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Area **Medical Policy**
Lines Of **All Lines of**
Business **Business**

Speech Therapy

PURPOSE:

This policy is designed to discuss possible indications for speech therapy in both adults and children.

DEFINITIONS:

Rehabilitative speech therapy: Speech therapy services that help an individual regain or improve skills and functioning for daily living that have been lost or impaired because an individual was sick, injured, or disabled.

Habilitative speech therapy: Speech therapy that consists of activities meant to preserve the individual's present level of function and prevent regression of that function. No further improvement or progress is expected in habilitative/maintenance speech therapy.

PROCEDURE:

Speech therapy may be considered medically necessary in both adult and pediatric individuals for dysphagia and/or communication disabilities as a result of disease, trauma, or congenital malformations when all of the following criteria are met:

- The speech therapy is expected to result in a significant improvement within a reasonable and predictable period of time, and;
- The service are ordered by a physician and carried out by a licensed and certified speech pathologist, and;
- A treatment plan that includes all of the following:
 - Specific diagnosis related goals that include sufficient detail and appropriate objective and subjective data to demonstrate the medical necessity of the proposed treatment, and;
 - A reasonable estimate of when the goals are expected to be reached, and;
 - A description of the planned treatment techniques, and;
 - The speech/language and or swallowing evaluation, and;
 - The treatment includes a transition from one-to-one supervision to a caregiver providing maintenance level therapy on discharge.

The following is a list of indications for which speech therapy may be considered medically necessary (not an all-inclusive list):

- Autism spectrum disorders
- Cancer
- Cerebral palsy
- Closed head trauma
- Congenital anomaly (e.g. cleft palate/lip, Down Syndrome)
- Laryngeal trauma
- Vocal cord cysts, lesions, paralysis, polyps, or nodules
- Trauma (generalized)
- Stroke

Pediatric Specific Criteria

Speech therapy may be considered medically necessary for idiopathic delays in speech development when both of the following criteria are met:

- The individual is 18 months of age or more; and
- After a qualified speech language pathologist has determined that a treatable communication disorder exists.

Note: This policy and its criteria does not apply to school based speech therapy services.

Limitations

Speech therapy is considered NOT medically necessary, and therefore non-covered, in any of the following situations:

- In-patient speech therapy in which the sole reason for admission is speech therapy, or;
- Speech therapy that is primarily for educational purposes, or;
- Duplicate therapy when members receive both occupational, physical and speech therapy; the therapies should provide different treatments and not duplicate the same treatment. When multiple therapies are used, each must have separate written treatment plans and must provide significantly different treatments and not be seen as generally duplicating each other, or;
- Maintenance therapy begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur. Specifically, these include continued activities for individuals who have achieved generally accepted levels of function and are at a plateau or have reached a maximum potential and/or baseline functional status. A plateau is a period of four weeks or dependent on the specific condition and/or individual situation, a lesser period of time that is seen as generally accepted, or;
- Treatments that do not require the skills of a qualified provider of speech therapy services, such as treatments that maintain function by using routine, repetitious, and reinforced procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation errors) or procedures that may be carried out effectively by the member, family, or caregivers at home on their own.

The use of speech therapy to treat chronic cough is considered experimental and investigational, and therefore non-covered, because efficacy cannot be established by peer reviewed literature.

Additional Benefit Information:

Medicaid

- Prior authorization is required for all speech therapy services for adults.
- For children age birth through 21 years of age there is a benefit limit of 20 visits per calendar year.
 - An authorization will be required for treatment continuing after 20 visits.
- Speech therapy for adults is not a covered benefit except when medically necessary as a result of a specific medical or surgical condition.

Medicare

The Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflicts with any NCDs or relevant LCD, the relevant document controls the application of services regardless of the version of the NCD or LCD listed in the reference section.

CODING:

Procedure Codes:

CPT Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
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)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition

	to code for primary procedure)
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
HCPSC Code	Description
S9152	Speech therapy, re-evaluation
V5362	Speech screening
V5363	Language screening
V5464	Dysphagia screening

Diagnosis Codes (not an all-inclusive list):

ICD-10 Dx	Description
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F84.0	Autistic disorder
F84.5	Asperger's Syndrome
F98.5	Adult-onset fluency disorder
G46.3	Brain stem stroke syndrome
G46.4	Cerebellar stroke syndrome
G46.6	Pure sensory lacunar syndrome
G46.7	Other lacunar syndromes
G46.8	Other vascular syndromes of brain in cerebrovascular diseases
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy

G80.9	Cerebral palsy, unspecified
G93.40	Encephalopathy, unspecified
G93.41	Metabolic encephalopathy
G93.49	Other encephalopathy
H93.25	Central auditory processing disorder
I63.00-16.9	Cerebral infarction
I67.83	Posterior reversible encephalopathy syndrome
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage
I69.320	Aphasia following cerebral infarction
I69.323	Fluency disorder following cerebral infarction
I69.328	Other speech and language deficits following cerebral infarction
I69.823	Fluency disorder following other cerebrovascular disease
I69.828	Other speech and language deficits following other cerebrovascular disease
I69.923	Fluency disorder following unspecified cerebrovascular disease
I69.928	Other speech and language deficits following unspecified cerebrovascular disease
J38.00	Paralysis of vocal cords and larynx, unspecified
J38.01	Paralysis of vocal cords and larynx, unilateral
J38.02	Paralysis of vocal cords and larynx, bilateral
J38.1	Polyp of vocal cord and larynx
J38.2	Nodules of vocal cords
J38.3	Other diseases of vocal cords
J38.7	Other diseases of larynx
K11.7	Disturbances of salivary secretion
Q31.0	Web of larynx
Q31.1	Congenital subglottic stenosis
Q31.2	Laryngeal hypoplasia
Q31.3	Laryngocele
Q31.5	Congenital laryngomalacia
Q31.8	Other congenital malformations of larynx
Q31.9	Congenital malformation of larynx, unspecified

Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q35.9	Cleft palate, unspecified
Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
Q38.1	Ankyloglossia
Q38.2	Macroglossia
Q38.5	Other congenital malformations of tongue
Q38.8	Other congenital malformations of pharynx
Q90.0	Trisomy 21, nonmosaic (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
R13.0	Dysphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase
R13.13	Dysphagia, pharyngeal phase
R13.14	Dysphagia, pharyngoesophageal phase
R13.19	Other dysphagia
R47.01	Aphasia
R47.02	Dysphasia
R47.1	Dysarthria and anarthria
R47.81	Slurred speech

R47.82	Fluency disorder in conditions classified elsewhere
R47.89	Other speech disturbances
R48.1	Agnosia
R48.2	Apraxia
R48.8	Other symbolic dysfunctions
R48.9	Unspecified symbolic dysfunctions
R49.0	Dysphonia
R49.1	Aphonia
R49.21	Hypernasality
R49.22	Hyponasality
R49.8	Other voice and resonance disorders
R49.9	Unspecified voice and resonance disorder

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POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization,

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