

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13051	Date: January 16, 2025
	Change Request 13922

SUBJECT: Qualifications for Speech-Language Pathologists Furnishing Outpatient Speech-Language Pathology Services

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the qualifications of a Speech-Language Pathologist (SLP) furnishing outpatient speech-language pathology services in the Internet Only Manual (IOM) Publication (Pub.) 100-02, chapter 15, section 230.3 to be consistent with the SLP qualifications in the regulatory provision at 42 Code of Federal Regulations (CFR) 410.62(a) that has, since 2005, required the SLP providing outpatient speech-language pathology services to meet the SLP personnel qualifications applicable to Home Health Agencies (HHAs) at 42 CFR part 484, as required via the Calendar Year (CY) 2005 Physician Fee Schedule (PFS) final rule.

EFFECTIVE DATE: April 18, 2025

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 18, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/230.3/Practice of Speech-Language Pathology

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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II. GENERAL INFORMATION

A. Background: In the CY 2005 PFS final rule, in order to create consistent requirements, CMS recognized the personnel qualifications applicable to HHAs at 42 CFR part 484 as applicable to all outpatient physical therapy, occupational therapy, and speech-language pathology services. For SLPs, specifically, CMS revised the basic rule at 42 CFR 410.62(a) to require that the SLP must meet the requirements at 42 CFR § 484.4 as a condition of payment/coverage of outpatient speech-language pathology services. Since 2005, our outpatient therapy regulations for all therapists — Physical and Occupational Therapists (PTs and OTs), including their supervised assistants, and SLPs — furnishing outpatient therapy services have matched the personnel requirements for therapists working in HHAs as required at 42 CFR Part 484.

CMS revised the SLP personnel requirements at 42 CFR part 484 in the CY 2015 Home Health Prospective Payment System final rule to parallel those for an SLP at section 1861(11)(a)(4)(A) of the Social Security Act, effective January 1, 2015, subsequent to receiving information from the public that the regulatory SLP qualifications enforced at that time impeded the ability of SLPs to practice. Later in 2017, as part of the January 2017 HHA Conditions of Participation (CoPs) final rule, § 484.4 was redesignated as § 484.115 and 42 CFR 410.62(a) was revised to reflect that an SLP furnishing outpatient speech-language pathology services must meet the requirements at § 484.115.

The revised SLP requirements that became effective January 1, 2015, are being updated in the IOM, Pub. 100-02, chapter 15, section 230.3. There is no new policy since the outpatient regulation at 42 CFR 410.62(a) has continued to match those at 42 CFR part 484 since CY 2005.

B. Policy:

This CR does not add new policy or change existing policy. Contractors shall note the updates in the manual section.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13922.1	Contractors shall be aware of the updates to the IOM, Pub. 100-02, chapter 15, section 230.3	X	X	X						

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B, A/B MAC Part HHH

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

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ATTACHMENTS: 0

Medicare Benefit Policy Manual
Chapter 15 – Covered Medical and Other Health Services
(Rev. 13051; Issued: 01-16-25)

230.3 - Practice of Speech-Language Pathology

(Rev. 13051; Issued: 01-16-25; Effective: 04-18-25; Implementation: 04-18-25)

A. General

Speech-language pathology services are those services provided within the scope of practice of speech-language pathologists and necessary for the diagnosis and treatment of speech and language disorders, which result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability. (See Pub. 100-03, chapter 1, §170.3) See section 230.4 of this chapter for benefit policies on speech-language pathologists in private practice (SLPPP). See Pub. 100-08, Medicare Program Integrity Manual, chapter 10, section *10.2.3.15 for policy on enrollment as an SLPPP*.

B. Qualified Speech-Language Pathologist Defined

Reference: 42 CFR 484.115, 42 CFR 410.62(a) and 42 CFR 410.62(a)(3)(iii)

In order to create consistent requirements, in the calendar year (CY) 2005 PFS final rule, CMS recognized the personnel qualifications applicable to home health agencies (HHAs) in 42 CFR part 484 as applicable to all outpatient physical therapy, occupational therapy, and speech-language pathology services. For speech-language pathologists, CMS revised the basic rule at 42 CFR 410.62(a) to require that the speech-language pathologist must meet the requirements at 42 CFR § 484.4 as a condition of payment/coverage of outpatient speech-language pathology services.

The personnel requirements for a speech-language pathologist at 42 CFR 484.4 were revised in the CY 2015 Home Health Prospective Payment System final rule to parallel those at section 1861(l)(a)(4)(A) of the Social Security Act for a speech-language pathologist, effective January 1, 2015. Later in 2017, as part of the January 2017 HHA Conditions of Participation (CoPs) final rule, § 484.4 was redesignated as § 484.115 and 42 CFR 410.62(a) was revised to reflect that a speech-language pathologist must meet the requirements at § 484.115.

Therefore, effective January 1, 2015, a qualified speech-language pathologist is an individual who has a master's or doctoral degree in speech-language pathology, and who meets either of the following requirements:

- 1. Is licensed as a speech-language pathologist by the state in which the individual furnishes such services; or*
- 2. In the case of an individual who furnishes services in a state which does not license speech-language pathologists:*
 - a. Has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating supervised clinical experience);*
 - b. Performed not less than 9 months of supervised full-time speech-language pathology services after obtaining a master's or doctoral degree in speech-language pathology or a related field; and*
 - c. Successfully completed a national examination in speech-language pathology approved by the Secretary.*

For outpatient speech-language pathology services that are provided incident to the services of physicians/NPPs, the requirement for speech-language pathology licensure does not apply; all other personnel qualifications do apply. Therefore, qualified personnel providing speech-language pathology services incident to the services of a physician/NPP must *be a graduate in speech-language pathology with a master's or doctoral degree. In a state that does not offer licensure for speech-language pathologists, the*

qualified personnel — in addition to a master's or doctoral degree in speech-language pathology — must additionally meet the three above qualifications of 2(a), 2(b), and 2(c).

C. Services of Speech-Language Pathology Support Personnel

Services of speech-language pathology assistants are not recognized for Medicare coverage. Services provided by speech-language pathology assistants, even if they are licensed to provide services in their states, will be considered unskilled services and denied as not reasonable and necessary if they are billed as therapy services.

Services provided by aides, even if under the supervision of a therapist, are not therapy services and are not covered by Medicare. Although an aide may help the therapist by providing unskilled services, those services are not covered by Medicare and shall be denied as not reasonable and necessary if they are billed as therapy services.

D. Application of Medicare Guidelines to Speech-Language Pathology Services

1. Evaluation Services

Speech-language pathology evaluation services are covered if they are reasonable and necessary and not excluded as routine screening by §1862(a)(7) of the Act. The speech-language pathologist employs a variety of formal and informal speech, language, and dysphagia assessment tests to ascertain the type, causal factor(s), and severity of the speech and language or swallowing disorders. Reevaluation of patients for whom speech, language and swallowing were previously contraindicated is covered only if the patient exhibits a change in medical condition. However, monthly reevaluations; e.g., a Western Aphasia Battery, for a patient undergoing a rehabilitative speech-language pathology program, are considered a part of the treatment session and shall not be covered as a separate evaluation for billing purposes. Although hearing screening by the speech-language pathologist may be part of an evaluation, it is not billable as a separate service.

2. Therapeutic Services

The following are examples of common medical disorders and resulting communication deficits, which may necessitate active rehabilitative therapy. This list is not all-inclusive:

Cerebrovascular disease such as cerebral vascular accidents presenting with dysphagia, aphasia/dysphasia, apraxia, and dysarthria;

Neurological disease such as Parkinsonism or Multiple Sclerosis with dysarthria, dysphagia, inadequate respiratory volume/control, or voice disorder; or

Laryngeal carcinoma requiring laryngectomy resulting in aphonia.

3. Impairments of the Auditory System

The terms, aural rehabilitation, auditory rehabilitation, auditory processing, lipreading and speech reading are among the terms used to describe covered services related to perception and comprehension of sound through the auditory system. See Pub. 100-04, chapter 12, section 30.3 for billing instructions. For example:

- Auditory processing evaluation and treatment may be covered and medically necessary. Examples include but are not limited to services for certain neurological impairments or the absence of natural auditory stimulation that results in impaired ability to process sound. Certain auditory processing disorders require diagnostic audiological tests in addition to speech-language pathology evaluation and treatment.

- Evaluation and treatment for disorders of the auditory system may be covered and medically necessary, for example, when it has been determined by a speech-language pathologist in collaboration with an audiologist that the hearing impaired beneficiary's current amplification options (hearing aid, other amplification device or cochlear implant) will not sufficiently meet the patient's functional communication needs. Audiologists and speech-language pathologists both evaluate beneficiaries for disorders of the auditory system using different skills and techniques, but only speech-language pathologists may provide treatment.

Assessment for the need for rehabilitation of the auditory system (but not the vestibular system) may be done by a speech language pathologist. Examples include but are not limited to: evaluation of comprehension and production of language in oral, signed or written modalities, speech and voice production, listening skills, speech reading, communications strategies, and the impact of the hearing loss on the patient/client and family.

Examples of rehabilitation include but are not limited to treatment that focuses on comprehension, and production of language in oral, signed or written modalities; speech and voice production, auditory training, speech reading, multimodal (e.g., visual, auditory-visual, and tactile) training, communication strategies, education and counseling. In determining the necessity for treatment, the beneficiary's performance in both clinical and natural environment should be considered.

4. Dysphagia

Dysphagia, or difficulty in swallowing, can cause food to enter the airway, resulting in coughing, choking, pulmonary problems, aspiration or inadequate nutrition and hydration with resultant weight loss, failure to thrive, pneumonia and death. It is most often due to complex neurological and/or structural impairments including head and neck trauma, cerebrovascular accident, neuromuscular degenerative diseases, head and neck cancer, dementias, and encephalopathies. For these reasons, it is important that only qualified professionals with specific training and experience in this disorder provide evaluation and treatment.

The speech-language pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the radiological examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function; conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions; and developing a treatment plan employing appropriate compensations and therapy techniques.