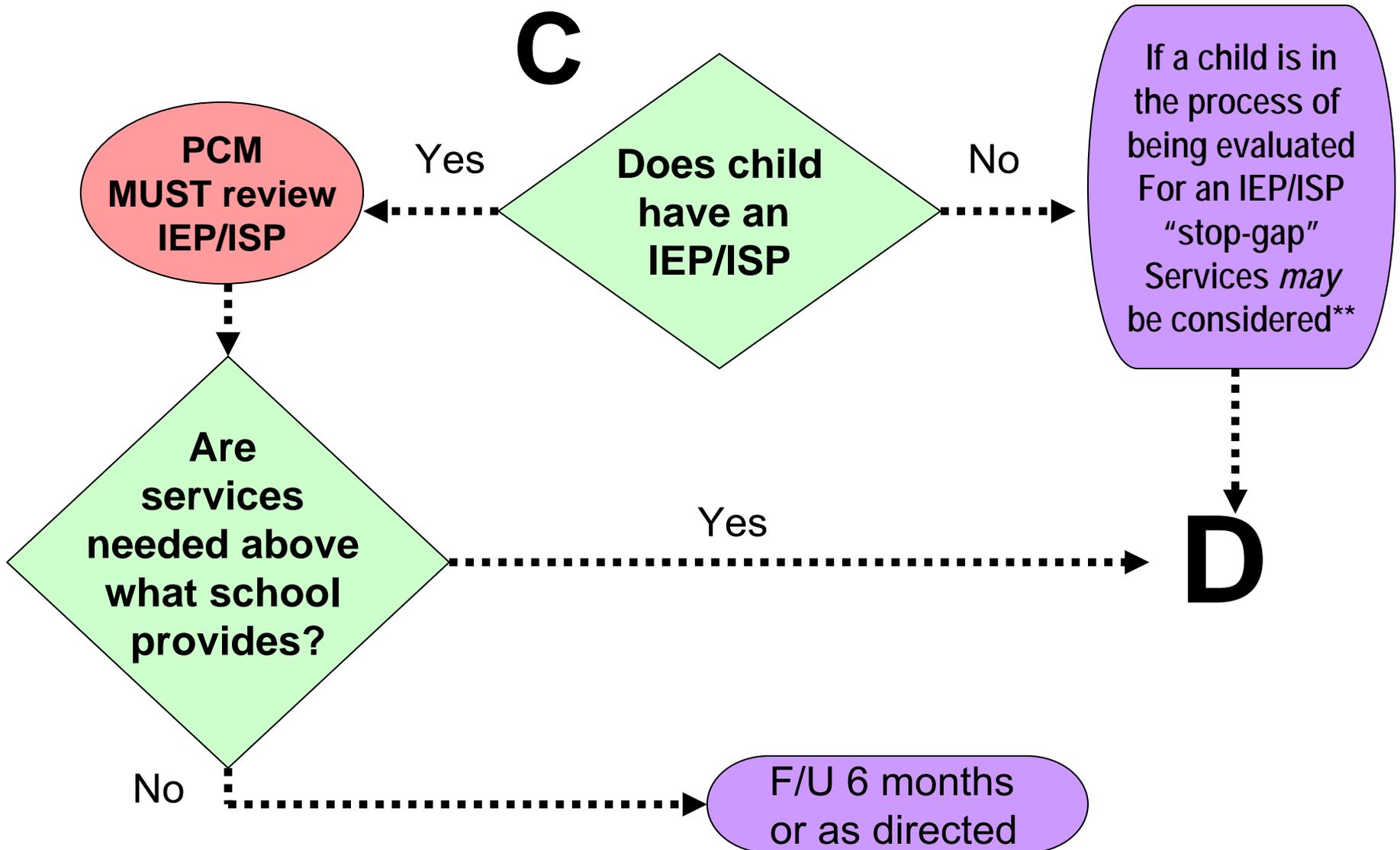
No

PCM  
Reviews  
Evaluation  
results

To  
**C**

1. D/C from Clinic-no follow-up needed
2. Follow-up for monitoring
3. Follow-up @ parent's request
4. Parent may request 2<sup>nd</sup> opinion via PCM

# NMCP Speech/Language Disabilities Referral/Screening (Age Three to Five)



# NMCP Speech/Language Disabilities Referral/Screening (Age Three to Five)

PCM place consult for\*:

- ***“speech therapy beyond what the school is providing, length of time and frequency of therapy to be determined by the provider, as deemed necessary, not to exceed 2 visits/week.”***
- Include justification that ***“intensity or timeliness of speech services as proposed by the educational agency are not appropriate medical care”***

**D**

Defer to Network:  
MCSC processing

Within 7 to 10 business  
days, family receives MCSC  
authorization letter

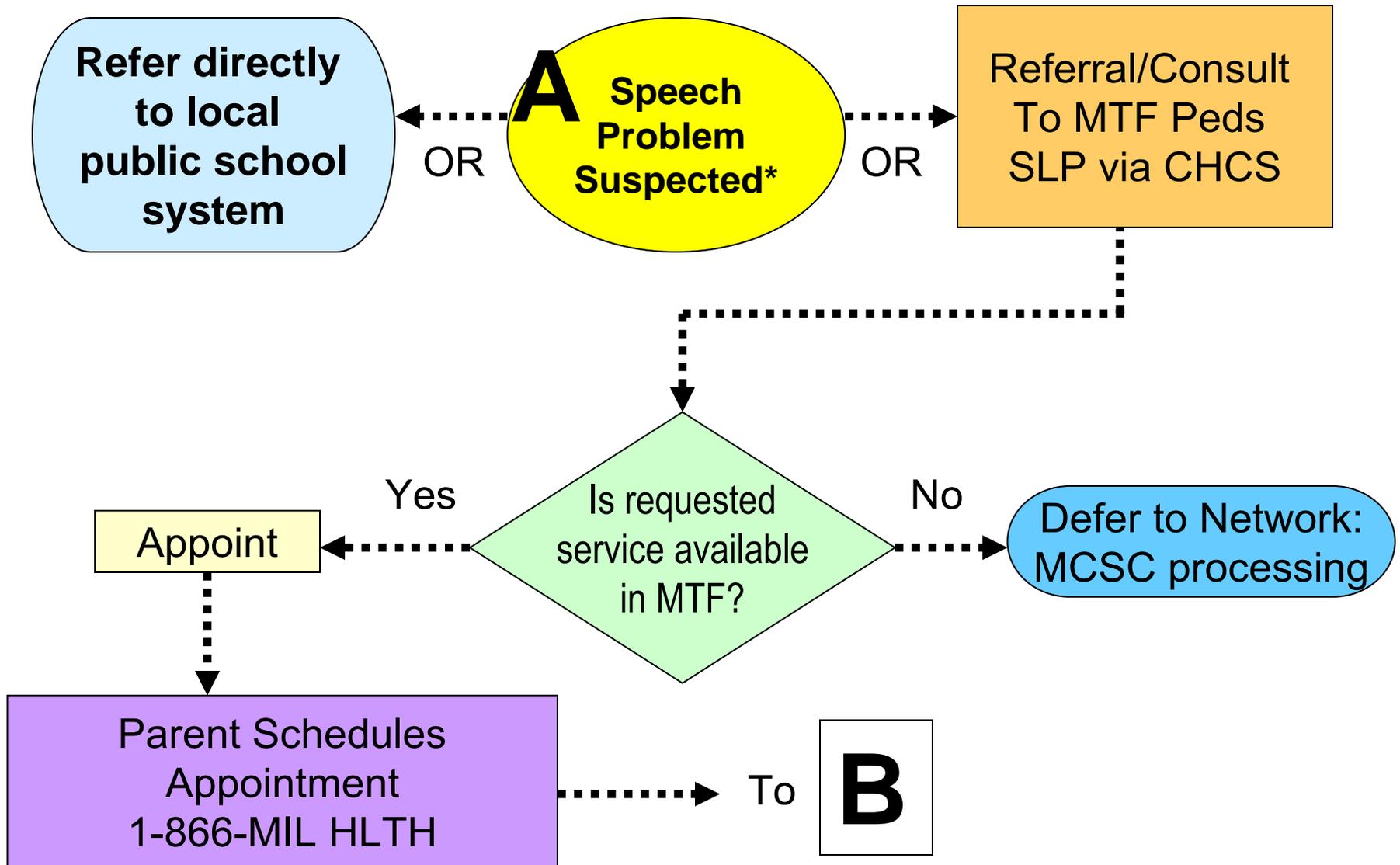
Activate Therapy-23 Visits

For renewals

- Speech provider submits renewed request to MCSC for authorization.
- *Renewed requests must demonstrate significant progress or new goals.*
- PCM include statement that indicates that beneficiary is benefiting from supplemental speech therapy and that PCM has reviewed speech therapist's care plan that documents benefit.

*\*PCM should indicate consult that child has ALREADY BEEN EVALUATED to prevent child from being sent back to procedure "A"*

# NMCP Speech/Language Disabilities Referral/Screening (Age > 5)



# NMCP Speech/Language Disabilities Referral/Screening (Age > 5)

**B**

## NMCP MTF Peds Speech Evaluation

SL services indicated?

Yes

No

Parent provided:

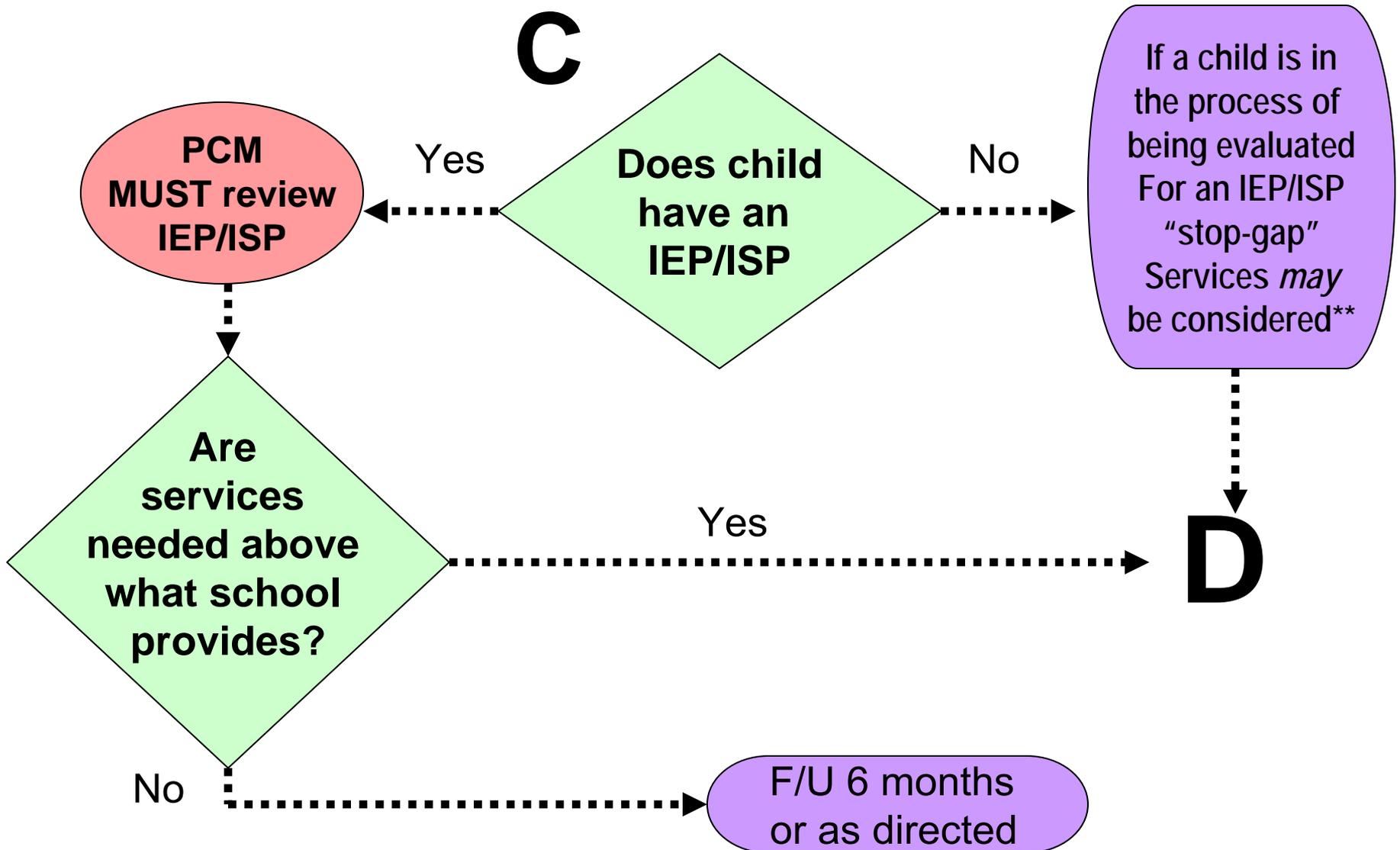
- Copy of evaluation results with recommendation of needed SL services
- Information about IEP/ISP process and how to access public school system services
- EFMP information
- Consult for Audiology (if needed)
- PCM asked to enter any other needed consults.
- Private treatment as a last resort

PCM Reviews Evaluation results

To **C**

1. D/C from Clinic-no follow-up needed
2. Follow-up for monitoring
3. Follow-up @ parent's request
4. Parent may request 2<sup>nd</sup> opinion via PCM

# NMCP Speech/Language Disabilities Referral/Screening (Age > 5)



# NMCP Speech/Language Disabilities Referral/Screening (Age > 5)

PCM place consult for\*:

- ***“speech therapy beyond what the school is providing, length of time and frequency of therapy to be determined by the provider, as deemed necessary, not to exceed 2 visits/week.”***
- Include justification that ***“intensity or timeliness of speech services as proposed by the educational agency are not appropriate medical care”***

**D**

Defer to Network:  
MCSC processing

Within 7 to 10 business  
days, family receives MCSC  
authorization letter

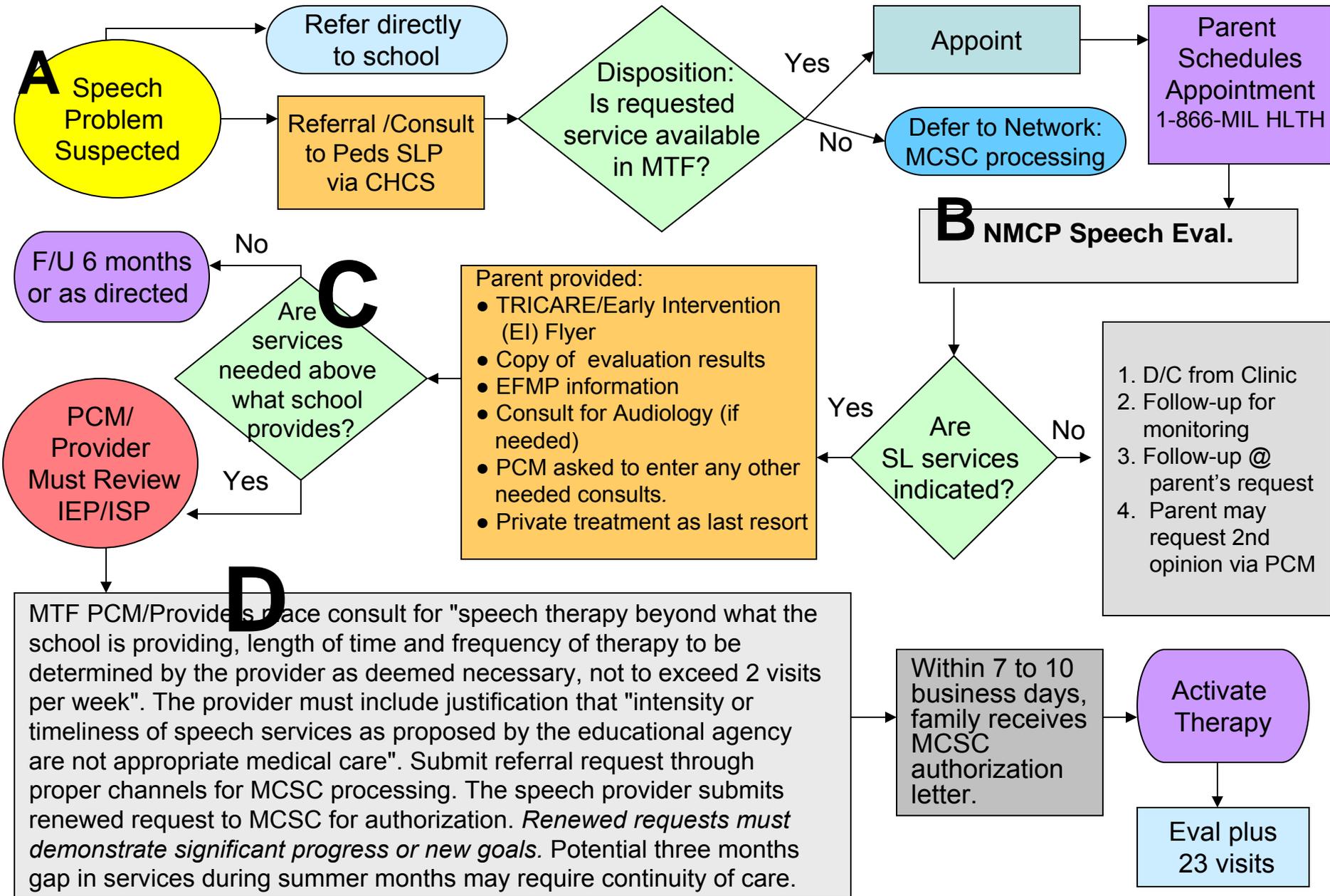
Activate Therapy-23 Visits

For renewals

- Speech provider submits renewed request to MCSC for authorization.
- *Renewed requests must demonstrate significant progress or new goals.*
- PCM include statement that indicates that beneficiary is benefiting from supplemental speech therapy and that PCM has reviewed speech therapist's care plan that documents benefit.

*\*PCM should indicate consult that child has ALREADY BEEN EVALUATED to prevent child from being sent back to procedure "A"*

# NMCP Speech/Language Disabilities Referral/Screening (Age ≥ Five)



# Question: “Are SL services needed above what the school provides?”

- Only physicians/providers can request speech therapy services
- Not parents, not speech therapists, not teachers, not local school authorities

# Question: “Are SL services needed above what the school provides?”

- If BOTH of the following criteria are met, approval can be given at the first level reviewer level (RN):
  - The physician states *in the referral*, that the services being provided within the public educational system are not of *sufficient intensity* or *timeliness* for a given beneficiary's speech needs
  - A *current* IEP/ISP is available attesting to what is being offered at the school
- If the request is *unaccompanied by a current IEP/ISP* or if the IEP/ISP indicates that speech services are unnecessary or not being provided, the request goes to second level (MD) review.

# What assessment criterion does the PCM/ Provider use to determine speech services are needed above what school provides?

- Is the child making meaningful progress?
  - Review the child's IEP/ISP and progress notes: is there evidence of expected progress being made
  - If Yes, then SL services above what school provides is not indicated
- Is the condition considered a qualifying “medical” condition under TRICARE guidelines?
  - If “No”, then suggest parent advocate for increased services at school. Parent can consult educational advocate if needed
- If child needs more SL services AND has qualifying medical diagnosis, then choose between ordering Tricare-funded SL OR advocating for increased SL at school.

# When would a PCM want to consider NOT ordering/renewing speech services over and above what school provides?

- Sometimes parents need permission to stop taking their children to therapy
- As a physician, you are also an advocate for ALL of your patients. There are not enough speech therapists to provide timely services to all children who have Rx for therapy
- By NOT prescribing therapy when services CAN and SHOULD be provided adequately in school, you can be better assured that children who need TIMELY services in the network will get them.

# How does the provider justify medical necessity that services are needed above what the school provides?

## General Concepts

- The physician/provider should be familiar with:
  - The IEP/ISP services and progress reports
  - Parental acceptance/non-acceptance
  - Compliance with school therapy
  - Recommendations (if any) from specialists that have evaluated the specific child in question
- The amount of SL services being requested should be reasonable, and, wherever possible, supported in evidence-based clinical literature.
  - e.g. an Rx for speech therapy 3-4 times weekly above and beyond that the school is providing will raise a red flag

# Individuals with Disabilities Education Act (IDEA)

(Public Law 102-119)

- The Nation's special education law that guides how schools deliver special education and related services to students with disabilities. It requires that, to the extent possible, children with disabilities are entitled to the same educational experience as their non-disabled peers.
  - Individualized Education Program (IEP) developed when children attend public school.
  - Individualized Service Plan (ISP) developed when children are home-schooled or attend private school.
- TRICARE requires an Individualized Education Program for children between the ages of 3-21.

# What is the Difference between an IEP and an ISP?

- **IEP** (*Individualized Education Program*)
  - A written education plan developed for children with disabilities entitled to FAPE (free and appropriate public education)
  - considered student's primary education document.
  - IDEA prescribes much of what an IEP must include and how it is developed and implemented.
  - A team of professionals and the child's parents develop the IEP to be sure the child's learning needs are met and to plan for the specific services the child will need in the future.
- The ISP (Individual Service Plan)
  - Must be developed and implemented for each parentally placed (private school or home schooled) child with a disability designated by the school to receive special education and related services.
  - Per IDEA, School Administrative Units (SAU) must locate, identify and evaluate all children with disabilities who are enrolled by their parents in private, elementary and secondary schools located within the geographical region served by the SAU. Yes, the SAU must maintain in its records and provide to the Department of Education annually, number of parentally placed private school children evaluated, the number determined to be children with disabilities, and the number served.
    - Reflects only services offered by the SAU.

# An IEP/ISP May Not Be Developed If...

- Child does not qualify for special education services
  - If the child does not qualify for an IEP/ISP, the MCSC advises the parent to return to the ordering doctor and have a new order for speech therapy written.
  - The order must acknowledge the child did not qualify for an IEP/ISP and explain why speech therapy should continue in the absence of an IEP/ISP.
    - There are very few instances (in children) where SL services will be medically indicated in the absence of a need for a IEP/ISP
- Child previously received services but has made significant progress and no longer requires services.
- The parent declines/refuses services
  - If a parent declines/refuses IEP/ISP services, the request for TRICARE SL will likely be denied. TRICARE policy requires beneficiaries, between the ages of 3-21 yrs of age to have an IEP/ISP in place.

# Continuation of Speech Therapy Beyond Initial Authorization

- Renewed requests must be accompanied by demonstrated **SIGNIFICANT PROGRESS** or new goals
  - (pre and post testing) not "little Johnny can now say mama and dada after six months of therapy".
  - "Significant improvement" would be a reduction in the degree of impairment or delay over the course/timeframe of the allotted therapy.
- In some cases, continuation may be granted if the child has not shown progress; however, the MCSC requires written justification of:
  - 1). Reasons progress has not been made
  - 2). Goals of continued therapy

# Speech Assessment Triggers...

## General

- Parent's concerns (any age) validated by PCM screening.
- Autism-
  - Evaluation:  
an SL assessment is indicated as part of an overall evaluation for a child suspected of having autism
  - Therapy:
    - < 3 yrs—EI
    - > 3-21 yrs Public School system

## Skill-Specific

- Fails standardized developmental screening.
- Infants (> 2 months) not naturally taking turns and trying to "talk" back to you when spoken to.
- Not babbling by 8 months
- Not pointing to show interest by 18 months
- Fails M-CHAT [Modified Checklist for Autism in Toddlers] at 18 or 24 months
- Not pointing to major body parts by 22 months

# Speech Assessment Triggers...

## General

- Hearing impairments when child:
  - produces no meaningful words or sounds
  - is understood only by family
  - speaks loudly in high pitched voice with frequent distortion, omission, and substitution of sounds.
- Disturbance in performing voluntary movements with mouth and voice:
  - cannot produce movements for sound production
  - varies from inability to produce any words to extreme difficulty being understood.

## Skill-Specific

- < 20 words at 24 months
- Not using 3-word sentences by 3 years
- The child has always babbled and/or talked and suddenly stops.
- Articulation disorders
  - by 3 yrs – not correctly producing sounds as p, b, m, w in words
  - by 4 yrs –not understood by strangers
  - by 5 yrs –not understood in all situations by most listeners.

# Speech Assessment Triggers...

## General

- Birth defects such as cleft lip/palate
  - (typically affects intelligibility –[resonance](#), [articulation](#))
- Swallowing/feeding disorders
- Global developmental delay (GDD): a SL assessment is often indicated as part of an overall evaluation for a child with GDD (< 3 yrs)

## Skill-Specific

- Fluency disorders include problems such as [stuttering](#)
  - the condition in which the flow of speech is interrupted by abnormal stoppages, repetitions (st-st-stuttering), or prolonging sounds and syllables (sssstuttering).
- Voice disorders
  - e.g. problems with the pitch, volume, or quality of voice distracts listeners from what's being said

# Civilian Community Speech Therapy Concern

- When providers refer clients for speech therapy and define the length of session such as "speech therapy 1 time/week for 60 minutes", this creates a problem for families as they see the time limit on their referral and expect that the agency is going to spend 60 minutes with their child, whether it's therapeutically appropriate or not. Often times it is not appropriate to spend that much time as children are unable to attend to therapy for more than an average of 30 minutes or so. The problem is 2-fold:
    - It gives parents the wrong impression of how long their sessions will be and they question the agency's integrity for suggesting a shorter session.
- AND
- It is not appropriate for TRICARE providers to prescribe speech in terms of time when speech is not a timed modality.



# Speech Language Process Work Group

- ***Neurodevelopmental Peds:*** Glenda Lewis-Fleming, Dr. Gretchen A. Meyer, Dr. Brad Hood, Dr. Carol Forssell, Dr. James Barton, Courtney Yoshikawa-Kuller
- ***D/C Planning:*** Diana Laing
- ***HBA:*** Kay Thomas and Mike Williams
- ***Multi-Market Office:*** Mary Price and Dr. Steven Yevich
- ***Referral Management Office:*** Cara Chinery
- ***HealthNet:*** Paulette Carlson, RN, Phyllis Richardson, RN - ST Team, Robert Lehman, RN - UM manager, Kristina Cooper, RN - UM supervisor
- ***Early Intervention (Part C) Representatives:*** Margee Brown, Jill Richardson, and Jessica Dupree

# Speech/Language Referrals

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**Or,**

***Health Net Federal Services 1-877-TRICARE***



# Question 1

Q. We often receive referrals from Early Intervention (EI) for kids who have NOT been to their PCM regarding delays at all. It's not unusual for the PCM to find out that an eval has been scheduled through our request for a paper prescription for the EI assessment. If services are recommended through the EI process FIRST, do these kids still have to go back to the beginning of the flow chart to be screened through the MTF to get a referral/auth in the system?

A. The PCM is the gatekeeper and a referral/auth must be entered for claim to pay. However, a process has been established wherein EI can coordinate with the MTF HBA for assistance.

# Question 2

- Q. When a referral is given to the wrong facility, what does it take to get this corrected? We have one family who's referral/auth was given to a different therapy agency. The mother has actively been trying to get the facility changed. Once changed, the new therapy agency had a long wait list before therapy could begin.
- A. Contact the MTF HBA who will coordinate with HealthNet to resolve this issue.

# Question 3

- Q. In the case of a cochlear implant recipient where Auditory/Verbal Therapy is recommended CHKD is the ONLY facility (to the best of our knowledge) in the Tidewater area who have Certified Auditory/Verbal therapists. CHKD does NOT provide EI services. What happens to this client's EI benefits while they are receiving Auditory/verbal therapy?
- A. Patient can receive speech therapy and Auditory/Verbal therapy at the same time. These are two different therapies and a referral is needed for each. [Speech code: 92507-individual /92508-group and A/V: 92626 (92630/92633)]