Kaiser Foundation Health Plan California

Utilization Management (UM) Criteria for the Provision of Speech and Language Therapy Services-Commercial

Utilization Management Criteria Statement

This document includes criteria that support utilization management ("UM") of certain provider requested health care services. (Please see "UM Criteria References" section, below.)

UM occurs when a qualified practitioner other than the treating clinician reviews the treating clinician's request against UM criteria. The qualified practitioner 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, then your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and informed, where applicable, by clinical practice guidelines and clinical support tools found in the UM Criteria References section.

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.

Eligibility

KFHP is responsible for coordinating the provision of services with other entities, including but not limited to Regional Centers and County Mental Health plans, to ensure that KFHP and other entities are not providing duplicative services.

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, and 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 patients to adapt to the implant.

Design of Maintenance Activities - Including physical exercise, drills, and 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 for 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;

1. there is an expectation of reasonable functional progress/so that the patient will achieve:

    a. significant, measurable improvement in the patient's motor planning ability impacting the use of the articulators, or in oral/ pharyngeal intake functions OR,

    b. significant, measurable reversal of deterioration from previous levels of cognitive or communication functions; OR,

    c. significant, measurable improvement in communication functions beyond what would have been expected through the normal course of maturation without the services

    OR

2. The skills of a qualified provider of speech/pathologist services are medically necessary to maintain function or prevent worsening of a condition.

Determinations regarding a" reasonable functional progress/maintenance/prevention of regression" referenced above shall be based upon evidence-based medicine and requires the skills of a qualified provider of speech and language therapy services is medically necessary to preserve function or prevent worsening of a condition."

Additionally, determinations regarding medical necessity take 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 the 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:

    a. The diagnosis and treating diagnosis.

    b. The date of onset or exacerbation of the disorder/diagnosis.

    c. Specific statements of goals.

    d. Quantitative objectives measuring current and/or age-adjusted level of functioning.

    e. A reasonable estimate of when the goals will be reached.

    f. The specific treatment techniques and/or exercises to be used in treatment.

    g. The frequency and duration of treatment.

    h. 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 by a licensed speech and language pathologist. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that skilled speech and language therapy services are:

    a. contributing to reasonable functional progress made toward the goals of speech and language therapy, OR

b. medically necessary to preserve function or prevent regression.

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 assessment of the patient is required to determine that continuation of therapy is medically appropriate.

Discontinuation of Therapy

Speech and language therapy services will be discontinued when:

1. The patient has reached an age-appropriate function (less than or equal to 1 SD below the mean, greater than or equal to a standard score of 85 or greater than or equal to the 16th percentile); OR,
2. There has been failure to progress in treatment, as demonstrated by a lack of functional progression of skill levels as established in the treatment plan or beyond what would have been expected over a reasonable period of time, as determined by the treating speech-language pathologist or other competent health care professional, but in no event less than three (3) months; OR,
3. There is an inability to benefit from therapy related to but not limited to: attention or behavior difficulties, poor attendance, and/or poor compliance with the home program.

Discontinuation or graduation from speech and language therapy follows clinical justification and documentation of rationale for the discontinuation/graduation from treatment.
At any time after therapy has been discontinued for the above reasons, the patient may be referred for an updated speech and language evaluation to determine the medical necessity of resuming therapy

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