



## MEDICAL COVERAGE POLICY

**SERVICE:** Speech Therapy

**Policy Number:** 112

**Effective Date:** 1101/2019

**Last Review:** 08/22/2019

**Next Review Date:** 08/22/2020

### Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

**SERVICE:** Speech Therapy

**PRIOR AUTHORIZATION:** Not required

### POLICY:

Speech therapy may be considered medically necessary and a covered benefit for the short-term treatment of speech and/or swallowing difficulties associated with certain medical conditions and acute illnesses and injuries, subject to applicable benefit terms and limitations. The most common indications are:

1. Speech delay that is associated with a disease, injury, illness, congenital defect (e.g., cleft palate, cleft lip, etc.), or significant developmental lag; and
2. Speech loss, impairment, and/or swallowing dysfunction resulting from a disease or acute injury.

A speech therapy evaluation should be performed to determine a patient's speech abilities and deficits compared to their peers or pre-impairment state, and to develop a written plan of care. The following care plan documentation is required to justify the medical necessity of ongoing speech therapy:

1. The plan of care should include sufficient information to determine the medical necessity of treatment. The plan of care should be specific to the presenting symptoms, diagnosis, and findings of the speech therapy evaluation, including peer comparison when appropriate.
2. The plan of care must be signed by the member's attending physician and speech therapist.
3. The plan of care should include:
  - a. Evaluation by a qualified speech-language therapist who has determined that a treatable communication and/or swallowing problem exists;
  - b. The date of onset or exacerbation of the disorder/diagnosis;
  - c. Specific statements of long-term and short-term goals;
  - d. Quantitative objectives measuring current age-adjusted level of functioning for developmental delay;



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- e. A reasonable estimate of when the goals should be reached;
  - f. The specific treatment techniques and/or exercises to be used in therapy; and
  - g. The frequency and duration of treatment.
4. The plan of care should be ongoing (i.e., updated as the member's condition changes) and progress in treatment should be demonstrated.
  5. Continued therapy services are considered medically necessary only if there is a reasonable expectation that further therapy will achieve measurable improvement in the member's condition in a reasonable and predictable period of time.
  6. The member should be reevaluated regularly, and there should be documentation of progress made toward the goals of speech therapy; and
  7. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that speech therapy services are contributing to meaningful improvement.

### Home-based Speech Therapy:

SWHP considers home-based speech therapy medically necessary in selected cases based upon the member's needs (i.e., the member must be homebound). This is usually used in the transition of the member from hospital to home and is an extension of case management services.

### EXCLUSIONS:

1. Facilitated Communication is considered experimental and investigational for all indications.
2. Duplicate therapy, when members receive both occupational and speech therapy; the therapies should provide different treatments and not duplicate each other.
3. Maintenance programs such as drills, techniques, and exercises that preserve the patient's present level of function and prevent regression of that function, and do not require the services of a licensed professional. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur.
4. Treatments are not considered medically necessary if they do not require the skills of a qualified provider of speech therapy services, such as treatments which maintain function by using routine, repetitious, and reinforced procedures (e.g., practicing word drills for developmental articulation errors) or procedures that may be carried out effectively by the patient, family, or caregivers at home on their own.
5. Speech therapy is not considered medically necessary for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that are self-correcting.
6. Speech therapy for children with delayed speech that is less than 12 months behind their peers.
7. Speech therapy is not a covered benefit for the following conditions that are frequently encountered in school settings and developmental learning centers;
  - a. Attention disorders
  - b. Behavioral problems



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- c. Conceptual handicap
  - d. Mental retardation
  - e. Psychosocial speech delay
8. Speech therapy which is primarily educational in nature, such as in the management of pervasive developmental disorders, autism spectrum disorders and mental retardation (except when required by mandate, see mandate section below).
  9. Speech therapy for idiopathic delays in speech development is considered experimental and investigational for infants and children younger than 18 months of age because such delays cannot be reliably diagnosed or treated in the pre-lingual developmental stage.
  10. VitalStim® therapy, a type of neuromuscular stimulation (uses small electrical currents to stimulate the muscles responsible for swallowing) for treatment of dysphagia is considered experimental and investigational. Current review of scientific literature and clinical studies reports that the efficacy and clinical utility of this service remains unproven. Studies with the use of this surface electrical stimulation treatment show a lowering of the hyoid bone during swallowing, which may actually be harmful to the patient.

**OVERVIEW:** Speech therapy is one of several types of rehabilitative services which help individuals recover lost functioning due to illness, injury, congenital defect, or surgery. It may also be indicated for children with significant developmental delay. Speech therapy is the process of aiding a patient in attaining normal speech and swallowing abilities for age, or retraining a patient for normal speech and swallowing after a loss due to a medical illness or event.

**MANDATES:** Texas Insurance Code:

Sec. 1271.156. BENEFITS FOR REHABILITATION SERVICES AND THERAPIES. (a) If benefits are provided for rehabilitation services and therapies under an evidence of coverage, the provision of a rehabilitation service or therapy that, in the opinion of a physician, is medically necessary may not be denied, limited, or terminated if the service or therapy meets or exceeds treatment goals for the enrollee. (b) For an enrollee with a physical disability, treatment goals may include maintenance of functioning or prevention of or slowing of further deterioration.

Added by Acts 2003, 78th Leg., ch. 1274, Sec. 3, eff. April 1, 2005.

Sec. 1367.205. COVERAGE OF CERTAIN THERAPIES. (a) A health benefit plan that provides coverage for rehabilitative and habilitative therapies under this subchapter may not prohibit or restrict payment for covered services provided to a child and determined to be necessary to and provided in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter 73, Human Resources Code. (b) Rehabilitative and habilitative therapies described by Subsection (a) must be covered in the amount, duration, scope, and service setting established in the child's individualized family service plan. (c) A child is entitled to benefits under this subchapter if the child, as a result of the child's relationship to an insured or enrollee in a health benefit plan, would be entitled to coverage under an accident and health insurance policy under Section 1201.061, 1201.062, 1201.063, or 1201.064.

Added by Acts 2005, 79th Leg., Ch. 728, Sec. 11.040(a), eff. September 1, 2005.

Sec. 1355.015. REQUIRED COVERAGE FOR CERTAIN CHILDREN. (a) At a minimum, a health benefit plan must provide coverage as provided by this section to an enrollee who is diagnosed with autism spectrum disorder from the date of diagnosis until the enrollee completes nine years of age. If an enrollee who is being treated for autism spectrum disorder becomes 10 years of age or older and continues to need treatment, this subsection does not preclude coverage of treatment and services described by Subsection (b). (b) The health benefit plan must provide coverage under this section to the enrollee for all generally



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recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by that physician. An individual providing treatment prescribed under this subsection must be a health care practitioner: (1) who is licensed, certified, or registered by an appropriate agency of this state; (2) whose professional credential is recognized and accepted by an appropriate agency of the United States; or (3) who is certified as a provider under the TRICARE military health system. (c) For purposes of Subsection (b), "generally recognized services" may include services such as: (1) evaluation and assessment services; (2) applied behavior analysis; (3) behavior training and behavior management; (4) speech therapy; (5) occupational therapy; (6) physical therapy; or (7) medications or nutritional supplements used to address symptoms of autism spectrum disorder. (d) Coverage under Subsection (b) may be subject to annual deductibles, copayments, and coinsurance that are consistent with annual deductibles, copayments, and coinsurance required for other coverage under the health benefit plan. (e) Notwithstanding any other law, this section does not apply to a standard health benefit plan provided under Chapter 1507.

Added by Acts 2007, 80th Leg., R.S., Ch. 877, Sec. 8, eff. September 1, 2007.

Amended by: Acts 2009, 81st Leg., R.S., Ch. 1107, Sec. 2, eff. September 1, 2009.

**CMS:**

NCD (Manual section number 170.3): Speech-Language Pathology Services for the Treatment of Dysphagia.

LCD Speech Language Pathology Services: Communication Disorders (L35070)- for services performed on or after 03/29/2018

LCD Speech Language Pathology Services Dysphagia includes VitalStim<sup>®</sup> therapy (L34891) for services performed on or after 03/29/2018

**CODES:**

**Important note:**

*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

CPT codes	92506 Speech/hearing evaluation
	92507 Speech/hearing therapy
	92526 Oral function therapy
	92607 Ex for speech device rx 1hr
	92608 Ex for speech device rx addl
	92609 Use of speech device service
	92610 Evaluate swallowing function
	92626 Eval aud rehab status
	92627 Eval aud status rehab add-on
	92630 Aud rehab pre-ling hear loss
	92633 Aud rehab postling hear loss
	96105 Assessment of aphasia
	96110 Developmental screen
	96111 Developmental test extend
	96116 Neurobehavioral status exam
	96125 Cognitive test by hc pro
	97110 Therapeutic exercises
	97530 Therapeutic activities
	97532 Cognitive skills development
97533 Sensory integration	
97535 Self-care management training	
ICD10 Codes	C00.0(x) - C14.8 - Malignant neoplasms of oral cavity
	C15.3 - C15.0 - Malignant neoplasms of esophagus



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<p>C32.0 - C32.9 - Malignant neoplasms of larynx          C41.1 - Malignant neoplasms of mandible          E50.0 – F50.9 – Eating disorders          F02.80 – F02.81 – Dementia in other disease classified elsewhere          F48.9 Nonpsychotic mental disorder, unspecified          F07.0 – Personality change due to known physiological condition          F81.0 – F89 – Pervasive and specific developmental disorders          F95.2 – Tourette's disorder          F98.5- Adult onset fluency disorder          G30.0 – G30.9 – Alzheimer's          G31.85 – Corticobasal degeneration          G37.0 – G37.9 – Demyelinating diseases of central nervous system          G37.5 – Concentric sclerosis of central nervous system          G70.80 – G70.9 – Other specified myoneural disorders          G72.3 – Periodic paralysis          G72.2 – Myopathy due to toxic agents          G71.11 – G71.19 – Myotonic muscular dystrophy          H90.0 – H90.8 – Conductive and sensorineural hearing loss          H91.3 – Deaf nonspeaking, not elsewhere classified          H93.24 – H93.299 – Temporary and other abnormal auditory threshold shift          I69.30(xx) - I69.998 – Sequelae of cerebral infarction          J38.0 - J38.4 - Diseases of vocal cords and larynx, not elsewhere classified          J38.6 - J38.7 - Diseases of vocal cords and larynx, not elsewhere classified          M26.20 – M26.219 – Malocclusion          K14.8 – Other disease of the tongue          Q30.0 - Q32.4 - Congenital nose and larynx malformations          Q35.1 - Q37.9 - Cleft lip and palate          Q38.01 – Ankyloglossia          R06.1 – Stridor          R13.0 – R13.9 - Dysphagia          Q38.3 – Other congenital malformations of tongue          R41.814 – Cognitive communication deficit          R41.4 – Neurologic neglect syndrome          R47.01 - R47.89 - Speech and voice disturbances          R48.0 – R49.9 – Dyslexia and other symbolic dysfunctions, not elsewhere classified          R49.0 – R49.9 – Voice and resonance disorders          R62.0 – Delayed milestones in childhood          R63.3 – Feeding difficulties          R68.89 – Other general symptoms and signs          S02.40(xx) - S04.9xx_ - Injury to oral cavity or cranial nerves          S06.0x0x - S07.9xxx - Intracranial injury          S11.011 A - S11.039A - Wound of larynx and trachea          Z86.59 – Personal history of other mental and behavioral disorders          Z96.3 – Presence of artificial larynx          Z44.8 – Encounter for fitting and adjustment of other external prosthetic devices          Z43.0 – Encounter for attention to tracheostomy</p>
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**POLICY HISTORY:**

Status	Date	Action
New	07/26/2010	New policy
Reviewed	12/08/2011	Reviewed.
Reviewed	08/14/2012	Reviewed.
Reviewed	09/05/2013	No changes
Reviewed	06/19/2014	No changes



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Reviewed	07/02/2015	No changes
Reviewed	07/28/2016	Exclusion added and LCD updated.
Reviewed	07/18/2017	No changes
Reviewed	05/22/2018	No changes
Reviewed	08/22/2019	No changes

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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