



823 East Monroe • Springfield, IL 62701

MEMORADUM

TO: Early Intervention Providers

FROM: Amy S. Tarr, Chief
Bureau of Early Intervention *Amy S. Tarr*

DATE: January 21, 2014

RE: Additional Speech Therapy Evaluation Code Requirements

In December 2013, the Bureau of Early Intervention (Bureau) announced the new codes to submit claims to Early Intervention (EI) for Speech Therapy Evaluations. This was to be in compliance with the announcement released by CMS and ASHA regarding the discontinuation of Speech Evaluation CPT Code 92506. (Refer to December 30, 2013 memorandum titled "New Speech Evaluation Code Requirements Therapy Effective 01/01/14".)

CMS and ASHA information indicated the following four (4) codes to replace 92506:

- 92521 – Evaluation of speech fluency (e.g., stuttering, cluttering)
- 92522 – Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)
- 92523 – Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
- 92524 – Behavioral and qualitative analysis of voice and resonance

It was later brought to the Bureau's attention that the new codes do not cover the evaluation for feeding/swallowing deficits. The Bureau consulted with the Illinois Department of Healthcare & Family Services and have an agreement that allows EI Speech Therapy Evaluators who perform this type of evaluation to use the following code:

- 92610 – Evaluation of oral & pharyngeal swallowing function

SLPs in EI may provide services for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only. All other feeding/swallowing deficits are medically related and should be referred to the child's primary medical physician or medical home for medical intervention. You can refer to the memorandum released November 22, 2010 titled "Clarification of Existing Policy/Procedure Regarding Developmental Services Provided by Speech Language Pathologists to Children Eligible for Early Intervention" (Attachment A) and the FAQ document labeled "Frequently Asked Questions (FAQs) SLP Provider Information Notice, April 19, 2011" (Attachment B) for additional information.

As a reminder, EI **does not** pay for services required due to, or as part of, a medical procedure, a medical intervention or an injury. Rehabilitative therapy required as part of a medical procedure, medical intervention or an injury is not developmentally based but rather medically based.

It is your responsibility to ensure that claims are submitted to the EI Central Billing Office using the new code(s). The payment for the evaluations/assessments performed will be based on the total units of time for evaluations/assessments combined. You must identify, per code, the units to complete the EI evaluation process. The total units of time billed must not exceed the allowable and authorized amount listed on the authorization received prior to conducting the evaluation.

If you have any questions regarding this information, please contact the Bureau at 217/782-1981.

Thank you for your cooperation.

Pat Quinn, Governor



Grace Hong Duffin, Acting Secretary

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PROVIDER INFORMATION NOTICE

TO: Speech Language Pathologists
Child & Family Connections Managers
Child & Family Connections Service Coordinators

FROM: Janet D. Gully, Chief 
Bureau of Early Intervention

DATE: November 22, 2010

**SUBJECT: CLARIFICATION OF EXISTING POLICY/PROCEDURE REGARDING
DEVELOPMENTAL SERVICES PROVIDED BY SPEECH LANGUAGE
PATHOLOGISTS TO CHILDREN ELIGIBLE FOR EARLY INTERVENTION**

This provider information notice is meant to clarify the developmental focus of services provided by Speech Language Pathologists (SLPs) for children eligible for the Illinois Early Intervention (EI) program. This provider information notice was developed in consultation with the EI Speech Therapy Policy/Procedure Workgroup.

A webinar has been scheduled for **December 14, 2010 at 10am** to review the content of this provider information notice and to answer questions regarding it. If you would like to participate in the webinar, please register at the Illinois Early Intervention Training Program's website at www.illinoiseittraining.org.

The EI program is Part C of the "Individuals with Disabilities Education Act" (IDEA) and is a developmental program serving eligible children birth to three year old with developmental delays, disabilities or at-risk conditions. Services are authorized based upon functional outcomes that focus on child development, and family training, education and support that address developmental needs rather than medical needs.

The *Early Intervention Service Descriptions, Billing Codes & Rates* document is the EI provider handbook that was developed to guide providers of EI services in the provision of **developmental** intervention. All EI providers should have a copy of this document and should read and review the full text. For SLP's, the following sections are of great importance:

- 1) Principles of Early Intervention;
- 2) Important Early Intervention Policies and Procedures;
- 3) Service Descriptions for Aural Rehabilitation, Speech Language Therapy and Assistive Technology;
- 4) Definitions including Family Training, Education and Support, Functional Outcomes, Written Home Activity Program and others, and
- 5) All attachments.

The EI program utilizes the *Principles of Early Intervention for service delivery*. All approaches to service delivery are based upon the unique needs of each child/family and focus on the **coordination of both developmental and therapeutic activities** to ensure that all members of the team involved in a child's intervention, including the family and/or caregiver, are working together. The following philosophy applies to EI:

- The family is viewed as the primary interventionist in a child's life and the expert in relation to the needs of the child and family.
- The family and service providers involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.
- Developmental and therapeutic activities are incorporated into a child's everyday life to naturally emphasize acquisition of functional skills.

EI does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury **is not developmentally based** but is medically based. Once the condition has become medically stable, services that address on-going developmental delay can be addressed by EI.

Section 303.12(d)(14) of Part C of the IDEA state that speech language pathology includes:

- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; and
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

What does this mean? This means that a speech language pathologist may provide a combination of developmental and therapeutic services to treat children who are experiencing medically stable oropharyngeal disorders and delays in development of communication skills. The goal of EI is to improve a child's functional ability to communicate at home and in other environments.

EI **does not** pay a SLP to provide services to a child who is medically unstable. A child who is experiencing oropharyngeal disorders at a medically unstable stage must receive services to treat those disorders within a medical setting. It is the responsibility of medical providers to determine, recommend and supervise a child's medically unstable care and subsequent pediatric rehabilitative therapy needs.

Developmentally based EI services address:

- cognitive development
- physical development including vision and hearing
- language, speech and communication development
- social emotional development
- adaptive self-help skills development

In order to distinguish developmental vs. medical, SLPs should focus on the need to ensure a child's health status will **NEVER** be compromised by an EI strategy. Children with altered respiratory status due to a medical condition such as apnea, cyanosis, tracheostomy, global motor disorders, and/or disorganized swallow as evidenced by significant clinical signs of gagging, choking, emesis, or aspiration may require medical intervention to ensure the child's safety and require immediate access to medical care.

Speech deficits that are considered medical vs. developmental include but are not limited to:

- alteration in respiration (active or past history of hypoxia/anoxia or aspiration; critical/persistent respiratory failure; respiratory infection, trauma, or malignancy; pneumonia; mechanical ventilation; tracheostomy)
- speech sound production or oral motor synchrony arising from any structural, neurologic or genetic defect (e.g., cleft lip/palate) which critically affects swallowing and breathing synchrony as a life sustaining function; inability to manage oral secretions
- active disease (persistent lung disease, bronchopulmonary disease, dysphagia, paralyzed vocal cords or gastroesophageal reflux disease (GERD), contagious disease processes
- enteral tube feeding, management & nutritional support
- other medically based deficits

SLPs in EI may provide therapy for children with feeding/swallowing deficits **related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only**. All other feeding/ swallowing deficits, including "Failure to Thrive", which may be secondary to sensory integration or behavioral issues, are medically related and should be referred to the child's Primary Medical Provider (PMP) or medical home for medical intervention. SLPs should assess children for risk of aspiration, breathing difficulties, neurological or gastrointestinal distress and report these issues to the PMP or medical home immediately. Once these deficits become medically stable, EI services may be appropriate. See the following developmental versus medical case examples:

Example A: Two year old child is referred to EI for evaluation of speech delay with no medical diagnosis. Evaluation reveals a 35% speech delay. Child's treatment will be developmentally based with expected outcomes of improved receptive and expressive language skills. Developmentally based therapy is the focus of EI services.

Example B: Two month old child referred to EI post meningitis; receiving gastrostomy tube (g-tube) feedings. Child demonstrated aspiration on recent video swallow test. Altered neurologic status noted. This child should be referred to his/her Primary Medical Physician (PMP)/ medical home for medically based treatment and follow-up secondary to current health status (aspiration & g-tube feedings), medical interventions, and medical history. Children with medically complex conditions that require more medically based treatment must always be referred to their PMP/medical home. EI providers must ensure the child's health is never compromised due to EI outcome(s), developmental intervention strategy(s), or written home activity program (see definition section in EI Provider Handbook). Any potential risk for the child's respiratory, cardiac, neurologic, or metabolic status destabilizing requires immediate referral for medical evaluation and intervention.

Example C: Sixteen month old child referred to EI secondary to parent report of child not reaching developmental milestones in speaking. Medical diagnosis: Prematurity with low birth weight - (875kg), Respiratory Distress, hepatomegaly & splenomegaly secondary to Cytomegalovirus (CMV) at birth. No current medical problems. Child passed Newborn Hearing Screening; no further auditory assessments performed. Evaluation revealed profound hearing loss and eligible level of delays in expressive and receptive language. Global evaluation/assessment revealed no other delays. Child referred to Division of Specialized Care for Children (DSCC) for hearing intervention and follow-up.

Child will receive EI services based upon functional outcome(s), which reflect improvement in receptive and expressive language skills.

Example D: Three month old child referred to EI post discharge from NICU. Medical diagnosis: Respiratory Distress, Bronchopulmonary Dysplasia, Cerebral Palsy and Infantile spasms. Child has tracheostomy with O2 and G-button for feedings. Post evaluation/ assessment, SLP referred back to medical home for primary medical intervention secondary to complex medical needs. Once the child's condition becomes medically stable, services that address on-going developmental delay can be addressed by EI.

Example E: Twenty-nine month old referred by PMP. Medical diagnosis: Allergies and Asthma. Consumes liquids, pureed and soft solids; refuses finger foods. Child is currently fed apart from family meals and mother acknowledges frustration with this routine. Global evaluation revealed development WNL, Sensory Integration deficit with alteration in behavior. Parent requesting guidance and strategies to modify child's current eating behaviors. SLP will provide services as recommended per the IFSP team and PMP will be consulted to explore medical health issues.

Example F: One of eight month old fraternal twins born at 34 weeks gestation referred to EI per NICU for follow-up care. Medical diagnosis: Prematurity (birth weight 795kg), Down Syndrome, Ventricular Septal Defect (VSD) s/p VSD Repair, and Seizure Disorder. Evaluation findings revealed 60% Speech Delay and poor sucking reflex; child appears underweight. Mother advised SLP child recently has had frequent episodes of seizures despite many antiepileptic medication adjustments. Child coughs, gags and has bluish skin tone (cyanosis) during feeding. Child has been scheduled for g-tube insertion due to inadequate oral intake to meet nutritional needs. SLP referred child to PMP/medical home for medical intervention to manage nutritional needs and provide medical intervention to stabilize seizure disorder. Tube feeding administration, tube feeding insertion site care, adjustment of feeding formula/weaning, parent education re: medical care , weight monitoring and nutritional management related to feeding tubes are **not** EI covered services. They are medical services that require medical intervention. The PMP/medical staff who ordered the tube insertion is responsible for nutrition management. Seizure disorder medication management also requires medical intervention. When the child's condition becomes medically stable, services that address on-going developmental delay can be addressed by EI.

Activities for EI also include assistive technology assessment and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated. Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to speech language services and enhancing the child's development are integral to this service. An eligible child is not required to be present, but may be if appropriate. They may also include such services as support groups, individual support and other training or education for the family. Please refer to the definition of "family *training, education & support*" in the *Early Intervention Service Descriptions, Billing Codes & Rates*, EI provider handbook.

Failure to make the appropriate referral may lead to increased liability for the provider.

A webinar has been scheduled for December 14, 2010, at 10am to review the content of this provider information notice and to answer questions regarding it. If you would like to participate in the webinar, please register at the Illinois Early Intervention Training Program's website at www.illinoiseitraining.org.

If you have questions about this provider information notice after December 14, 2010, please contact Jacqueline Thomas, Early Intervention Staff at: jacqueline.thomas@illinois.gov

Thank you.

Frequently Asked Questions (FAQs)
SLP Provider Information Notice
April 19, 2011

Q (1) Why was the 11/22/10 Provider Information Notice developed?

A (1) The goal of the of the 11/22/10 Provider Information Notice is to clarify current policy regarding the developmental focus of services provided by Speech Language Pathologists for children eligible for the Illinois Early Intervention(EI) program. This notice does not create new policy or procedures, but is part of ongoing Program Integrity efforts to accomplish statewide program equity, fidelity to program principles and state laws, and long-term program stability. Overtime, the Bureau will offer Provider Information Notices with clarification focusing on other Service Descriptions found in the EI Provider Handbook and qualified staff who provide services under those Service Descriptions.

Q (2) What feeding issues can be addressed by Early Intervention?

A (2) SLPs in EI may provide services for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only. All other feeding/ swallowing deficits are medically related and should be referred to the child's primary medical physician or medical home for medical intervention.

Q (3) Are Evaluators allowed to do initial evaluations despite the stable/unstable condition of the child?

A (3) This provider information notice does not change the current evaluation/assessment process. All children referred to Early Intervention will be evaluated to determine eligibility and need for EI services. If a child is found to be medically unstable in any domain during the evaluation/assessment process, it is the responsibility of the provider to refer the child back to the primary medical physician for further evaluation and possible medical treatment.

Q (4) Will service coordinators be responsible for obtaining medical clearance/release for direct services?

A (4) Service coordinators will not be responsible for following up to obtain medical clearances or releases from physicians for Early Intervention services. It is the responsibility of a child's parent or physician to notify a child's service coordinator when a child is determined to be medically stable and direct services can begin. Medical clearance is obtained by an EI SLP from an eligible child's medical provider.

Q (5) As IFSP facilitators of the IFSP meeting, are service coordinators responsible for reviewing feeding recommendations at initial IFSPs to determine if they are medical or developmental?

A (5) Service coordinators may share the information in this provider notice with IFSP team members, including the family. Based upon this information, it is the responsibility of the IFSP team who evaluates the child to determine if the child should be referred for medical services. It is the responsibility of both the IFSP team and the service coordinator to ensure that policy and procedure identified in this notice are followed when developing functional outcomes for children with feeding issues, as well as linking EI services to those outcomes. SLP's in EI may provide feeding services for children with deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only.

Q (6) Who is responsible for contacting the child's physician?

A (6) The SLP should refer to the child's primary medical physician or medical home when he/she assesses the need for medical intervention.

Q (7) What should an SLP do if child already has an IFSP but is not medically stable to receive therapy for oral-motor/feeding concerns?

A (7) Again, if a SLP assesses the need for medical intervention he/she should refer to the child's primary medical physician or medical home. The SLP should notify the child's service coordinator that a referral has been made back to the child's primary medical physician and existing policies and procedure should be followed if changes to the IFSP are needed. The IFSP team must meet to make changes in functional outcomes, service intensity, frequency or duration identified on the existing IFSP if the child is determined to require medical intervention.

Q (8) Once a child is medically stable, if the child's on-going developmental delay includes difficulty with beginning oral feeding, can the child receive speech-language services through EI or should they receive speech-language services through a medical setting because the original cause of the difficulty is medical in origin?

A (8) Once the child is medically stable, he/she can receive developmentally-based speech-language services through EI. SLPs in EI may provide therapy for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues.

Q (9) Can providers consult with a child's physician?

A (9) Yes. A provider may consult with a child's primary care physician and other specialty physicians who may be treating the child and bill for this consultation using IFSP development time. The physician must have provided medical treatment to the child within the past year.

Q (10) What is the EI definition of "medically stable" and "medically unstable"? If a child is not considered to be medically stable at the time the IFSP is written can it be written into the plan that speech services will begin once the child received clearance from the physician that they are medically stable?

A (10) "Medically stable" is the stage in a medical condition where life-threatening conditions/diseases are under control. "Medically unstable" is the stage in a medical condition where life-threatening conditions/diseases are not under control. Yes. If a child is not considered to be medically stable at the time the IFSP is written it can be written into the plan that speech services will begin once the child receives clearance from the physician that he/she is medically stable.

Q (11) Who is considered a "medical provider" as referred to in the document?

A (11) A "medical provider" is a licensed physician i.e., Pediatrician, Primary Medical Physician (PMP) or Specialist) who has provided medical treatment to the child within the past year. The physician's name does not have to be included on a child's IFSP.

- Q (12) Who is responsible for obtaining medical clearance and how should it be documented? Is it necessary to go back to the doctor for an additional medical clearance prior to a 6-month or annual review? What happens when a child who has received medical clearance becomes ill?**
- A (12) Medical clearance is obtained by an EI SLP from an eligible child's medical provider. The SLP will document the receipt of medical clearance from the physician in his/her progress notes. In addition, the SLP will contact the child's service coordinator who will track the child's stability/instability in the child's case notes. As long as the child remains stable (i.e., unchanged from receipt of the medical clearance), the initial medical clearance remains valid. If at any time the child becomes ill and the SLP assesses the need for medical intervention, he/she should refer to the child's primary medical physician or medical home and contact the child's service coordinator regarding the child's status. The service coordinator will then monitor the child's status through his/her contacts with the family and will notify the SLP when the child's status indicates that medical clearance should be sought by the SLP from the child's medical provider.
- Q (13) As an EI SLP, how do I know that what I am doing is within the scope of acceptable practice in Early Intervention?**
- A (13) In order to work within the scope of acceptable practice in EI, an SLP should review and understand the following sections of the EI Provider Handbook: 1) Philosophy of Early Intervention found on the Introduction page; 2) Principals of Early Intervention; 3) Important Early Intervention Policies and Procedures; 4) Speech Language Therapy and Audiology, Aural Rehabilitation and Other Related Services service descriptions; 5) Definitions; 6) Report Format; and 7) all attachments. In addition, SLP's should review the American Speech-Hearing Association's (ASHA) documents on Early Intervention which includes "Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Guidelines" and other ASHA EI Position Statements.
- Q (14) If Early Intervention services are only developmentally based, why is it necessary to bill insurance for services, knowing that insurance will only pay for "medically necessary services"?**
- A (14) Federal dollars received by states for early intervention are considered by Part C of IDEA to be "payor of last resort." Part C (303.527(a)) states that "funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source." This means that each state must identify and coordinate all available resources within the State. The Early Intervention Services System Act 325 ILCS 20/13(c) states that "Public or private source" includes public and private insurance coverage." Accessing a family's insurance and Medicaid allows our state to find and serve all eligible children as required by Part C.
- Q(15) Service Delivery: Can a Speech Therapist provide evaluations for feeding and speech services for the same child?**
- A (15) Yes. A speech therapist would have one authorization for a speech evaluation and should address both issues in the evaluation report. SLPs in EI may provide therapy for children with feeding/swallowing deficits **related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only**. All other feeding/ swallowing deficits, including "Failure to Thrive", which may be secondary to sensory integration or behavioral issues, are medically related and should be referred to the child's Primary Medical Provider (PMP) or medical home for medical intervention.

Q (16) When SLPs recommend a video swallow study do they have to wait for the results before proceeding with treatment?

A (16) Yes. If the findings are not within normal limits (WNL), the child should be referred to his/her medical provider for medically- based treatment until the condition is stable.

Q (17) Will there be differentiation between organic and non-organic “Failure to Thrive”?

A (17) No. There is no differentiation. SLPs in EI may provide therapy for children with feeding/swallowing deficits **related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only**. All other feeding/ swallowing deficits, including “Failure to Thrive,” which may be secondary to sensory integration or behavioral issues, are medically related and should be referred to the child’s Primary Medical Provider (PMP) or medical home for medical intervention. SLPs should assess children for risk of aspiration, breathing difficulties, neurological or gastrointestinal distress and report these issues to the PMP or medical home immediately. Once these deficits become medically stable, EI services may be appropriate.

Q (18) What about the feeding concerns associated with conditions that make children automatically eligible, such as cleft palate?

A (18) Children who have medical conditions that make them automatically eligible for EI services may receive developmentally-based EI services when they are medically stable. SLPs in EI may provide therapy for children with feeding/swallowing deficits **and related to sensory integration, medically stable oropharyngeal disorders behavioral issues only**. All other feeding/swallowing deficits should be referred to the child’s medical provider for medical treatment/management.

Q (19) If a child who has a history of aspiration is tolerating a modified diet that is considered safe, can the child be seen for oral motor feeding therapy through EI? If so, can the therapist through EI advise to change the child's diet to assess safety or does the child need to be referred back for medical intervention?

A (19) When a child receives medical clearance from his pediatrician/PMP and is consuming a diet with no dietary restrictions, EI speech therapy services may begin. Diet recommendations/ changes are only ordered by Medical Providers.

Q (20) If a NICU graduate is referred for feeding services upon discharge from the unit due to immature feeding skills, can a speech therapist through the EI program provide parent education on feeding techniques and periodically assess the child's development of more mature/age-appropriate feeding patterns?

A (20) NICU graduates with this level of feeding skills should receive medically-based services until feeding skills and general condition are medically stable. EI SLP services may begin upon receipt of medical clearance. SLPs in EI may provide therapy for children with feeding/swallowing deficits **related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only**. All other feeding/swallowing deficits should be referred to the child’s medical provider for medical treatment/management.

- Q (21) Can we get specific examples of children who would be considered not appropriate for feeding therapy within Early Intervention?**
- A (21) Please refer to pages 3 and 4 of the November 22, 2010 Early Intervention Speech Language Pathology Provider Information Notice.
- Q (22) Are Illinois hospitals and doctors being educated about the policy changes so they will know not to discharge kids from hospital based speech/feeding therapy if they are not appropriate for services from EI?**
- A (22) There have been no changes taking place in EI. The Provider Information Notice is clarification of EI's developmental focus. Child and Family Connections offices will be communicating with area hospitals regarding EIs developmental focus as part of their ongoing community outreach. The Coordinating Care Between Early Intervention and the Primary Care Medical Home Project is educating primary care physicians regarding EIs developmental service focus.
- Q (23) Does EI have a specific definition of an oropharyngeal disorder? Does a child who is medically stable, with developmental delays and an oropharyngeal impairment qualify to receive EI services?**
- A (23) The clinical definition of "Oropharyngeal" is "pertaining to the mouth and the part of the throat between the mouth and the voice box", or most commonly known as the area at the back of the throat. SLPs in EI may provide therapy for children with feeding/swallowing deficits related to sensory integration, medically stable oropharyngeal disorders and behavioral issues only.
- Q (24) Is a NICU graduate who has history of hypoxia/anoxia or aspiration and is medically stable eligible for EI services?**
- A (24) EI does not pay an SLP to provide services to a child who is **medically unstable**. Children with speech deficits that are considered medical may receive EI services once they are medically stable.