

**Department of Hearing & Speech Sciences
Vanderbilt University Medical Center
Clinical Protocol**

Protocol Title: Traumatic Brain Injury (TBI) Evaluation

Providers: ASHA-Certified and state licensed speech-language pathologists

I. Policy Statement:

Speech-language pathologists (SLPs) evaluate the cognitive-communicative abilities of patients with a history of traumatic brain injury (TBI) to determine the presence of and/or level of deficit as well as to provide additional information regarding severity of deficit and to establish Rancho Los Amigos Level of Cognitive Functioning Scale rating. Per protocol established in conjunction with the VUMC trauma team, the acute SLP team receives orders on all patients with positive head computed tomography (CT) findings. Patients with a negative CT, positive loss of consciousness, and persistent confusion/cognitive deficits also receive orders for further cognitive-communicative evaluation. SLP results are used to provide family/caregiver education, determine treatment plan and provide discharge recommendations.

II. Equipment and Supplies:

May include, but not limited to:

1. pen light
2. wash cloth
3. dental sponge
4. paper assessment forms
5. family/caregiver education materials
6. stopwatch/timer

III. Protocol(s):

An order is obtained from physician or mid-level provider (NP or PA) and entered in medical chart. Patients are seen based on patient priority (e.g., assessment is needed for discharge planning). Speech, language, and cognitive evaluation is completed.

IV. Procedures:

1. A thorough chart review is completed, including review of head CT or magnetic resonance imaging (MRI), initial and most recent Glasgow Coma Scale (GCS), mechanism of injury, other injuries, and pertinent medical/surgical/social history.
2. Patient's current status is discussed with nursing staff, including recent administration of pain or sedating medications which may impact the patient's cognitive-communicative performance.
3. For patients functioning at Rancho Los Amigos Scale 1-4, the clinician attempts to elicit responses consistent with those levels on the Rancho Los Amigos Scale (RLAs). Alternatively, the Coma Recovery Scale-Revised (CRS-R) may also be used.
4. For patients functioning at Rancho Los Amigos Scale 5-8, the clinician completes the VUMC TBI Evaluation.

5. Documentation including results of assessment, recommendations, education provided, and treatment plan is completed and filed in eStar.

V. Required Clinician Education/Supervision to Ensure Competency:

All new clinicians or clinicians new to a clinical service are required to complete a focused evaluation of clinical practice with an assigned senior clinician. The senior clinician will work with the supervisor to establish competency.

The SLP must have appropriate training and demonstrate competency prior to completing TBI evaluation. If the clinician has had recent experience completing TBI evaluation defined as within the prior 12 months, then they are supervised by a senior clinician while completing TBI evaluations on patients across the Rancho levels. They are required to complete at least 1 TBI evaluation on low level TBI patients (RLAs 1-4), at least 1 TBI evaluations on RLAs 5 or 6, and 1 evaluation on RLAs 8. Competency is established when the supervised clinician demonstrates reasonable decision making for treatment plan and discharge recommendations. At that point, they are deemed competent to complete independent TBI evaluations which may occur within the duration of the focused evaluation of clinical practice. If the clinician does not demonstrate competency, then they continue with supervision of TBI evaluations until the supervising SLP feels that competency has been met. If this is not achieved within the 6 months of focused evaluation, the supervisor may choose to remove the clinician from this service or continue with supervised training to develop competency.

If a clinician does not have recent experience completing TBI evaluations, then they must first complete prescribed readings and then observe at least 1 TBI evaluation for RLAs 1-4, 5-6, and 7-8 with the supervising SLP. Following completion of readings and observations, they then proceed through steps as outlined above with supervised TBI evaluations to establish competency.

Annual competency is maintained through participation in continuing education, chart review, and/or direct observation by supervisor or peer.

VI. Documentation:

Results are interpreted and documented in a written report in eStar.

Documentation includes:

1. Medical History
2. History of previous TBI or psychiatric disorder
3. Subjective observations
4. Objective Findings - Must include findings from battery given, as well as a statement regarding patient's level of speech and language skills, including auditory comprehension, language expression, and reading/writing performance as indicated
5. Assessment statement including diagnosis and recommendations. Rancho Los Amigos level is included, as appropriate
6. If therapy is recommended, goals are clearly documented

7. Billing and Coding:

- a. CPT: 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)
- b. ICD10: R41.84 TBI series with greatest specificity

VII. References:

Lin K, Wroten M. Ranchos Los Amigos. In: StatPearls. StatPearls Publishing, Treasure Island (FL); 2020. PMID: 28846341.

Kathleen Kalmar Ph.D. & Joseph T. Giacino (2005) The JFK coma recovery scale—revised, *Neuropsychological Rehabilitation*, 15:3-4, 454-460, DOI: [10.1080/09602010443000425](https://doi.org/10.1080/09602010443000425)

American Speech-Language-Hearing Association. *Reimbursement*. Retrieved on February 23, 2022, from [Coding and Payment of Cognitive Evaluation and Treatment Services: Considerations for SLPs \(asha.org\)](https://www.asha.org/policy/Coding_and_Payment_of_Cognitive_Evaluation_and_Treatment_Services:_Considerations_for_SLPs)

American Speech-Language-Hearing Association. *Traumatic Brain Injury in Adults*. Retrieved on February 23, 2022, from [Traumatic Brain Injury in Adults \(asha.org\)](https://www.asha.org/policy/Traumatic_Brain_Injury_in_Adults)

VIII. Approval:

Burbara H. Jacobson, PhD CCC-SLP

3/30/2022

Associate Division Director

Date

[Signature]

4/4/2022

Vice Chair, Clinical Operations

Date