



Speech-Language Pathology (SLP)

Computer Based Training

Objectives

- **Define Speech-Language Pathology**
- **Review Medicare Coverage Determination**
- **Identify Components of a Treatment Plan**
- **Outline Dysphagia Guidelines**
- **Recognize Dementia Considerations**
- **Confirm Group Therapy/Treatment Limitations**
- **Explore Common Reasons for Denial**

Define:

Speech-Language Pathology

- **Speech-language pathology (SLP)**
 - **Diagnosis/treatment of speech, language or voice disorders ⇒ communication difficulties**
 - **Diagnosis/treatment of swallowing disorders**
- **Treatment services**
 - **Qualified SLP**
 - **Written treatment regimen**
 - **Physician involvement**
 - **Services of a therapy assistant or aide in SLP are not covered by Medicare**

Medicare Coverage Determination

- **Standards of practice**
- **Level of complexity required**
- **Expectation for patient progress**
- **Amount, frequency, and duration**
- **Significant improvement**

Certification

- **Timing**
- **Review of Plan**
- **Recertification**

Skilled Services

- **Rehabilitative treatment program**
- **Compensatory communication skills**
- **Augmentation devices**
- **Patient and family training**

Critical Components of an SLP Evaluation

- **Patient's history**
- **Onset/exacerbation date of current disorder**
- **Level of functional ability**
 - **PLOF ~ prior level of function**
 - **CLOF ~ current level of function**
- **Diagnostic tests and consultations**
- **Report of previous treatment**

Plan of Care (POC)

- **Identify specific services**
- **Short term/long term goals**
 - **Measurable**
 - **Functional**
 - **Realistic and pertinent**
- **Frequency/duration of treatment**
- **Re-evaluation**

Progress Notes

- **Address identified areas of treatment focus**
- **Document positive *and* negative clinical changes**
- **Integrate clinical observations with functional change**
- **Provide interpretation for the changes observed**
- **Include teaching and/or evidence of carry-over**

Suspension of Treatment

- **Possible Reasons for suspending treatment:**
 - **Recovery from an illness**
 - **Medical complications that must be stabilized**
 - **Progressive nature of the disease**
 - **Other medical treatment is reduced or ended**

Dysphagia Guidelines

- **Professional role of the speech-language pathologist**
- **Diagnostic procedures may include:**
 - **Bedside evaluation**
 - **Modified Barium Swallow (MBS)**
 - **Functional Endoscopic Evaluation of Swallowing Study (FEES) or Fiberoptic Endoscopic Evaluation of Swallowing Test (FEEST)**

Dysphagia Assessment

- **History & PLOF**
- **CLOF**
- **Presence/absence of feeding tube**
- **Coughing/choking**
- **Oral motor structure/function**
- **Oral sensitivity**
- **Muscle tone**
- **Laryngeal function**
- **Oropharyngeal function**
- **Swallowing function**
- **Positioning**

Modified Barium Swallow

Documentation

- **Documentation for the diagnosis of dysphagia shall include:**
 - **The presence of a swallowing dysfunction**
 - **The severity of its impact on the patient**
 - **Any noticeable pattern(s) demonstrated**
- **Recommendations should include:**
 - **Oral feeding precautions**
 - **Dietary restrictions or instructions**
 - **Appropriate therapeutic interventions**

FEES/FEEST Documentation

- **Fiberoptic Endoscopic Examination of Swallowing Safety (FEES)**
- **Fiberoptic Endoscopic Evaluation of Swallowing with Sensory Testing (FEEST)**
 - **Performed by physician or an SLP under general supervision of a physician**
 - **Documentation should include:**
 - **a detailed assessment of the sensory *and* motor components of a patient's ability to swallow**
 - **recommendations for compensatory management of oral intake**

Instrumental Exams Not Reasonable and Necessary

- **Clinical evaluation fails to support dysphagia**
- **Clinical evaluation supports dysphagia but...**
 - **Patient unable to cooperate or participate**
 - **Patient's safety is at risk**
 - **Exam would not change clinical management**
 - **Patient is too medically unstable**

Aural Rehabilitation

- **Skilled services required for aural rehabilitation**
 - **Document loss of hearing sensitivity**
 - * **Basic hearing evaluation and audiogram**
 - * **Type and extent of hearing loss**
 - **Document visual acuity**
 - * **Include correction required, as applicable**
 - **Document cognitive and memory skills**
 - **Document patient's motivation to improve**
- * * Note Exception: Treatment for hearing loss due to Cisplatin chemotherapy is not a billable service.**

Assessment for Aural Rehabilitation

- **Assessment**
 - **May be done by SLP**
 - **Includes evaluation of comprehension and production of language**

Treatment for Aural Rehabilitation

- **Treatment**
 - **Focuses on comprehension and production of**
 - **Language**
 - **Speech and voice production**
 - **Listening skills**
 - **Speech reading**
 - **Multimodal training**
 - **Communication strategies**
 - **Education and counseling**

Patients with Dementia

- **Is the patient alert?**
- **What is the patient's cognitive status?**
- **What is the patient's retention ability?**
- **Does the patient require cuing?**

Patients with Dementia

(continued)

- **What is the anticipated outcome for the patient?**
- **Does the documentation support skilled services to develop a functional maintenance program?**

GROUP THERAPY

- **Social clubs are *not* skilled therapy**
- **Medically reasonable and necessary**
 - Less than 5 patients
 - Relevant to identified needs
 - Not the entire plan of treatment
 - Individualized plan of care for *each patient*

Coverage Limitations

- **Treatment - not reasonable or necessary**
- **Prolonged duration of treatment**
- **Non-skilled services provided**
- **Inappropriate patient selection**

Coverage Limitations

(continued)

- **Routine diet changes**
- **Instrumental evaluation not documented and/or provided**
- **Maintenance program - does not require skilled intervention**
- **Patient lacks potential for improvement**
- **Prolonged treatment**

Coverage Limitations

(continued)

- **Lack of functional goals**
- **Goals not measurable or objective**
- **Goals not directed toward practical or functional improvement**

Coverage Limitations

(continued)

- **Insufficient documentation:**
 - **No evidence of prior level of function**
 - **No supporting evidence of decrease in function**
 - **No evidence of measurable progress**

Electrical Stimulation

- **Currently NO COVERAGE for**
 - **Surface electrical stimulation**
 - **Deep pharyngeal electrical stimulation**
 - **Intrinsic/Intramuscular stimulation**

Non-Skilled Services . . .

- **Non-Skilled Services:**
 - **Routine monitoring**
 - **Cues/prompts for practice**
 - **Routine diet alterations**

Documentation Requirements

- **700/701 Evaluation forms or in-house equivalent to include:**
 - **Signed and dated certification by physician**
 - **Date of evaluation**
 - **Start of care date**
 - **Medical diagnosis**
 - **Treatment diagnosis**
 - **Onset date**
 - **Current level of function**
 - **Prior level of function**
 - **Treatment plan with long and short term goals**

Documentation Requirements

Continued

- **Physician orders**
- **History and Physical**
- **Applicable nurses notes**
- **Previous therapy administered to include:**
 - **Date**
 - **Diagnosis for treatment**
 - **Modalities administered**
 - **Results of treatment**

Documentation Requirements Continued

- **Progress notes detailing service provided for each date of service billed**
- **Grid reflecting service/HCP/PCS provided**
- **Actual minutes provided to support each timed service/HCP/PCS provided**

Documentation for Diagnosis of Dysphagia

- **The presence of a swallowing dysfunction**
- **The severity of its impact on the patient**
- **Any noticeable pattern(s) demonstrated**
- **A formal descriptive narrative of the services provided**
- **The primary diagnosis and resulting secondary conditions**
- **Details of the examination supporting the medical indications**

What have you learned?

- **Defined speech-language pathology**
- **Discussed Medicare Coverage**
- **Reviewed components of treatment**
- **Outlined dysphagia and dementia guidelines**
- **Discussed various coverage limitations**

**Medical Review Speech-Language Pathologist Telephone
number: (402) 351-4869**

- **This program is presented for informational purposes only.**
- **The current Medicare regulations will prevail.**

References

- **American Speech-Language-Hearing Association. (2001). *Scope of practice in speech-language pathology*. Rockville, MD: Author.**
http://www.asha.org/NR/rdonlyres/4FDEE27B-BAF5-4D06-AC4D-8D1F311C1B06/0/19446_1.pdf
- **Centers for Medicare & Medicaid Services (CMS) Online Manual System. Benefit Policy Manual, Publication 100-2, Chapter 15, §230.3.**

References (continued)

- **Centers for Medicare & Medicaid Services (CMS)
Online Manual System Medicare National Coverage
Determination Manual, Publication 100-3, Part 3,
§170.3; Coverage Determinations**
- **WPS Medicare Local Coverage Determination (LCD)
for Speech and Language Pathology L5731**
- **WPS Medicare Local Coverage Determination (LCD)
for Dysphagia L2603**

**Thank you, you have completed
the CBT.**

**Would you like to take a 10 question
knowledge check?**

Yes, let's get started.

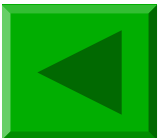
No, please take me back to
WPS Medicare's Provider
Homepage.

The skilled services of a Speech-Language Pathologist are required for restorative care not for maintenance care?

True

False

**That is not correct, please try
again.**



**This answer is true. See
slides 4 and 27.**

Speech-language Pathologists can treat swallowing disorders only if their patient has a communication disorder?

True

False

This answer is false. Speech-language pathologists can treat swallowing disorders, whether or not communication is impaired. See slide 3.

An instrumental assessment of swallowing may be needed if the Speech-Language Pathologist suspects a pharyngeal problem

True

False

This answer is true. See slide 11.

The Speech-Language Pathologist should document the positive as well as negative changes observed during clinical interactions?

True

False

**This answer is true. See
slide 4.**

The establishment of
compensatory skills that enhance
communication is a non-skilled
service?

True

False

This answer is false. The establishment of compensatory skills that enhance communication is a skilled service. See slides 3 and 4.

Routine monitoring of feeding is considered a skilled service?

True

False

This answer is false. Routine monitoring after a well established plan of care can be accomplished by a care giver and is not considered a skilled service. See slide 27.

Documentation must support an expectation that the patient's condition will improve significantly within a reasonable period of time?

True

False

**This answer is true. See
slide 4.**

The bedside assessment allows
for the definite determination of
aspiration?

True

False

This answer is false. The bedside evaluation provides reliable information about the oral cavity and oral function only. The bedside assessment does not allow for a definitive determination of the etiology of or the presence of, any aspiration. See slide 11.

Documentation for aural rehabilitation should include the patient's visual acuity?

True

False

This answer is true. See slide 16.

Treatment activities that require the use of repetitive cues or prompts for practice and skill maintenance are considered skilled services?

True

False

This answer is false. Treatment activities that require the repetitive use of cues or prompts for practice and skill maintenance are not skilled.

These activities can be performed independently or supervised by family and/or care staff. See slide 27.

**Thank you, you have completed
the Knowledge Check.**

Would you like to take another CBT?

Yes, let's get started.

No, please take me back to
WPS Medicare's Provider
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