

# Utilization Management (UM) Criteria for Speech and Language Therapy Services - Commercial

## Utilization Management Criteria Statement

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## Utilization Management Criteria Statement

This document includes criteria that supports utilization review of certain provider requested health care services. Refer to the NCAL UM Criteria List.

Utilization review occurs when a qualified physician other than the treating clinician reviews the treating clinician's request against utilization review criteria. The qualified physician is in the position to approve, deny, delay, or modify the service request based on a determination of medical necessity. These criteria are consistent with professional standards of practice and provided for your reference.

If you are in a treatment relationship with a member your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the library under "Guidelines".

## Principles

The Permanente Medical Group, Inc. (“TPMG”) and Southern California Permanente Medical Group (“SCPMG”) provides intervention to improve speech, language, swallowing, and communication skills when medically necessary.

## Diagnostic and Treatment Indications for Medically Necessary Speech and Language Therapy Services

The following identifies the diagnostic and treatment indications for which intervention to improve speech, language, and communication skills may be medically necessary.

**Speech and language delay** - Intervention to improve speech, language, and communication skills (including, but not necessarily limited to: individual speech therapy, group speech therapy, caregiver facilitated intervention programs, behavioral intervention programs) will be provided for children who fall below the 7th percentile (standard score of 78, 1.5 SD below the mean) on standard tests of speech and language development.

**Brain Injury** - Physical impairment of the articulators, impairment of oral/pharyngeal intake, cognitive and communication disorders associated with the recent acute onset of a cerebral vascular accident, head injury or status post neurological intervention.

**Dysphagia** - To facilitate functional/safe oral-pharyngeal swallowing or to maintain current function.

**Dysfluency/stuttering** - To facilitate improvements in impairments of speech when there is significant fluency impairment impacting functional communication, and as manifested by severe to profound impairment on standardized tests of fluency (appropriate for chronological/developmental age).

**Laryngectomy** - Voice restoration following a total laryngectomy – may include artificial larynx, esophageal voice or tracheo-esophageal puncture (TEP).

**Voice** - Vocal cord pathology/dysfunction and/or gender dysphoria.

**Progressive neurodegenerative diseases** - Based on prognostic indicators, to facilitate use of the articulators, physical impairment of oral/pharyngeal intake, cognitive and communication skills for diagnoses such as amyotrophic lateral sclerosis, multiple sclerosis, Parkinson’s disease, and primary progressive adult aphasia.

**Speech/articulation disorder** - Speech and language therapy will be provided when:

1. There is clinically significant impairment of functional speech intelligibility based upon an assessment that is appropriate for chronological/developmental age, AND
2. A TPMG speech-language pathologist has determined that the articulation deficits are not expected to improve with normal maturation.

**Speech and language therapy for patients with cochlear implants post-surgery** - Part of post-surgery cochlear implant services for patient to adapt to the implant.

**Design of Maintenance Activities** - Including physical exercise, drills, techniques that a patient performs outside of therapy or after any therapy has concluded.

**Assessments of Impairment** - Including appropriate assessments as part of a multidisciplinary or interdisciplinary team of language and communication impairment; appropriate assessment of post therapy functions and periodic review of appropriate maintenance activities.

**Augmentative and Alternative Communication (AAC) needs**- Including appropriate assessments of unaided or aided AAC when clinically indicated by a speech and language pathologist.

## General principles governing intervention to improve speech, language, and communication skills

**Speech and language therapy services** are those that require the skills of licensed speech-language pathologists or a licensed speech language pathology assistant (SLPA) under the supervision of a licensed speech-language pathologist, in accordance with law.

Individual speech and language therapy services may be indicated when a speech-language pathologist or health care professional/physician who is competent to evaluate the specific clinical issues involved in the health care services requested determines there is an expectation of reasonable functional progress and that the patient will achieve:

1. significant, measurable improvement in the patient's motor planning ability impacting the use of the articulators, or in oral/ pharyngeal intake functions OR
2. significant, measurable reversal of deterioration from previous levels of cognitive or communication functions; OR,
3. significant, measurable improvement in communication functions beyond what would have been expected through the normal course of maturation without the services;

Determinations regarding a "reasonable functional progress" referenced above shall be based upon evidence-based medicine. "Reasonable functional progress" also takes into consideration whether, in the clinical judgment of a licensed speech and language pathologist, an individual is an appropriate candidate for speech and language therapy service based on the following: (a) ability to participate in and/or benefit from the therapy process; (b) adequate attention span, cooperation, and endurance to participate in active treatment in the therapy process; (c) demonstration of behavior conducive to engaging in the therapy process; and (d) reasonable ability to generalize the therapy from the episodic sessions.

Speech and language therapy services are provided on an episodic basis.

**Inpatient speech and language therapy** may be provided in the hospital when appropriate.

**Outpatient speech and language therapy** is provided episodically in the speech and language therapy medical/clinical setting.

**Home health speech and language therapy** may be prescribed as part of a home health care plan and provided episodically in the home.

**Caregiver-facilitated intervention programs** are provided under the guidance and supervision of a licensed Speech-Language Pathologist.

**Behavioral intervention programs** to address deficits in communication skills may be provided by professionals other than licensed speech-language pathologists. Such programs may incorporate observations, conclusions, and recommendations from standard speech and language evaluations, and may include ongoing consultation and collaboration with licensed speech-language Pathologists.

## Where Speech and Language Services May Not Be Medically Necessary

Some of the circumstances in which speech and language therapy services may not be medically necessary are described below:

- **Individualized Education Program (IEP) Development** - Services requested by educational systems for development of an IEP. However, reports describing medically necessary speech and language therapy services rendered according to these guidelines may also be provided to educational systems for the development of an IEP at the request of the patient.
- **Speech and language therapy for hearing impaired children** who have hearing aids or need to use sign language but do not have physical impairment of the articulators. The medical condition of hearing loss is covered for hearing tests; evaluations by audiologists; medical evaluations by head & neck surgeons and physicians in other clinical specialties.
- **Accent reduction** for individuals who do not have physical impairment of the articulators or physical impairment of oral/pharyngeal intake.
- **Tongue thrust/myofunctional therapy** for individuals who have normal motor and sensation.
- **Maintenance programs** - Drills, techniques and exercises after completion of medically necessary speech and language therapy services to preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of the treatment plan have been achieved and when no further functional progress is apparent or expected to occur. Maintenance does not require the skills of a qualified provider of speech and language therapy services.
- **Voice training absent laryngeal pathology, hyperfunction, hypofunction or dysfunction.**
- **Duplicate rehabilitative therapy** when individuals receive ABA, physical, occupational, or speech therapy, the therapists should provide different treatments that reflect each therapy discipline's unique perspective on the individual's impairments and functional deficits and not duplicate the same treatment.

## Process

## Speech Therapy Evaluation

A patient with an indication for which speech and language therapy services may be medically necessary will be assessed by a licensed speech-language pathologist. The speech and language therapy evaluation must be documented in the patient's medical record. That documentation must include the speech and language pathologist's findings of the assessment and treatment recommendations.

## Consideration for Enrollment in Speech Therapy

Enrollment in speech and language therapy services will be determined by the clinical judgment of a licensed speech language pathologist, including a contracted licensed speech language pathologist, in conjunction with the patient's TPMG referring physician.

## Plan of Care

**Documentation Requirements:** The following care plan is required for speech and language therapy services:

1. Speech and language therapy should be provided in accordance with an ongoing, written care plan which includes goals that are Specific, Measurable, Achievable, Relevant, and Time-Based (i.e., SMART goals).
2. The care plan should include sufficient information to determine the medical necessity of treatment. The care plan should be specific to the diagnosis, presenting symptoms, and findings of the speech and language therapy evaluation. The care plan should provide for coordination of care with other members of the patient's health care team.
3. The care plan should include:
  1. The diagnosis and treating diagnosis.
  2. The date of onset or exacerbation of the disorder/diagnosis.
  3. Specific statements of goals.
  4. Quantitative objectives measuring current and/or age-adjusted level of functioning.
  5. A reasonable estimate of when the goals will be reached.
  6. The specific treatment techniques and/or exercises to be used in treatment.
  7. The frequency and duration of treatment.
  8. The frequency of patient reevaluation. Re-Evaluation may be recommended by the evaluating speech-language pathologist and could be requested by the treating speech-language pathologist
4. The care plan should be ongoing and periodically updated based on reassessment, and treatment should demonstrate reasonable functional progress:
  1. The patient should be reevaluated regularly, by a licensed speech-language pathologist, and there should be documentation of progress made toward the goals of speech and language therapy.
  2. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that speech and language therapy services are contributing to such improvement

## Continuation of Therapy

Continuation of therapy is based on significant, measurable improvement in the patient's condition, based on the written care plan and the clinical judgment of the treating speech and language pathologist or health care professional who is competent to evaluate the specific clinical issues involved in the health care services requested by the provider, such as those of a licensed physician or speech-language pathologist. Regular evaluation of the patient is required to determine that continuation of therapy is medically appropriate.

## Contributing Clinical Experts

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## Approving Bodies

TPMG Head & Neck Surgery Chiefs of Service	7/7/11, 7/2012
TPMG Pediatric Chiefs of Service	7/5/11, 7/2012
TPMG Physical Medicine & Rehabilitation (PM&R) Chiefs of Service	7/5/11, 7/2012
TPMG Chiefs of Pediatric Physical Medicine and Rehabilitation (PM&R) (Pedi Rehab)	7/2012, 8/2/13, 6/24/15

Regional Center Review Committee Director, NCAL Pediatric Developmental Disabilities Office	7/20/11, 7/25/12, 8/13/13, 7/23/14, 7/29/15, 8/23/17, 8/22/18, 8/28/19
Regional Coordinator, SCAL Autism & Developmental Disabilities	7/20/11, 7/25/12, 8/13/13, 7/23/14, 7/29/15, 8/23/17, 8/22/18, 8/28/19
APICs for Outside Services	8/3/11, 6/14/12, 9/5/12, 8/13/13, 7/29/14, 7/28/15, 9/27/16, 8/22/17
Resource Management Committee (RMC)	8/28/18, 9/24/19, 12/15/20, 01/26/21, 08/24/21, 05/24/22, 07/25/23, 08/27/2024
Quality Oversight Committee	8/13/11, 6/13/12, 8/14/13, 9/10/14, 9/9/15, 10/12/16, 11/8/17, 10/10/18, 10/9/19, 04/14/21, 07/13/22

## References

Carr D, Felce J. Brief report: increase in production of spoken words in some children with autism after PECS teaching to Phase III. *J Autism Dev Disord.* 2007 Apr;37(4):780-7.

Clinical Evidence. *Autism.* *BMJ Clin Evid* 2007;12:322.

ECRI Institute. *Compressive Programs for the Treatment of Children with Autism.* 1999  
<http://www.ecri.org>.

Goldstein H. Communication intervention for children with autism: a review of treatment efficacy. *J Autism Dev Disord.* 2002 Oct;32(5):373-96. Review.

Group Health Cooperative. *Autism Referral Guideline.* Content reviewed 8/2007.  
<http://incontext.ghc.org/clinical/cg/autism/autismwtr.html>. Accessed on June 18, 2008.

Kasari C, Freeman S, Paparella T. Joint attention and symbolic play in young children with autism: a randomized controlled intervention study. *J Child Psychol Psychiatry* 2006;47(6):611-20.

Kasari C, Paparella T, Freeman S. Language outcome in autism: randomized comparison of joint attention and play interventions. *J Consult Clin Psychol.* 2008 Feb;76(1):125-37.

Manning-Courtney P, Brown J, Molloy CA, Reinhold J, Murray D, Sorensen Burnworth R, Messerschmidt T, Kent B. Diagnosis and treatment of autism spectrum disorders. *Curr Probl Pediatr Adolesc Health Care.* 2003 Oct;33(9):283304. Review.

Principles for Speech-Language Pathologists in Diagnosis, Assessment, and

Treatment of Autism Spectrum Disorders Across the Life Span 2006. Ad Hoc Committee on Autism Spectrum Disorders. American Speech Language Hearing Association. <http://www.asha.org/policy/>. Accessed on June 18, 2008.

Rogers SJ, Hayden D, Hepburn S, Charlifue-Smith R, Hall T, Hayes A. Teaching young nonverbal children with autism useful speech: a pilot study of the Denver Model and PROMPT interventions. *J Autism Dev Disord*. Nov;36(8):1007-24.

Roles and Responsibilities of Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Life Span [Position Statement] 2006. Ad Hoc Committee on Autism Spectrum Disorders.

American Speech Language Hearing Association. <http://www.asha.org/policy/>. Accessed on June 18, 2008.

RCSLT Clinical Guidelines 2006. Royal College of Speech and Language Therapists. <http://www.rcslt.org/resources/clinicalguidelines>. Accessed on June 18, 2008.

Scottish Intercollegiate Guidelines Network (SIGN) Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders. A national clinical guideline. <http://www.sign.ac.uk/new.html>.

Yoder P, Stone WL. Randomized comparison of two communication interventions for preschoolers with autism spectrum disorders. *J Consult Clin Psychol* 2006;74:426– 435.

Houtrow Amy, Murphy Nancy, Council on Children with Disabilities. Prescribing Physician, Occupational, and Speech Therapy Services for Children with Disabilities. *Pediatrics*, Apr 2019. 143

Demchick B, Day K. A collaborative naturalistic service delivery program for enhancing pragmatic language in preschoolers. *Journal of Occupational Therapy, Schools and Early Intervention*. Vol 0,2016- Issue 4

Brignell, A., Morgan, A. T., Woolfenden, S., Klopper, F., May, T., Sarkozy, V., & Williams, K. (2018). A systematic review and meta-analysis of the prognosis of language outcomes for individuals with autism spectrum disorder. *Autism & Developmental Language Impairments*. Thunberg G. Early communication intervention for children with autism spectrum disorder. In: Fitzgerald M editor(s). *Recent Advances in Autism Spectrum Disorders*. Vol. 1, Rijeka: InTech, 2013:717-44. [DOI: [10.5772/54881](https://doi.org/10.5772/54881)]

O'Hare A, Bremner L. Management of developmental speech and language disorders: Part 1. *Arch Dis Child*. 2016; 101:272–277. doi:10.1136/archdischild-2014-307394

Speech and language therapy interventions for children with primary speech and language delay or disorder (Review) Copyright © 2010 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

American Speech-Language-Hearing Association. (Accessed November 24, 2020). Admission/discharge criteria in speech-language pathology [Guidelines]. Available from [www.asha.org/policy/](http://www.asha.org/policy/)

American Speech-Language-Hearing Association. Admission/discharge Criteria in Speech-Language Pathology. <http://www.asha.org/policy/GL2004-00046/>

American Speech-Language-Hearing Association. Evidence-based Practice in Communication Disorders [position statement]. <http://www.asha.org/policy/PS2005-00221/>.

American Speech-Language-Hearing Association. Preferred Practice Patterns for the Profession of Speech-Language Pathology <http://www.asha.org/policy/PP2004-00191/>.

American Speech-Language-Hearing Association. Quality Indicators for Professional Service Programs in Audiology and Speech-Language Pathology <http://www.asha.org/policy/ST2005-00186/>.

American Speech-Language-Hearing Association. Scope of Practice in Speech-Language Pathology <http://www.asha.org/policy/SP2016-00343/>. Accessed

American Speech-Language Hearing Association. Speech Language Pathology Medical Review Guidelines. <https://www.asha.org/practice/reimbursement/SLP-medical-review-guidelines/>

Strand E. Appraising Apraxia: When a speech-sound disorder is severe, how do you know if it's childhood apraxia of speech? *The ASHA Leader* 2017;22, 50-58. <http://leader.pubs.asha.org>

Shriber L D, Strand E A. A Diagnostic Marker to Discriminate Childhood Apraxia of Speech From Speech Delay: IV. The Pause Marker Index. *Journal of Speech, Language, and Hearing Research*, 2017;60, S1153-S1169.

Augmentative and Alternative Communication. American Speech and Hearing Association. <https://www.asha.org/NJC/AAC/>

Boesch MC, Wendt O, Subramanian A, Hsu N. Comparative efficacy of the Picture Exchange Communication System (PECS) versus a speech generating device: effects on requesting skills. *Pub Med.gov*. 2013(3), 197-209. doi: 10.3109/07434618.2013.818059.

Brune P. Practical partner communication strategies for AAC clinical and implementation. Video presentation: Tobii Dynavox. December 9, 2015.

Chazin KT, Quinn ED, Ledford JR. Augmentative and alternative communication (AAC). An overview of evidence-based instructional practices (EBIPs) for young children with autism and other disabilities. 2016.

Costantino M, Bonati M. A scoping review of interventions to supplement spoken communication skills for children with limited speech or language skills. *PLoS One* 2014; 9(3) e90744.

Adams C, Lockton E, Freed J, et al. The Social Communication Intervention Project: a randomized controlled trial of the effectiveness of speech and language therapy for school-age children who have pragmatic and social communication problems with or without autism spectrum disorder. *Int J Lang Commun Disord*. 2012;47(3):233-244.

Agency for Healthcare Research and Quality (AHRQ). Therapies for children with autism spectrum disorder: behavioral interventions update. Comparative Effectiveness Review. No. 137. August 2014.

Aldred, C., Green, J., & Adams, C. (2004). A new social communication intervention for children with autism: A pilot randomized controlled treatment study suggesting effectiveness. *Journal of Child Psychology and Psychiatry*, 45, 1420-1430.

Amato, J., Barrow, M., & Domingo, R. (1999). Symbolic play behavior in very young verbal and nonverbal children with autism. *Infant–Toddler Intervention: The Transdisciplinary Journal*, 9, 185–194.

American Speech-Language-Hearing Association. Autism (Practice Portal). <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935303&section=Overview>. Accessed September 21, 2018.

Gillett JN, LeBlanc LA. Parent-implemented natural language paradigm to increase language and play in children with autism. *Research in Autism Spectrum Disorders*;2007;1:247-255.

Ginsburg, KR. The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*. 2007;119:82-191.

Gulsrud AC, Helleman G, Shire S, Kasari C. Isolating active ingredients in a parent-mediated social communication intervention for toddlers with autism spectrum disorder. *J Child Psychol Psychiatry*. 2016;57(5):606-13.

Hampton LH, Kaiser AP. Intervention effects on spoken-language outcomes for children with autism: a systematic review and meta-analysis. *Journal of Intellectual Disability Research*. 2016; 60(5):444-463.

Assessing the minimally verbal school aged child with Autism”

C. Kasari, N Brady, C Lord, H Tager-flushberg 2013

More than Just pragmatics: Assessing children with ASD” J. Dodd, L. Franke

2010 Communication Language Profiles Across the Autism Spectrum

Naturalistic Developmental Behavioral Interventions: Empirically Validated Treatments for Autism Spectrum Disorder. L.Schreibman, G. Dawson, et.al 2015

A Systematic Review of Speech Assessments for Children with Autism Spectrum Disorder: Recommendations for Best Practice K.Broome et.al 2017

Changing Developmental Trajectories of Toddlers with Autism Spectrum Disorder: Strategies for Bridging Research to Community practice. A Wetherby et.al 2018

Parent -Implemented Social Intervention for Toddlers with Autism: An RCT AM Wetherby et.al  
2014

Bailes A, Reder R, Burch C. Peds Phys Ther 2008; 20 :194-198, Matos M, Miller,K, Eliasson AC,  
Imms C. Clin Rehab 2007;21:47-55. Episodic Care in Rehab