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4. PROGRAM REQUIREMENTS

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413.401: Introduction

All speech and hearing centers participating in MassHealth must comply with MassHealth regulations, including but not limited to 130 CMR 413.000 and 450.000.

413.402: Definitions

The following terms used in 130 CMR 413.000 have the meanings given in 130 CMR 413.402, unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 413.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 403.000 and in 130 CMR 450.000.

Audiological Services – these services include, but are not limited to, testing related to the determination of hearing loss, evaluation of hearing aids, prescription of hearing aid devices, and aural rehabilitation.

Audiologist – a person licensed by the Massachusetts Division of Registration in Speech Language Pathology and Audiology and certified by the American Speech-Language-Hearing Association (ASHA).

Auditory Training – the training of the auditory modality to improve understanding of the speech or language of other speakers. Auditory training is one of the components of aural rehabilitation.

Aural Rehabilitation – therapy, including, but not limited to, speech reading and auditory training, provided by a licensed certified audiologist or a licensed certified speech therapist either in a group or individually.

Complete Audiological Evaluation – an evaluation that includes a routine audiological examination (air and bone conduction, spondee thresholds, and word-discrimination testing) and site-of-lesion testing (middle-ear testing or recruitment testing, or both, with analysis) as recommended by a physician.

Comprehensive Evaluation – an in-depth assessment of a member’s medical condition, disability, and level of functioning to determine the need for treatment and, when treatment is indicated, to develop a treatment plan.

Group Therapy – therapeutic services provided to more than one patient but less than seven patients in a single encounter, using group participation as a treatment technique.

Hearing Aid Evaluation – a procedure conducted by an audiologist that may include:

- (1) an assessment of the member’s performance by appropriate tests (functional gain or real ear measurements, or both);
- (2) if a hearing aid is prescribed, a recheck of the member and hearing aid after the prescribed hearing aid has been fitted; and
- (3) if a hearing aid is prescribed, counseling related to the member’s adjustment to the use of the hearing aid.

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Maintenance Program – repetitive services, required to maintain or prevent the worsening of function, that do not require the judgment and skill of a licensed therapist for safety and effectiveness.

Routine Audiological Evaluation – a procedure that includes:

- (1) a pure-tone audiogram, by air and bone conduction testing; and
- (2) speech threshold and discrimination testing.

Speech and Language Pathology Services – the evaluation and treatment of communicative disorders with regard to the functions of articulation (including apraxia and dysarthria), language, voice, and fluency.

Speech Reading – the training of the visual modality to improve the understanding of the speech or language of other speakers. Speech reading is one of the components of aural rehabilitation.

Speech Therapist – a person currently licensed by the Massachusetts Division of Registration in Speech/Language Pathology and Audiology with a Certificate of Clinical Competence from the American Speech Language Hearing Association (ASHA).

Speech/Language Therapy – therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of presence of a communication disability), and those that impair comprehension, spoken, written, or other symbol systems used for communication.

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413.403: Eligible Members

- (A) (1) MassHealth Members. MassHealth covers audiological and hearing aid services when provided to eligible MassHealth members, subject to the restrictions and limitations described in 130 CMR 413.000 and 450.000. 130 CMR 450.105 specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.
- (2) Recipients of the Emergency Aid to the Elderly, Disabled, and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.
- (B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

413.404: Provider Eligibility

- (A) In State. To be eligible to participate in MassHealth, a speech and hearing center must currently:
- (1) be licensed by the Massachusetts Department of Public Health;
  - (2) be certified by the American Speech-Language-Hearing Association (ASHA);
  - (3) not be a part of a hospital;
  - (4) provide authorized speech, hearing, or language services provided by a licensed, certified audiologist or a licensed, certified speech therapist who does not bill separately from such facility for professional services; and
  - (5) meet the requirements of 130 CMR 450.212.
- (B) Out of State. A speech and hearing center located outside Massachusetts is eligible to participate in MassHealth only if the speech and hearing center is licensed to practice by the appropriate state's board of registration and meets the requirements of 130 CMR 413.404(A)(2) and 450.212.

413.405: Services Provided by Out-of-State Providers

In accordance with 42 CFR 431.52(b), the MassHealth agency pays for out-of-state speech and hearing center services only in the following circumstances.

- (A) Services are needed and the member's health would be endangered if the member were required to travel to his or her state of residence.
- (B) The MassHealth agency determines, on the basis of medical advice, that the needed services, or necessary supplementary resources, are more readily available in another state.
- (C) As a general practice, members in a particular locality use medical resources in another state.

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413.406: Maximum Allowable Fees

The MassHealth agency pays the lowest of the following for speech and language pathology services, audiological services, hearing aids, and related batteries and accessories:

- (A) the speech and hearing center's usual and customary fee;
- (B) the charge the speech and hearing center has submitted to the MassHealth agency on the claim form; or
- (C) the maximum fee listed in the applicable fee schedule of the Massachusetts Division of Health Care Finance and Policy.

413.407: Individual Consideration

Services designated "I.C." in the list of service codes and descriptions in Subchapter 6 of the *Speech and Hearing Center Manual* are given individual consideration to determine the amount of payment. The amount of payment is determined by using the following criteria:

- (A) the time required to perform the procedure;
- (B) the degree of skill required to perform the procedure;
- (C) the severity or complexity of the member's hearing disorder or disability;
- (D) the policies, procedures, and practices of other third-party purchasers of health care; and
- (E) the reasonable and customary practices of speech and hearing centers.

413.408: Prior Authorization

(A) Services designated "P.A." in the list of service codes and descriptions in Subchapter 6 of the *Speech and Hearing Center Manual* require prior authorization from the MassHealth agency.

Such services include, but are not limited to:

- (1) more than 35 speech and language pathology visits, including group-therapy visits, for a member in a 12-month period; and
- (2) continuing therapy when payment has been discontinued by any other third-party payer, including Medicare.

(B) All prior-authorization requests must be submitted in accordance with the billing instructions in Subchapter 5 of the *Speech and Hearing Center Manual*. Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility or resort to health insurance payment.

(130 CMR 413.409 through 130 CMR 413.415 Reserved)

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413.416: Payable Services

(A) Comprehensive Evaluation. Payment for a comprehensive evaluation includes the preparation of a written report for the member's medical record that contains at least the following information:

- (1) the member's name and address;
- (2) the name of the referring licensed physician or licensed nurse practitioner;
- (3) a detailed treatment plan prescribing the type, amount, frequency, and duration of the therapy and indicating the diagnosis, anticipated goals, and location where therapy will take place, or the reason treatment is not indicated;
- (4) a description of any conferences with the member, the member's family, the member's clinician, or other interested persons;
- (5) other health-care evaluations, as indicated;
- (6) a description of the member's psychosocial and health status that includes:
  - (a) the present effects of the disability on the member and his or her family;
  - (b) a brief history, the date of onset, and any past treatment of the disability;
  - (c) the member's level of functioning, both current and before onset of the disability, if applicable; and
  - (d) any other significant physical or mental disability that may affect therapy;
- (7) assessment of articulation, stimulability, voice, fluency, and receptive and expressive language;
- (8) documentation of the member's cognitive functioning;
- (9) a description of the member's communication needs and motivation for treatment;
- (10) the therapist's signature and the date of the evaluation; and
- (11) the prognosis.

(B) Group Therapy. The MassHealth agency pays for therapy provided to a member in a group consisting of more than two but less than seven persons, subject to the restrictions and limitations of 130 CMR 413.000.

(C) Complete Audiological Evaluation. The MassHealth agency pays for a complete audiological evaluation only if it is prescribed by a licensed physician or licensed nurse practitioner in writing, subject to the restrictions and limitations of 130 CMR 413.000.

(D) Earmold. An earmold is not payable if it is included in the manufacturer's price of the hearing aid or if the member already has an appropriate earmold. Payment for an earmold includes the following:

- (1) the ear impression;
- (2) the proper fitting of the earmold; and
- (3) any adjustments that may be needed during the operational life of the earmold.

(E) Ear Impression. Payment for an ear impression includes one properly formed ear impression for each in-the-ear hearing aid purchased and is allowed only at the time of purchase of the hearing aid.

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413.417: Nonpayable Services

The MassHealth agency does not pay for any of the following services:

- (A) services provided by any person under the supervision of the speech therapist or audiologist;
- (B) indirect services such as staff meetings, staff supervision, member screening, and development or use of instructional texts and reusable treatment materials;
- (C) nonmedical services such as vocational, social, and recreational services;
- (D) research or experimental treatment;
- (E) mental health services;
- (F) the rental of hearing aids.

413.418: Service Limitations

- (A) The MassHealth agency pays the speech and hearing centers for no more than one individual treatment and one group therapy session per member per day.
- (B) The MassHealth agency does not pay for a treatment claimed for the same date of service as a comprehensive evaluation, since the evaluation fee includes payment for both a written report and for any treatment provided at the time of the evaluation.
- (C) The MassHealth agency pays speech and hearing centers for providing therapy services in a Medicare-certified long-term-care facility only in the following circumstances.
  - (1) The member is not covered under Medicare Part A or B.
  - (2) The member is covered under Medicare, the facility has submitted the claim to Medicare, and Medicare has denied payment.
- (D) The MassHealth agency pays for the establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out, as part of a regular treatment visit, not as a separate service.
  - (1) The MassHealth agency does not pay for performance of a maintenance program, except as provided in 130 CMR 413.418(D)(2).
  - (2) In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a maintenance program, to ensure safety or effectiveness that may otherwise be compromised due to the member's medical condition. At the time the decision is made that the services must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the medical record.

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413.419: Medical Referral Requirements

(A) The MassHealth agency pays only for those treatments and evaluations for which the speech and hearing center has obtained written referral from a licensed physician or licensed nurse practitioner. The referral must include the following information:

- (1) a complete diagnosis of the member;
- (2) the date of onset of the disability for which therapy is recommended;
- (3) a statement of previous treatment, if any;
- (4) the date of the member's last physical examination;
- (5) the reason for the referral;
- (6) the date of the referral; and
- (7) the physician's or nurse practitioner's signature and address.

(B) A referral from the physician or nurse practitioner does not authorize payment. The speech therapy or aural rehabilitation prescribed by the physician pursuant to the comprehensive evaluation described in 130 CMR 413.416(A) must constitute appropriate and effective treatment, within accepted medical standards, for the member's condition.

413.420: Recordkeeping Requirements

The speech and hearing center must maintain a health-care service record for each member for a period of at least four years following the date of service. The record must contain all pertinent information about the services provided, including the date of service and the dates on which materials were ordered and dispensed. The record must include the following:

- (A) a licensed physician's or licensed nurse practitioner's written and dated referral for evaluation and referral for treatment, if applicable;
- (B) the written comprehensive evaluation report (see 130 CMR 413.416(A));
- (C) the name, address, and telephone number of the member's primary care physician; and
- (D) at least weekly documentation of the following:
  - (1) the date or dates of which speech therapy or aural rehabilitation was provided;
  - (2) the specific therapeutic procedures and methods used;
  - (3) the member's response to treatment;
  - (4) any changes in the member's condition;
  - (5) the problems encountered or changes in the treatment plan or goals, if any;
  - (6) the location where the service was provided, if different from that in the evaluation report;
  - (7) the amount of time spent in treatment; and
  - (8) the speech therapist's signature.

REGULATORY AUTHORITY

130 CMR 413.000: M.G.L. c. 118E, §§ 7 and 12.



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