

EFFECTIVE
12-26-2021

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

471 NAC 23

TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 23 SPEECH PATHOLOGY AND AUDIOLOGY SERVICES

001. SCOPE AND AUTHORITY. The regulations govern the services provided under Nebraska's Medicaid program as defined by Nebraska Revised Statute (Neb. Rev. Stat.) §§ 68-901 et seq.

002. DEFINITIONS. The following definitions apply:

002.01 AUDIOLOGIST. An individual who practices audiology and who presents their self to the public by any title or description of services incorporating the words audiologist, hearing clinician, or hearing therapist or any similar title or description of services.

002.02 PRACTICE OF AUDIOLOGY. The application of evidence-based practice in clinical decision making for the prevention, assessment, habilitation, rehabilitation, and maintenance of persons with hearing, auditory function, and vestibular function impairments and related impairments. Practice of audiology does not include the practice of medical diagnosis, medical treatment, or surgery. Practices do include:

- (A) Cerumen removal from the cartilaginous outer one-third portion of the external auditory canal when the presence of cerumen may affect the accuracy of hearing evaluations or impressions of the ear canal for amplification devices; and
- (B) Evaluation, selection, fitting, and dispensing of hearing instruments, external processors of implantable hearing instruments, and assistive technology devices as part of a comprehensive audiological rehabilitation program.

002.03 PRACTICE OF SPEECH-LANGUAGE PATHOLOGY. The application of principles and methods associated with the development and disorders of human communication skills and with dysphagia and cognition services, in which principles and methods include screening, assessment, evaluation, treatment, prevention, consultation, and restorative modalities for speech, voice, language, language-based learning, hearing, swallowing, cognition, or other upper aero-digestive functions for the purpose of improving quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and environmental barriers. Practice of speech-language pathology does not include the practice of medical diagnosis, medical treatment, or surgery.

002.04 SPEECH-LANGUAGE PATHOLOGIST. An individual who presents them self to the public by any title or description of services incorporating the words speech-language

pathologist, speech therapist, speech clinician, and having completed all requirements of the American Speech-Language-Hearing Association to practice speech-language pathology.

003. PROVIDER REQUIREMENTS.

003.01 GENERAL PROVIDER REQUIREMENTS. To participate in Medicaid, providers of speech pathology and audiology services must comply with all applicable provider participation requirements codified in 471 Nebraska Administrative Code (NAC) 1, 2, and 3. In the event that provider participation requirements in 471 NAC 1, 2, or 3 conflict with requirements outlined in this 471 NAC 23, the individual provider participation requirements in 471 NAC 23 will govern.

003.02 SPECIFIC PROVIDER REQUIREMENTS. If speech pathology or audiology services are provided outside Nebraska, the speech pathologist or audiologist must be licensed by the state in which the services are provided. If the applicable state does not provide licensure for speech pathologists or audiologists, the provider must:

- (A) Have been granted a certificate of competency by the American Speech, Language, and Hearing Association. A photocopy of the certificate of competency must be submitted to the Department with a signed and completed Medical Assistance Provider Agreement;
- (B) Meet the equivalent educational and work experience requirements needed for a certificate of competency; or
- (C) Have completed the academic program requirements and be acquiring the supervised work experience needed for the certificate of competency.

003.03 PROVIDER AGREEMENT. The speech pathologist or audiologist must complete a Medical Assistance Provider Agreement, and submit it to the Department to participate in Nebraska Medicaid.

003.03(A) OUT OF STATE PROVIDERS. Out of state providers who are not licensed must submit a photocopy of the certificate of clinical competency to the Department with a signed and completed Medical Assistance Provider Agreement. The Department will submit the form to the Nebraska Speech Pathology and Audiology Licensure Board for evaluation.

004. SERVICE REQUIREMENTS.

004.01 GENERAL SERVICE REQUIREMENTS.

004.01(A) MEDICAL NECESSITY. Medicaid incorporates the definition of medical necessity in 471 NAC 1 as if fully rewritten herein. Services and supplies that do not meet the 471 NAC 1 definition of medical necessity are not covered.

004.01(B) SERVICE CRITERIA. Medicaid covers speech pathology and audiology services when the following criteria are met. The service must be:

- (i) An evaluation;
- (ii) Restorative therapy with a medically appropriate expectation that the recipient's condition will improve significantly within a reasonable period of time; or

- (iii) For physical therapy services only, recommended in a Department- approved Individual Program Plan (IPP), and the recipient is receiving services through one of the following waiver programs:
- (1) Comprehensive Developmental Disabilities Services Waiver;
 - (2) Developmental Disabilities Adult Residential Services Waiver;
 - (3) Adult Comprehensive Waiver; or
 - (4) Home and Community Based Services Waiver for Aged Adults and Children with Disabilities.

004.01(C) SERVICES PROVIDED FOR RECIPIENTS ENROLLED IN THE NEBRASKA MEDICAID MANAGED CARE PROGRAM. See 471 NAC 1.

004.01(D) EARLY PERIODIC, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES. See 471 NAC 33.

004.02 COVERED SERVICES. Nebraska Medicaid covers speech pathology and audiology services when the following criteria are met:

- (1) The services are ordered by a licensed physician or nurse practitioner;
- (2) The services are medically necessary;
- (3) The services are such that only a licensed speech pathologist or audiologist can safely and effectively perform the service; and
- (4) The speech pathology or audiology service meets at least one of the service criteria.

004.02(A) MAINTENANCE PROGRAM. The speech pathologist or audiologist must:

- (i) Evaluate the recipient's needs;
- (ii) Design a maintenance program; and
- (iii) Instruct the recipients, family members, or nursing facility staff in carrying out the program.

004.02(B) SERVICES FOR INDIVIDUALS AGE 21 AND OLDER. For recipients age 21 and older, Nebraska Medicaid limits coverage to a combined total of 60 therapy sessions per fiscal year. The combined total of 60 therapy sessions per fiscal year includes all occupational therapy, physical therapy, speech pathology, and audiology sessions provided to the recipient.

004.03 NON-COVERED SPEECH PATHOLOGY AND AUDIOLOGY SERVICES. Nebraska Medicaid does not cover the following speech pathology or audiology services:

- (A) Maintenance therapy provided by a speech pathologist;
- (B) Therapy for vocational and prevocational assessment and training;
- (C) Therapy for functional capacity evaluations, educational testing, drivers training, or training in non-essential self-help or recreational activities, visual perception training, or treatment of psychological conditions;
- (D) Therapy for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that are self-correcting;
- (E) Therapy for delays in speech development that is not due to a specific medical condition or brain injury; or
- (F) Therapy for the following conditions or diagnosis categories:

- (i) Psychosocial speech delay;
- (ii) Behavior problems;
- (iii) Attention disorders;
- (iv) Conceptual handicap; or
- (v) Learning disability.

005. BILLING AND PAYMENT FOR SPEECH PATHOLOGY AND AUDIOLOGY SERVICES.

005.01 BILLING.

005.01(A) GENERAL BILLING REQUIREMENTS. Providers must comply with all applicable billing requirements codified in 471 NAC 3. In the event that individual billing requirements in 471 NAC 3 conflict with billing requirements outlined in this 471 NAC 23, the individual billing requirements in 471 NAC 23 will govern.

005.01(B) SPECIFIC BILLING REQUIREMENTS.

005.01(B)(i) BILLING INSTRUCTIONS. The Provider must bill Nebraska Medicaid, using the appropriate claim form or electronic format.

005.01(B)(ii) USUAL AND CUSTOMARY CHARGE. The provider, or their authorized agent, must submit the provider's usual and customary charge for services rendered.

005.01(B)(iii) MEDICAL NECESSITY DOCUMENTATION. The provider must list the following information when submitting a claim for speech pathology or audiology services:

- (1) Date of illness or injury onset;
- (2) Date speech pathology or audiology plan established;
- (3) Date speech pathology or audiology started; and
- (4) Number of speech pathology or audiology visits from onset.

005.02 PAYMENT.

005.02(A) GENERAL PAYMENT REQUIREMENTS. Nebraska Medicaid will reimburse the provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC 3. In the event that individual payment regulations in 471 NAC 3 conflict with payment regulations outlined in this chapter, the individual payment regulations in this chapter will govern.

005.02(B) SPECIFIC PAYMENT REQUIREMENTS.

005.02(B)(i) PAYMENT FOR INDIVIDUAL PROVIDERS. Nebraska Medicaid pays for covered speech pathology and audiology services in the amount equal to the lesser of:

- (1) The provider's submitted charge; or
- (2) The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service.