

## Speech-Language Pathology, Audiology and Hearing Aid Services Provider Guide

Use this guide as a supplement to the Speech-Language Pathology, Audiology, and Hearing Aid Services (Speech/Hearing) Oregon Administrative Rules ([Chapter 410 Division 129](#)). See current Speech/Hearing rulebook for official policies regarding billing.

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### Client eligibility and enrollment

Refer to [General Rules](#) and [OHP Rules](#) for information about the service coverage according to OHP benefit plans and the Prioritized List of Health Services.

The [OHP eligibility verification page](#) explains how to verify eligibility using the Provider Web Portal, Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

### Prior authorization

Submit prior authorization (PA) requests to DMAP using the [Provider Web Portal \(instructions\)](#) or the [MSC 3971 \(instructions\)](#). For OHP coordinated care organization (CCO) or managed care plan members, contact the CCO/plan for PA instructions.

For complete instructions on how to submit PA requests to DMAP, see the [Prior Authorization Handbook](#).

### Information needed to request PA

DMAP may automatically deny requests that do not include one or more of the following pieces of information.

- Information in **bold** is required for correct processing.
- If using the [MSC 3971](#) to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-378-3435 for immediate/urgent requests.

Section	Speech-Language Pathology	Audiology and Hearing Aid	Augmentative Communication Systems or Devices
<b>I – Provider number</b>	<b>NPI</b>		
<b>II - Type of PA request -</b>	Mark “Speech Services” or “Hearing Aid”	“Audiology” or “Hearing Aid”	“Speech Services”
<b>III – Client ID</b>	<b>The 8-digit Medicaid ID; client’s name</b>		
<b>IV</b>	<ul style="list-style-type: none"> <li>■ Estimated length of treatment</li> <li>■ Frequency</li> <li>■ Length of time per session.</li> <li>■ Diagnosis Code – obtained from the prescribing practitioner – The diagnosis code must be the reason chiefly responsible for the service being provided as shown in the medical records. <ul style="list-style-type: none"> <li>✓ Use ICD-9 codes for dates of service on or before 9/30/2015.</li> <li>✓ Use ICD-10 codes for dates of service on or after 10/1/2015.</li> </ul> </li> </ul>		
<b>V</b>	<ul style="list-style-type: none"> <li>■ Procedure codes</li> <li>■ Modifiers (if applicable)</li> <li>■ Units of service</li> <li>■ Usual and customary charge (U&amp;C)</li> </ul>	<ul style="list-style-type: none"> <li>■ Procedure codes</li> <li>■ Description - Specific brand and model of hearing aid being requested</li> <li>■ Units of service</li> </ul>	<ul style="list-style-type: none"> <li>■ Procedure codes</li> <li>■ Units of service</li> </ul>
<b>VIII</b>	Provider’s name and NPI		
<b>IX</b>	<b>Date of request and expected service begin/end dates</b>		
<b>Notes</b>	<ul style="list-style-type: none"> <li>■ Goals and objectives</li> <li>■ Medical justification from the prescribing practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>■ History of hearing aid use</li> </ul>	

### Attachments needed to request PA

Describe attachments in the “Attachments” section as follows:

#### Speech-Language Pathology

- Proper written order from the prescribing practitioner, including the diagnosis code.
- A valid prescription of a licensed practitioner if performed by a provider other than a physician.
- Copy of recent therapy treatment plan. Include all pertinent medical history, including therapy received in public or private programs This may include, but is not limited to:
  - Individual Family Service Plan (IFSP)
  - Individual Education Plan (IEP)
  - Individual Program Plan (IPP)

- Individual Service Plan (ISSP), or
- Plan of Care (POC)

## **Audiology and Hearing Aid**

- Proper written order from the prescribing physician, including the diagnosis code.
- A valid prescription of a licensed practitioner if supplied by a provider other than a physician.
- Pertinent medical history
- Audiogram
- Documentation identifying acquisition cost for hearing aid
- Augmentative Communication Systems or Devices
- Completed [DMAP 3047](#) and supporting documentation, including:
  - Physician’s statement of diagnosis and medical prognosis
  - Written narrative and formal evaluation reports
  - Report on trial use and effectiveness of ACD
  - Therapy treatment plan
  - Vendor’s price quotation

**[DMAP 3047 - ACD Selection Report Summary](#) - See [OAR 410-129-0220](#) for rule**  
Submit this form as an attachment to your completed EDMS Coversheet ([MSC 3970](#)) and PA request form ([MSC 3971](#)) when you need to have DMAP review requests for augmentative communication systems or devices for medical appropriateness.

## **Billing for Speech/Hearing services**

Use the Provider Web Portal professional claim, 837P or CMS-1500.

- **Billing instructions** are available on the [OHP provider billing tips page](#).
- **For information about electronic billing**, go to the [Electronic Business Practices Web page](#).

## **Claim status and adjustments**

For information about the paper remittance advice and other ways to get claim status information via the Provider Web Portal, AVR or EDI 835 (Electronic Remittance Advice), go to the [OHP remittance advice page](#).

For information about how to adjust a claim, refer to the [Claim Adjustment Handbook](#).