

INDEX

|   | Page     |
|---|----------|
| <b>746.4 LICENSED SPEECH AND LANGUAGE PATHOLOGISTS</b>                |          |
| <b>746.41 Eligible Providers .....</b>                                | <b>1</b> |
| <b>746.42 Provider Responsibilities .....</b>                         | <b>1</b> |
| <b>746.43 Covered Services .....</b>                                  | <b>2</b> |
| <b>746.44 Noncovered Services .....</b>                               | <b>2</b> |
| <b>746.45 Prior Approval and Utilization<br/>        Review .....</b> | <b>3</b> |
| <b>746.46 Reimbursement .....</b>                                     | <b>4</b> |

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**746.4 LICENSED SPEECH AND LANGUAGE PATHOLOGISTS**

The New Mexico Medicaid program (Medicaid) pays for medically necessary services furnished to eligible recipients, including outpatient services furnished to recipients under twenty-one (21) years of age by licensed speech and language pathologists.

This section describes eligible providers, covered services, service limitations, and general reimbursement methodology.

**746.41 Eligible Providers**

Upon approval of New Mexico Medical Assistance Provider Participation Applications by the New Mexico Medical Assistance Division (MAD), master's level speech and language pathologists are eligible to be reimbursed for furnishing services to recipients under twenty-one (21) years of age. See Section MAD-767, REHABILITATION SERVICE PROVIDER, for information on service provision to Medicaid recipients of any age. See Section MAD-747, EPSDT SCHOOL-BASED SERVICES, for information of services provision as part of school-based services.

Speech or language pathologists must be licensed by the Board of Speech-Language Pathology and Audiology under the Department of Regulation and Licensing.

Once enrolled, providers receive a packet of information, including Medicaid program policies, and billing instructions, utilization review instructions, and other pertinent material from MAD. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from MAD.

**746.42 Provider Responsibilities**

Providers who furnish services to Medicaid recipients must comply with all specified Medicaid participation requirements. See Section 701, GENERAL PROVIDER POLICIES.

Providers must verify that individuals are eligible for Medicaid at the time services furnished and determine if Medicaid recipients have other health insurance. •

Providers must maintain records which are sufficient to fully disclose the extent and nature of the services furnished to recipients. See Section 701, GENERAL PROVIDERS POLICIES.

**746.43 Covered Services**

Medicaid covers evaluations, individual therapy, and group therapy which are furnished in an outpatient setting. Services must be furnished for the purpose of diagnostic study or treatment and be designed to improve the recipient's condition. Medicaid covers speech therapy services furnished to Medicaid recipients under twenty-one (21) years of age which control symptoms and maintain the functional level to avoid further deterioration.

- (A) All services must be medically necessary to treat a condition identified in the Tot to Teen Healthcheck screen.
- (B) Services must be performed within the scope and practice of the speech and language pathology profession, as defined by state law.
- (C) All services furnished by speech and language pathologists require a physician referral.

**746.44 Noncovered Services**

Services furnished by speech and language pathologists are subject to the limitations and coverage restrictions which exist for other Medicaid services. See Section MAD-602, GENERAL NONCOVERED SERVICES.

Medicaid does not cover these specific services:

1. Services furnished to individuals who are not eligible for EPSDT services;
2. Services for which prior approval has not been received;
3. Services which are not within the scope of practice of the speech and language pathologist;
4. Services furnished without a physician referral; and
5. Services which are primarily educational or vocational in nature.

**746.45 Prior Approval and Utilization Review**

All Medicaid services are subject to utilization review for medical necessity and program compliance. Reviews may be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See Section MAD-705, PRIOR APPROVAL AND UTILIZATION REVIEW. Once enrolled, providers receive instructions and documentation forms necessary for prior approval and claims processing.

- (A) All speech and language pathology services require prior authorization from MAD or its designee. The request for prior approval must indicate if any services are being furnished through the school system and explain how the requested services are necessary to augment services furnished in the schools.

Services for which prior approval were obtained remain subject to utilization review at any point in the payment process.

- (B) Prior approval of services does not guarantee that individuals are eligible for Medicaid. Providers must verify that individuals are eligible for Medicaid at the time services are furnished and determine if Medicaid recipients have other health insurance.
- (C) Providers who disagree with prior approval request for denials or other review decisions can request a re-review and a reconsideration. See Section MAD-953, RECONSIDERATION OF UTILIZATION REVIEW DECISIONS.

**746.46 Reimbursement**

Speech and language pathologist must submit claims for reimbursement on the HCFA-1500 claim form or its successor. See Section MAD-702, BILLING FOR MEDICAID SERVICES. Once enrolled, provider receive instructions on documentation, billing, and claims processing.

Reimbursement to licensed master's level speech and language pathologists is made at the lesser of the following:

1. The provider's billed charge; or
  2. The MAD fee schedule for the specific services.
- (A) The provider's billed charge must be their usual and customary charge for service.
- (B) "Usual and customary" refers to the amount an individual practitioner charges the general public in the majority of cases for a specific procedure or service.