



ADVOCACY HEADLINES

STAY INFORMED...GET INVOLVED!

Winter 2024

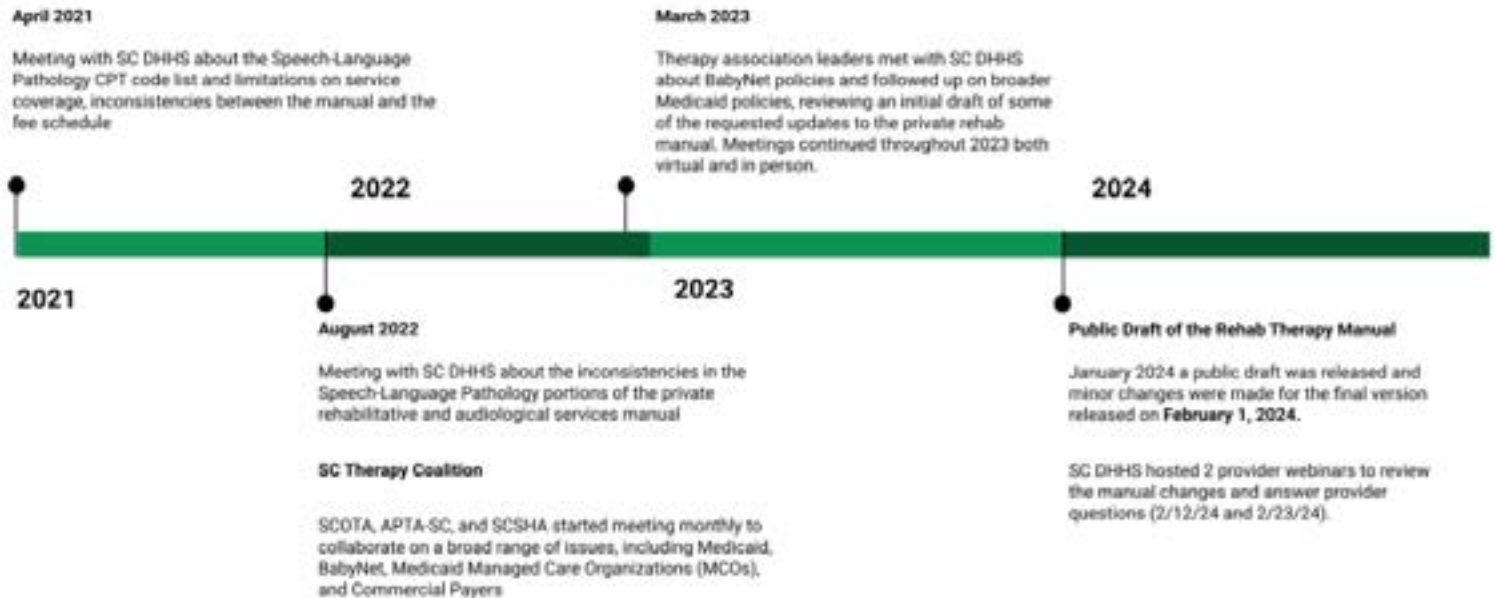
Advocacy Headlines



In early January 2024, Medicaid providers received news that the SC Department of Health and Human Services issued a public draft of the Rehabilitative Therapy and Audiological Services provider manual. This has been the culmination of over three years of work and collaboration with stakeholders. We are excited to report on the process we completed and give a summary of the updates for providers. The ultimate hope is that these provider manual improvements enhance and improve access to care.

Going from “wanting change” to “goal met”

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Highlights of the changes in the updated Medicaid policy manual

- **Newly organized manual** with reduction in vague and misinterpreted language on provider requirements, signatures, claim timelines
- Clarified that the **SLP provider diagnoses the presence and severity of the disorder**; reporting of standardized test scores is not required to diagnose the presence of a disorder. This should assist you with advocating for medically necessary services when an objective assessment does not adequately demonstrate the impairment, is not valid, or is not appropriate/available, or the MCO payer has established a standard score threshold in order to authorize services. **SCSHA will continue to advocate for the MCOs to amend their policies in 2024.**
- **Expanded covered services**
 - Added **Pediatric Feeding Disorder** to the list of diagnoses for SLPs
 - **Procedure codes (CPT codes) are updated** and match professional practice patterns, with the exception of 92507 and 92508 remaining 15-minute timed codes, and allowing S9152 for re-evaluations. CPT 92526 is a treatment code and does require authorization after 420 units (children) and for all adult services.
 - **The Fee Schedule is updated and active as of 2/1/24**
 - Changed the “one per lifetime” limit on **initial evaluations to “one per new plan of care per provider, location, or billing entity”** (see the manual for this language) - this means if the previous plan of care was completed, a new initial evaluation may be completed. If operating under the same plan of care, another assessment may be considered a re-evaluation, which can be billed up to 2 times per year, and on the same day as a treatment code.
 - Ensured that **92610, swallow eval, is included** in the CPT code list and fee schedule
 - Cochlear implant coverage no longer requires a hearing aid trial if the service has received prior authorization
- **Telehealth is now defined** in the manual, however the only covered CPT code for SLPs is **92507**, consistent with Medicaid policy during the PHE. **Ongoing advocacy is needed at the federal and state level to improve telehealth coverage for therapy providers.**
- Early Periodic Screening, Diagnostic, and Treatment benefit (EPSDT) is now defined and included in the rehabilitative therapy policy manual
- **Timeline for documentation**: completed prior to claiming, or must follow guidance from LLR, whichever is sooner. The Speech-Language Pathology and Audiology Board does not have guidelines on documentation timelines other than what is listed in the SC LLR code of ethics, rule 5D: “Individuals shall maintain documentation of professional services rendered.” Other payers and employers may still impose their own internal requirements, however, providers may use this information to advocate for a grace period to file documentation when needed.
- Signatures of the rendering provider as well as the supervisor are required on all clinical notes, including credentials for both.
- Medical records must be maintained up to 4 years after the last claim payment date (used to say 5 years)
- Prior authorization (PA) is not required for adult evaluations, but PA is required for treatment. Adult therapy services are also described in the Physician Services Manual under the PM&R benefits, which remains another area for SCSHA, SCOTA, and APTA-SC to advocate for change.
- Children’s therapy services (up to age 21) **do not require prior authorization** up to the 420 unit threshold.
- School-based services **do not count toward the 420 unit threshold** and this language was added into the provider manual so that children may easily access community-based therapy services when medically necessary.

What's Next in Medicaid Advocacy?

There are other important changes in the rehabilitative therapy manual. I would encourage all providers considering enrolling with, or are currently enrolled with SC Medicaid, to review the new provider manual. You may submit any additional questions or requests for clarification to the email provided on the SC DHHS Bulletin linked [HERE](#).

Providers need to appeal denials. We heard from the 2023 ASHA Payer Summit that SLP and Audiology providers have a low participation rate in the appeals process for denied services. While it is understandable that appealing takes up valuable clinic time, it also sends the wrong message when providers are not fighting for medically necessary services to be covered. If you need assistance on appeals, the ASHA reimbursement team has been helpful for a number of our members in the past and are willing to assist you. **Our state's ASHA STAR, Dr. Lori-Ann Ferraro**, is a good resource to connect with ASHA about commercial and medicaid payer issues.

Changes in the rehabilitative therapy manual, which are also relevant to practice in the school setting, will be part of SCSHA advocacy on the LEA (Local Education Agency) services manual. The SCSHA School SLP Committee has had some discussions on the next steps in advocating for similar improvements in the LEA manual. There will be multiple stakeholders involved since this concerns the school setting, however, we'd like to push for the agency to continue the pattern they've established of collaborating with stakeholders for the benefit of those needing to access services.

Adult Medicaid Services: If you want to be involved in advocating for change for **Adult Medicaid services** (specifically 4 week and 8 week service limitations and additional authorization requirements), please consider getting in touch with Kelly Caldwell, SC Vice President of Government Affairs, about a therapy meeting to be planned 2024 to collect ideas on what barriers you are experiencing for adult outpatient services.

SC Therapy Coalition Town Hall

We are holding a SC Therapy Coalition Town Hall on **April 6th at 10am**, and on **April 9th at 8pm**. We will email out a sign up link. Please plan to participate! These zoom meetings are generally not recorded so that those participating may speak freely, and we ask that those participating are current members of their respective state associations.

SCSHA Legislative Advocacy Day 2024

Our Annual SCSHA Legislative Advocacy Day is planned for March 20, 2024. Our speaker will be zooming with us at the Palmetto Club that morning. We plan to invite the 2024 Legislator of the Year, Senator Danny Verdin, to receive his award. You can find out more about Legislative Advocacy Day at the link below.

<https://scsha.memberclicks.net/legislative-day>



scsha

2024 LEGISLATIVE DAY

March 20, 2024

Schedule:

8:00	SCSHA Breakfast at the Palmetto Club
8:30	Legislator of the Year Presentations
10:00-10:30	Legislator of the Year Presentations
11:30	Meet at Statehouse Steps
12:00	Attend SC House & Senate Sessions
3:00	End

Connect with SCSHA

- SCSHA Monthly Provider Calls - See the Calendar on SCSHA.net
- Committee Meetings- usually quarterly, and when possible, listed on the SCSHA.net calendar. Meetings occur virtually and are not recorded. The work of the committee helps our lobbyist to be an effective advocate for the association. ASHA supports our work by providing resources and meeting on various topics throughout the year. Committees include but are not limited to:
 - School SLP
 - BabyNet
 - Reimbursement
 - AAC
 - Legislative Affairs
- Contact Us Form online



SC SPEECH-LANGUAGE-HEARING ASSOCIATION

scsha

MONTHLY PROVIDER CALLS

ALTERNATING THIRD FRIDAY OR SECOND MONDAY EACH MONTH

SEE CALENDAR ON SCSHA.NET FOR THE SCHEDULE AND ZOOM LINKS

Medicare & how it affects South Carolina providers

Medicare Cuts: ASHA is continuing to lobby congress, coordinate with other impacted provider associations, and press CMS directly on these cuts. You also have an opportunity to Tell Congress to Stop the Medicare Cuts(!) by sending a letter to your representatives through ASHA's voter voice website. [Click here to learn more.](#)



If you click the link to the ASHA Voters' Voice website, the webpage will generate an editable letter that will automatically be sent to your state representatives. We encourage you to edit the form letter sharing your personal perspective and the impact these cuts have on

you and your patients. Representatives have told us that personal statements in these letters have a much bigger impact than the form letters alone.

Practice Expense Survey: Participate in the **clinician practice information (CPI) survey** beginning in late February 2024! Randomly selected audiologists and speech-language pathologists (SLPs) in private and group practices will receive an email from Mathematica, the survey administrator, to participate in the clinician practice information (CPI) survey!

The intent of the effort is to collect updated and accurate data on practice costs, which are a key element of clinician payment. This information has not been updated since it was last collected over 15 years ago and it is critically important to collect current data to ensure accurate payment. [For more information about the survey, how it works, and what is done with this data visit the ASHA website.](#)

Each of these nationwide efforts [the practice expense survey and asking the legislature to stop rate cuts] can have a big impact on Medicare rates. Please share this information with your colleagues and encourage them to engage if they are selected for the survey.

Everyone can send a letter to tell congress to stop the Medicare cuts- advocacy is strengthened by your voice.

Why does Medicare affect providers in South Carolina?

The SC Medicaid state plan on file with CMS must go through many layers of approval before it can be changed. Right now the state plan includes a reimbursement rate formula for speech OT and PT services that is entirely dependent upon the Medicare fee schedule (71%).

Even when a provider is not enrolled with Medicaid, reimbursement rates from Medicare and Medicaid could have a positive or negative impact on the prevailing market rate for speech therapy services, which commercial insurance carriers reference in setting their contracted rates with providers.

Get this one thing done - today!

SC Statehouse News

We continue to follow specific bills in the SC Legislature ranging from telehealth, to schools, to healthcare. We have requested our lobbyist to advocate for us on **Senate Bill 305, House Bill 4159, Senate Bill 855, Senate Bill 418, and Senate Bill 915**. We will issue a specific call for action when we are ready for grassroots movement!

What about SC DHHS Reimbursement Rate Increases? I am waiting - impatiently at times - for the legislature to finalize the initial version of the 2024 Appropriations bill, otherwise known as the state budget. SC DHHS requested \$3.01 million to increase reimbursement rates for SLP, OT, and PT services, and spoke of an approximate 20% increase in provider rates when they testified with the House Ways and Means committee. We do not yet know that the legislature will approve this request in the budget, but we remain hopeful that it will pass in 2024. This is our primary focus at SCSHA Legislative Advocacy Day on March 20, 2024.



If you have drafted a letter to your SC legislator, we would ask you to continue to prepare and personalize those letters, and we will send an email to members when it's "GO TIME" to send the letters to your legislators. There is a suggested letter template on the SCSHA website under **Resources** → **FAQs**. You can also review an FAQ about Medicaid Reimbursement 2024 on that page in addition to other resources our leaders have prepared specifically for you!

Link to FAQs: <https://scsha.memberclicks.net/faqs>

Select Health / First Choice Reimbursement



From Select Health: "On January 1, 2024 Select Health launched a new value based contracting program available to our network therapy providers. This new program is aimed at improving quality outcomes for South Carolina children. To be eligible for participation, providers must be open to accepting new foster care children and must be currently providing services to at least 20 Select Health members. Qualifying providers are eligible for an incentive payment annually based on achieving set quality measures. To learn more about the program and to see if your practice is eligible, please contact Ruth Sisson Rsisson@selecthealthofsc.com for more details."

We also learned that Select Health is updating their Prior Authorization information, and have seen reports that they are allowing up to 72 visits per fiscal year without a required prior authorization for a covered CPT code for therapy services. If you have any problems with patients accessing care with Select Health, we would encourage you to reach out to Select Health directly, and then let SCSHA leadership know what kinds of barriers you are experiencing. The **SCSHA Reimbursement Committee** is helping to drive our advocacy on payer issues, so if you'd like to be part of this group, please contact **Carrie Hinnant**, Committee Chair (and VP of Finance and Leadership).

BlueCross BlueShield Issues?



South Carolina

BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association

More than a half a dozen practices have been in touch with SCSHA about credentialing delays with Blue Cross Blue Shield of SC. There are some providers with additional concerns about stagnant and low reimbursement rates on CPT 92507 (speech therapy). As BCBS-SC is one of the dominant payers in our state, it is critical that providers find ways to build a bridge and work with this payer. We would encourage providers to examine their practice expenses and determine if services can be provided under the reimbursement that BCBS is offering your practice. If not, please consider negotiating your contract renewal each year.

We are working together with ASHA Staff to locate and/or collaborate on resources to assist practices in negotiating rates. Since SC is a non-union state, it is critical that individual practices are doing their part to push back on low-ball reimbursement rates. Stay tuned for more information from SCSHA and ASHA about reimbursement rate negotiation strategies you can consider.

Humana Medicaid



If anyone is having claim issues on 92507 with Humana Medicaid (1 unit instead of the number of units you actually billed), and you have NOT tried to get the claim reprocessed correctly, please continue to appeal those denials. The update from Humana in February stated: “Our leadership team was able to expedite the claims project (IPAR) and the ETA for claim reprocessing is 2/15/2024. Please feel free to share with your associates at the association.” If you’ve received any kind of final notice that they will only pay 1 unit, keep appealing. A healthy provider-payer and payer-SCSHA relationship with SC DHHS, as well as the MCOs, will help us continue to resolve problems like these. We thank the providers who reached out to SCSHA about this difficulty.

Seeking Provider Feedback on PEBA



We have received information from several providers with concerns about state health plan beneficiaries accessing voice therapy services. If there are other barriers to care you are experiencing for patients under the PEBA health plan, please get in touch with SCSHA in 2024 so we can include all advocacy related to PEBA in a single effort this year.

Information that would assist in advocating for you includes: de-identified summary of the medical (physician) and treating (SLP) ICD-10 codes used for services rendered, reason for the initial denial, reasons an appeal was denied, CPT codes billed, and what steps a provider or patient took to attempt to get the claim accepted or paid.

Molina Medicaid



Molina made their speech therapy coverage policies public in Fall 2023. Our SCSHA Reimbursement committee chair, Carrie Hinnant, provided some advice for providers to ensure services can be approved. Please check out the policy document at the link below, and the graphic for more information!

Here's what you need to know:

To qualify for speech therapy services:

- Standardized & non-standardized tests are required.
- Total Score must be ≤ 70 on a 100-based scale.
- Or, a Total score ≥ 2 standard deviations from the mean.
- A thorough analytic interpretation is crucial.
 - Objective, measurable, and consistent methods for assessing deficits.
 - Clinical findings & recommendations summary should be provided.



For articulation disorders:

- A Standardized Total score of ≤ 70 is required.
- Plus, a speech sample of at least 50 utterances to confirm the disorder must be reported.

Feeding & swallowing therapy coverage criteria include:

- Ordered therapy for an organic medical condition, OR
- Immediate postoperative or convalescent state therapy, OR
- Documented Failure to Thrive / Weight Loss, unresponsive to interventions over 4 weeks, indicated by:
- Weight for height or BMI for age ≤ 10 percent or crossed (downward) at least 2 percentile lines of weight for age on growth chart for those under 18.
- Poor weight gain or abnormal swallow studies related to a feeding or swallowing disorder.

Not covered:

- Therapy for food aversion/ARFID is not covered under the speech therapy manual.

! If you face denials from Molina that don't align with their policy:

Please email the Executive Board at scshaed@gmail.com with a sanitized copy of the denial.

Don't let denied claims go unchallenged! Less than 40% are appealed, but each appeal matters. It's time to stand up for our patients' rights to proper speech therapy services!

[Link to Molina policy documents:](#)

MOLINA CLINICAL POLICY ALERT!

Molina Healthcare, a Managed Care Organization (MCO) of South Carolina Medicaid, has released their Speech Therapy Provider Policy Manual.



POLICY MANUAL

The clinical coverage manual for speech therapy can be found at:
<https://www.molinahealthcare.com/providers/sc/medicaid/policies/clinical-policies.aspx>



STANDARDIZED SCORE REQUIREMENTS

To qualify for speech therapy services, patients must have a standardized score of 70 or below and a total score with at least 2 standard deviations below the mean to receive coverage.



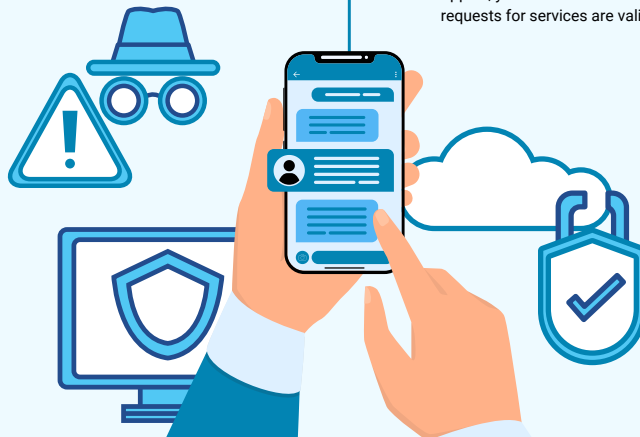
REPORT DENIALS TO SCSHA

If you are receiving denials from Molina for speech therapy patients that are not according to their policy manual, Let us know:
scshaed@gmail.com



APPEAL DENIALS

According to ASHA, less than 40% of denials are being appealed. By pursuing the appeal, you demonstrate that your requests for services are valid.



ICD-10 Updates from ASHA



Specific Parkinson's disease codes to report on claims. Providers may need to obtain new orders showing the corrected diagnosis codes when billing patients with insurances that have updated their coding requirements for the underlying diagnosis.

[For more information click here.](#)

Caregiver Training CPT Codes

ASHA recently released the results of significant advocacy to obtain procedure codes for caregiver training for Medicare beneficiaries. These codes are still being worked on behind the scenes, and need to be included in the national coverage determination (NCD) and local coverage determination (LCD) documents for Medicare so that the Medicare managed care plans will cover them. They are not currently covered by SC Medicaid, and we do not yet know if any commercial payers are covering these codes. If you have questions about the caregiver training codes, we would encourage you to read this ASHA Leaders article, and contact the reimbursement team using their email address, reimbursement@asha.org. We offer our gratitude to our ASHA Stamp, Amber Heape, and incoming ASHA Co-Stamp, Taylor Dry, for their work assisting our state with advocating for improvements in Medicare!

[Here is the link to ASHA Leader Article on Caregiver Training Codes.](#)

No Surprises Act

CMS released a new toolkit to support advocates helping consumers understand new rights and protections under the No Surprises Act. Signed into law on December 27, 2020, the No Surprises Act gives consumers new federal protections from surprise medical bills. The toolkit includes a variety of resources, such as fact sheets, decision-support tools, and sample documents to aid advocates in their outreach efforts.

[Here is the link to No Surprises Act Toolkit](#)

Communication, Feeding, & Swallowing Developmental Milestones

ASHA is proud to announce a comprehensive update of our developmental milestones for children ages birth to five years—which are now available on ASHA's website. This update includes communication milestones—which are the speech, language, and hearing skills that most children will demonstrate by identified ages—as well as milestones for feeding and swallowing.

[Link to Milestones can be found here.](#)