



Clinical Review Criteria Related to Speech Therapy

Speech therapy is covered for restoration or improved speech in members who have a speech-language disorder as a result of a non-chronic disease or acute injury or the member has a speech delay that is associated with a specifically diagnosable disease, injury or congenital defect. Services related to the medically necessary diagnosis and treatment of speech, hearing and language disorders must be performed by in-plan, licensed speech-language pathologists or audiologists and rendered within the lawful scope of their practice regardless of whether the service is provided in a hospital, clinic or private office. This coverage does not extend to the diagnosis or treatment of speech, hearing and language disorders in a school-based setting.

I. Criteria for Approval

- A. If there is a reasonable expectation that the speech therapy will achieve measurable improvement in the member's condition in a reasonable period of time
- B. If the member has speech delay that is associated with a specifically diagnosable disease, injury, or congenital defect (cleft palate, cleft lip, etc.)
- C. To restore or improve speech in members who have speech/language disorders that are the result of a nonchronic disease or acute injury
- D. Voice therapy will be considered for significant voice disorders that are the result of anatomic abnormality, neurological condition or injury (e.g., edema, vocal nodules or polyps, vocal cord paralysis, postop vocal cord surgery, vocal tremor, vocal cord bowing) causing hoarseness or dysphonia, laryngitis.
- E. Myofunctional disorder or tongue thrust swallow pattern will be considered on a case-by-case basis. Improvements are expected within 4 visits.
- F. Swallowing disorders such as dysphagia or feeding disorders will be considered when the medical record confirms the medical condition or a structural abnormality that adversely impacts his/her ability to safely chew and swallow, or move fluids from the mouth down the throat.

II. Speech Therapy for Cognitive Rehabilitation: (by a Speech/Language Pathologist)

- A. Cognitive rehabilitation offers retraining in the ability to think, use judgment, and make decisions. Cognitive rehabilitation by a speech/language pathologist is considered medically

© 2014 Health New England

HNE Review Dates: 10/14/08, 10/13/09, 10/12/10, 10/11/11, 4/10/12, 12/11/12, 4/9/13, 4/8/14, 4/14/15, 4/12/16, 9/13/16

MHI Review Dates: 01/01/2014, 10/23/2014, 07/02/2015, 4/21/2016, 10/20/2016

Page | 1

necessary to treat cognitive deficits such as attention, language, memory, reasoning, executive functions, problem solving when all of the following are met:

1. The member has been evaluated by a neurologist, psychiatrist, neuropsychologist or trauma specialist/concussion clinic and is recommending speech and language therapy, AND
2. The cognitive deficits have been acquired as a result of neurologic impairment due to traumatic brain injury, brain surgery, stroke, or encephalopathy, AND
3. The member is expected to make significant cognitive improvement, e.g., is not in a vegetative or custodial state.

III. Required Documentation for Initial Determination

A. The initial evaluation for Speech Therapy services does not require a Prior Authorization (PA). The treatment sessions recommended in the initial evaluation do require a PA as well as any subsequent request(s). The care plan should be specific to diagnosis, presenting symptoms and findings at speech therapy evaluation, and must be signed by the therapist and attending physician (and/or a licensed psychologist if the member has an Autism Spectrum Disorder diagnosis).

1. All requests must meet the medically-necessary-defined criteria as outlined below. Up to a total of fifteen visits may be authorized initially based on review of the documentation and the member's plan benefits. Additional visits will be authorized based on medical necessity.

B. The following information is required in order to determine the medical necessity for Speech Therapy services:

1. Documented clinical diagnosis of a functional speech disorder as well as unobstructed and patent airway (this is not required if the request is for Cognitive Therapy.)
 - a. The date of onset or exacerbation of the disorder/diagnosis
 - b. Specific statements of long-term and short-term goals
2. Quantitative objectives measuring current age-adjusted level of functioning
3. A reasonable estimate of when the goals will be reached
4. Specific treatment techniques and/or exercises to be used in treatment
5. The frequency and duration of treatment

6. If the diagnosis is ASD, an MD or a licensed psychologist must order the services. If the member is school age, a statement is required as to what school-based services have been tried.
7. A pediatric neurologic or developmental evaluation may be requested.
8. Evaluation by an Otolaryngologist is required before authorization of SLP services for treatment of any voice disorder in pediatric and adult patients.
9. For Cognitive Therapy: an evaluation by the neurologist, psychiatrist, neuropsychologist or trauma specialist/concussion clinic is required before treatment with Cognitive Therapy.
10. If the member is school age, an Individualized Education Program (IEP) is helpful (although not mandatory) for making the determination if services are medically necessary.

IV. Required Documentation for Subsequent or Ongoing Treatment Determination

- A. Regular assessment and reevaluation
- B. Documented progression toward both long- and short-term goals using measurable outcomes
- C. Updated treatment plan interventions, goals and timeframes
 1. If a member is receiving Speech therapy services through the local school system during a typical school year and it has been recommended that services continue during the summer vacation, documentation from the school-based Speech Language Pathologist as well as the Primary Care Physician must be submitted for review.

CPT CODES

<u>Procedure Code</u>	<u>Description</u>
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
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);

© 2014 Health New England

HNE Review Dates: 10/14/08, 10/13/09, 10/12/10, 10/11/11, 4/10/12, 12/11/12, 4/9/13, 4/8/14, 4/14/15, 4/12/16, 9/13/16

MHI Review Dates: 01/01/2014, 10/23/2014, 07/02/2015, 4/21/2016, 10/20/2016

Page | 3

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
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

Procedure Code

V5362	Speech evaluation
V5363	Language evaluation
S9152	Speech therapy, re-evaluation

V. What is Not Covered

- A. 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.
- B. Psychosocial speech delay
- C. Behavioral problems
- D. Attention disorders
- E. Conceptual handicap
- F. Mental retardation
- G. Stammering
- H. Stuttering
- I. Educational interventions
- J. Chronic memory disorders

- K. Maintenance programs to preserve the member's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved.
- L. Treatments that do not require the skills of a qualified provider of speech therapy services, such as treatments which maintain function and are neither diagnostic nor therapeutic or procedures that may be carried out efficiently by the patient, family or caregivers in the home
- M. Speech therapy in a school-based setting
- N. Education services, testing and school performance tests (e.g., SIPT, praxis testing)
- O. Learning disability services (e.g., ADD, ADHD)
- P. Experimental services (e.g., auditory integration therapy, facilitative communication, altered auditory feedback devices)
- Q. Social communication group
- R. Speech treatments for central auditory processing, voice therapy without structural abnormality
- S. Speech therapy for children under the age of 3 years who qualify for Early Intervention Services (EIS)
- T. Vocational or recreationally based treatment
- U. Treatment to improve or enhance job, school or recreational performance
- V. Services provided by an out-of-plan provider
- W. Speech therapy for children between the ages of 3 and 21, when services can be provided in a school-based setting under MGL Chapter 71B in Massachusetts (Chapter 766) and Section 10-76-A-d of the General Statutes in Connecticut.

References:

NCQA Standard, UM2, Clinical Criteria for Utilization Management Decisions, Element A

The General Laws of Massachusetts, Chapter 175: Section 47X: Diagnosis and treatment of speech, hearing and language disorders.
(Last Accessed 2/25/16)

American Speech-Language-Hearing Association (ASHA), 07/14/2010 Frequently asked Questions about Voice Therapy.
(Last Accessed 2/25/16)

© 2014 Health New England

HNE Review Dates: 10/14/08, 10/13/09, 10/12/10, 10/11/11, 4/10/12, 12/11/12, 4/9/13, 4/8/14, 4/14/15, 4/12/16, 9/13/16

MHI Review Dates: 01/01/2014, 10/23/2014, 07/02/2015, 4/21/2016, 10/20/2016

Page | 5

American Journal of Speech-Language Pathology, May 2010, Volume 19, Issue 2, Judith A. Gierut, Michele Morrisette, Suzanne M. Ziemer, Nonwords and Generalizations in Children with Phonological Disorders.
(Last Accessed 1/26/16)

American Journal of Speech-Language Pathology, May 2010, Volume 19, Issue 2, Belinda Kenny, Michelle Lincoln: Experienced Speech –Language Pathologist’s Responses to Ethical Dilemmas: An Integrated Approach to Ethical Reasoning.
(Last Accessed 1/26/16)

Guidelines for Medical Necessity Determination for Speech and Language Therapy
<http://www.mass.gov/eohhs>
(Last Accessed 1/26/2016)