



KENTUCKY BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Ernie Fletcher  
Governor

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September 12, 2006

Glenn Jennings, Medicaid Commissioner  
270 East Main Street 6W-A  
Frankfort KY 40621

The Kentucky Board of Speech-Language Pathology and Audiology, would like to express our concern regarding the implemented coverage for Speech and Audiology services by Medicaid. Our primary focus as a board is on the health and safety of Kentuckians. To implement a system which does not provide or fund services at an adequate level to assure their availability to the children of Kentucky is not in the State's best interest.

It is our understanding that the cuts in funded services only apply to private providers. School systems, First Steps and the Commission for Children with Special Health Care Needs, Impact Plus, and EPSDT are exempt. It should be noted that the private sector takes care of the most medically frail patients and we feel these new regulations will place these patients at risk for not receiving needed services. If the frequency of the provided services is truly too great then the cuts should also apply to these governmental providers. If the cuts are too cumbersome for the governmental providers to implement then they should not be forced on private speech and hearing providers.

One of the most disturbing things to the Board is the number of questions that remain unanswered regarding this legislation after implementation. These questions should have been addressed months ago instead of waiting until the actual date of implementation.

We have many questions regarding the wording of the legislation. When our licensees have called for clarification, they have received conflicting information from different parts of the state. Specific information is needed to address the following areas:

1. No CPT codes were mentioned in the legislation. What CPT codes are involved? In other words, what constitutes an audiological visit? Is it one evaluation or one visit to an audiologist?
2. How will the determination be made to allow additional visits for either speech or audiology services over the number listed? i.e. 1 visit for audiology, 10 visits for Global Choices, 15 visits for Family Choices, and 30 visits for Optimum and Comprehensive Choices?
3. Are certain providers exempt from the certification/pre-certification process? If so why the discrimination?
4. How will providing more phone lines and new personnel save Medicaid funding? Will new personnel have the ability to understand the complexities of preauthorizing services and/or requests for additional services?
5. How does a recipient's health care provider demonstrate the medical necessity for further audiologist's services?





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6. There was no mention in the legislation of a dispensing fee for hearing aids, only the "not to exceed \$1,400. Per ear every 36 months." There is also no mention of payment for earmolds.
7. There is no mention of follow-up procedures needed for newborn hearing screening. Auditory brainstem testing and Otoacoustic emissions are not mentioned at all. Are they to be included in the one audiology visit per year?
8. If Medicaid is the secondary payer is preauthorization necessary?
9. What is the justification for authorization of services in one month increments instead of three months? For instance, 10 visits are authorized for a patient but only 4 are provided in one month's time; the remaining visits must be authorized again.
10. Why does Passport allow for payment of separate audiology CPT codes not available to audiologists in other parts of the state?

We believe that Kentucky's children are its future and providing them with adequate healthcare should be a top priority. We hope that these matters will be resolved quickly so that we can continue this vital priority.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela A. Ison".

Pamela A. Ison, Au.D.  
Chair Kentucky Board of Speech Pathology and Audiology