



## Review Criteria

Georgia Region

DEPARTMENT:	Quality Resource Management	CRITERIA NUMBER:	No. 01-23
SECTION:	Utilization Management	EFFECTIVE DATE:	3/1/2005
TITLE:	Speech Therapy Criteria	LAST REVISION DATE:	9/25/2023
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CRITERIA TYPE:	Reviewed/Revised	PAGE NUMBER:	Page 1 of 14
APPROVAL BODY/ COMMITTEE:	Utilization Management Committee		

### 1.0 PURPOSE

1.1.1 This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

### 2.0 DIAGNOSIS/CONDITION

2.1 ICD-10 F80.1 and F80.2

### 3.0 CPT/HCPCS CODES AND DESCRIPTIONS

3.1 <Insert CPT/HCPCS Code & Description>92507; 92508

### 4.0 INDICATIONS

4.1 Consideration for Enrollment in Speech Therapy

- 4.1.1 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 TSPMG referring physician.
- 4.1.2 The goal of Speech Therapy is to help individuals with speech issues that meet the KP criteria for coverage, to be able to speak clearly enough to be able to communicate with other individuals.

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## 4.2 Speech and Language Therapy Services Criteria

- 4.2.1 Speech therapy services are considered medically necessary for children with who demonstrate performance below the 10th percentile (standard score of 81) on standardized tests of speech and language development.
- 4.2.2 Note: There are no automatic exclusions for speech therapy (codes 92507 and 92508), including articulation disorders, stuttering and central processing disorders.
- 4.2.3 Any of the following are considered medically necessary\*:
- 4.2.3.1 A prescribed course of voice therapy by an appropriate healthcare provider for a significant voice disorder that is the result of anatomic abnormality, neurological condition, injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, paradoxical vocal cord motion) or provided after vocal cord surgery.
  - 4.2.3.2 A prescribed course of auditory/aural rehabilitation following implantation of a cochlear or auditory brainstem device
  - 4.2.3.3 A prescribed course of speech therapy provided for the use of a speech-generating device (CPT code 92609), although the device itself is not a covered benefit.
  - 4.2.3.4 Assessment of speech function evaluation to be completed by a certified speech language pathologist that includes age-appropriate standardized tests that measure the extent of the impairment, performance deviation, and language and pragmatic skills assessment levels
    - 4.2.3.4.1 Facilitate improvement in functional communication skills for patients with progressive neuro-degenerative disease, where sustained improvement is possible
    - 4.2.3.4.2 Facilitate improvement in functional communication skills in patients with acute illnesses and injuries: defined trauma, disease or surgical procedure
  - 4.2.3.5 Treat speech and voice disorders that are associated with specifically diagnosable anatomical anomalies
    - 4.2.3.5.1 Treat oral or pharyngeal intake problems (swallowing problems) regardless of the presence of a communication disability

4.2.3.6 Treatment for delayed language and articulation, if short- term treatment will result in significant improvement. Treatment may be initially approved for 1 benefit period, up to the benefit limits.

4.2.4 In addition, the following criteria must be met:

4.2.4.1 The treatment being recommended has the support of the treating physician.

4.2.4.2 The therapy being ordered requires the one-to-one intervention and supervision of a speech-language pathologist.

4.2.4.3 The therapy plan includes specific tests and measures that will be used to document significant progress on a regular basis (Progress Notes), not to exceed three months.

4.2.4.4 Meaningful improvement is expected from the therapy.

4.2.4.5 The therapy is individualized, and there is documentation outlining quantifiable, attainable short- and long-term treatment goals. (See below for SMART goals)

4.2.4.6 For a child, the treatment plan includes active participation/involvement of a parent or guardian.

4.2.4.7 SLP services are not delivered for practice to meet mastery of skill.

4.2.4.8 Regular evaluation (Standardized testing) of the patient is required every 6 months to determine that continuation of therapy is medically appropriate.

### 4.3 Plan of Care

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

4.3.1.1 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).

4.3.1.2 The care plan should include sufficient information to determine the medical necessity. 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.

4.3.1.3 The care plan should include:

4.3.1.3.1 The diagnosis and treating diagnosis.

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

4.3.1.3.3 Specific statements of goals.

- 4.3.1.3.4 Quantitative objectives measuring current and/or age-adjusted level of functioning.
- 4.3.1.3.5 A reasonable estimate of when the goals will be reached.
- 4.3.1.3.6 The specific treatment techniques and/or exercises to be used in treatment.
- 4.3.1.3.7 The frequency and duration of treatment.
- 4.3.1.4 The care plan should be updated based on reassessment, and treatment should demonstrate reasonable functional progress:
  - 4.3.1.4.1 The patient should be reevaluated regularly (Every 6 months), by a licensed speech language pathologist, and there should be documentation of progress made toward the goals of speech and language therapy.
  - 4.3.1.4.2 The treatment goals and subsequent documentation of treatment results should specifically demonstrate that speech and language therapy services are contributing to such improvement.
- 4.4 Continuation of speech therapy visits is considered medically necessary when ALL of the following are met:
  - 4.4.1 The criteria listed above are met.
  - 4.4.2 There is documented progress toward the quantifiable, attainable short- and long-term treatment goals.
  - 4.4.3 Speech therapy is limited to 2 benefit cycles (2 years). After 2 years, the condition is considered to be long term and is not a covered benefit. For children who may require therapy after 2 years, members may be encouraged to apply for the State of GA Deeming Waiver program.
- 4.5 Discontinuation of Therapy
  - 4.5.1 Speech therapy will be discontinued when a patient has improved function, met established treatment goals or has stabilized and is not expected to continue to make significant gains, based on the written plan of care and the clinical judgment of the treating speech therapist with the patient's attending physician.
  - 4.5.2 Speech therapy will be discontinued when:
    - 4.5.2.1 The patient has reached an age-appropriate function (less than or equal to 1 standard deviation below the mean, greater than or equal to a standard score of 85 or greater than or equal to the 16th percentile); OR,
  - 4.5.3 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,

4.5.4 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 home program.

4.5.4.1 \*[https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm\\_0177\\_coveragepositioncriteria\\_speech\\_therapy.pdf](https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0177_coveragepositioncriteria_speech_therapy.pdf)

4.5.5 Speech therapy services are those that require the skills of licensed providers of speech therapy.

4.5.6 Inpatient speech therapy is provided in the hospital.

4.5.7 Outpatient speech therapy is provided in the speech therapy clinic office.

4.5.8 Home health speech therapy is part of the home health program with specific guidelines for homebound patients, if the criteria for homebound status are met.

#### 4.6 Standard Checklist

4.6.1 The following lists identify the diagnostic and treatment indications for which speech therapy is medically necessary and the diagnostic and treatment indications for which speech therapy is not medically necessary.

4.6.2 These guidelines serve as a resource to the clinical decision maker:

4.6.2.1 Long term ST is not a covered benefit. In general, if no significant improvement in 2 benefit periods, then additional therapy is considered long term and not covered.

4.6.2.2 Speech Therapy is **MEDICALLY NECESSARY** for:

4.6.2.2.1 Idiopathic speech or articulation delays

4.6.2.2.1.1 Speech and language therapy will be provided when:

4.6.2.2.1.1.1 There is clinically significant impairment of functional speech intelligibility based upon an assessment that is appropriate for chronological/developmental age, AND

4.6.2.2.1.1.2 A TSPMG speech-language pathologist has determined that the articulation deficits are not expected to improve with normal maturation.

4.6.2.3 **Brain Injury:** Communication and swallowing disorders associated with the recent acute.

4.6.2.4 **Dysphagia:** Treatment to facilitate functional/safe oral-pharyngeal swallowing, or to maintain current function.

- 4.6.2.5 **Dysfluency/stuttering:** acute onset due to medical trauma, injury or disease of the brain, or idiopathic
- 4.6.2.6 **Speech/language/articulation disorder secondary** to defined trauma, disease, surgical procedure, or anatomical anomaly, such as cleft palate, where speech production is deficient based on standardized assessment tool or clinical judgment.
- 4.6.2.7 Can include assessment of questionable speech delay due to unknown cause.
  - 4.6.2.7.1 **Autism spectrum disorder:** assess as part of the global evaluation process/provide recommendations.
  - 4.6.2.7.2 If patient has been diagnosed by TSPMG Developmental Pediatrics or other qualified professional ( including developmental Pediatrics, Pediatric neurology, child and adolescent psychiatry or clinical psychologist ) with ASD, then the patient also has coverage for speech therapy, OT and PT at a contracted facility. Some members with ASD have unlimited benefits for ST/OT and PT, up to age 20 years, but this may vary by plan.
- 4.6.2.8 **Laryngectomy:** Voice restoration following a total laryngectomy – may include artificial larynx, esophageal voice or tracheo-esophageal puncture (TEP).
- 4.6.2.9 **Voice:** vocal cord pathology/dysfunction.
- 4.6.2.10 **Progressive neurodegenerative diseases:** Based on prognostic indicators, treat to facilitate functional communication/cognitive skills for diagnoses such as amyotrophic lateral sclerosis, multiple sclerosis, Parkinson's disease and primary progressive aphasia.
- 4.6.2.11 A prescribed course of auditory/aural rehabilitation following implantation of a cochlear or auditory brainstem device.
- 4.6.2.12 Approval is allowed for transgender members. Prior to 2019, ST was specifically excluded for transitioning members; however, it was determined that ST is part of our base benefit offerings and is covered for any member when medically necessary (no longer excluded for transitioning members).
  - 4.6.2.12.1 In addition, the patient must have documentation of a normal hearing test.
- 4.6.2.13 **Design of Maintenance Activities:** Including physical exercise, drills, techniques that a patient performs outside of therapy or after any therapy has concluded.
- 4.6.2.14 Speech Therapy is NOT MEDICALLY NECESSARY for:

- 4.6.2.14.1 **Speech therapy for hearing impaired children** who have hearing aides or need to use sign language. There is an exception for: following implantation of a cochlear or auditory brainstem device (see above).
- 4.6.2.14.2 **Accent reduction.** RATIONALE: The American Speech Language and Hearing Association do not view an accented speech pattern as a speech disorder. An accent is an accepted, normal variation in pronunciation.
- 4.6.2.14.3 **Learning disorders.** RATIONALE: Learning disorders must be addressed by the educational system in the school setting which is considered the least restrictive environment for the child and, consequently, the most appropriate setting.
- 4.6.2.14.4 **Maintenance programs.** Drills, techniques and exercises to preserve the patient's present level of function and prevent regression of that function. RATIONALE: 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 therapy services. The patient is responsible for practicing learned drills, techniques and exercises to preserve their present level of function and prevent regression of that function.
- 4.6.2.14.5 **Voice training absent laryngeal pathology, hyperfunction, hypofunction, or dysfunction.** RATIONALE: The patient seeking voice training needs to be evaluated first by a head & neck surgeon to make, or rule out, the diagnoses of laryngeal pathology, hyperfunction, hypofunction, or dysfunction. When the speaking voice has no laryngeal pathology, hyperfunction, hypofunction or dysfunction, speech therapy for voice training is not medically indicated. Voice therapy is only provided for the speaking voice, not for the singing voice. Voice therapy for singing is educational, not medical. The patient may elect vocal training for the singing voice independently: vocal training is provided by teachers of vocology and music. Teachers of vocal training use instruction and techniques that are not standardized; often the teachers are not certified. Speech pathologists are trained and licensed to treat communication disorders, specifically, disorders of phonation which impact the ability to speak.
- 4.6.2.14.6 An exception is allowed for transgender members. Prior to 2019, ST was specifically excluded for transitioning members; however, it was determined that ST is part of our base benefit offerings and is covered for any member when medically necessary (no longer excluded for transitioning members).
- 4.6.2.14.7 **Educational services** (defined as including, but not limited to, language and speech training, reading and psychological and visual integration training as defined by the American Academy of

Pediatrics), for learning disabilities (defined as conditions where there is meaningful difference between a child's current academic level of function and level that would be expected for a child of that age) or developmental delays.

## 5.0 CONTRAINDICATIONS

5.1 N/A

## 6.0 REFERENCES

### 6.1 Review of the Literature

- 6.1.1 American Speech Language and Hearing Association (ASHA), November 1990. ASHA November 1992. Also applicable are the references in Aetna's Clinical Policy Bulletin Number 0487: "Myofunctional Therapy," April 2003.
- 6.1.2 National Institute on Deafness and Other Communication Disorders (National Institutes of Health entity for stuttering research), [www.nidcd.nih.gov/health/voice/stutter.asp](http://www.nidcd.nih.gov/health/voice/stutter.asp)
- 6.1.3 Law J, Garrett Z, Nye C. Speech and language interventions for children with primary speech and language delay or disorder, May 2003. Cochrane Database of Systematic Reviews. 1, 2004.
- 6.1.4 Kozloff, Martin A. Reaching the autistic child: a parent training program. Cambridge, MA: Brookline Books; 1998.
- 6.1.5 <https://www.nidcd.nih.gov/news/2008/study-shows-variety-approaches-help-children-overcome-auditory-processing-and-language>
- 6.1.6 Law J, Garrett Z, Nye C. Speech and language interventions for children with primary speech and language delay or disorder, May 2003. Cochrane Database of Systematic Reviews. 1, 2004.
- 6.1.7 American Academy of Child and Adolescent Psychiatry (1999). Practice parameters for the assessment and treatment of children, adolescents, and adults with autism and other pervasive developmental disorders. American Academy of Child and Adolescent Psychiatry Working Group on Quality Issues. J Am Acad Child Adolesc Psychiatry 1999 Dec; 38(12 Suppl):55S-76S.
- 6.1.8 American Academy of Neurology and the Child Neurology Society (2000). Filipek PA, Accardo PJ, Ashwal S, Baranek GT, Cook EH Jr, Dawson G, Gordon B, Gravel JS, Johnson CP, Kallen RJ, Levy SE, Minshew NJ, Ozonoff S, Prizant BM, Rapin I, Rogers SJ, Stone WL, Teplin SW, Tuchman RF,

### 6.2 Other Reviews

- 6.2.1 TPMG Speech Therapy Guidelines Nov 2011, January 2013.
- 6.2.2 Aetna Speech Therapy CPB May 2012, May 2013.



- 6.2.3 TPMG's pediatric speech therapy working papers (by TPMG speech pathology directors), May 2003.
- 6.2.4 SCPMG's draft speech therapy guideline, May 1, 2003.
- 6.2.5 ICE (Industry Collaboration Effort) Commercial Service Denial Reason Matrix, April 2003. (ICE is a collaborative project of the NCQA, the California HealthCare Foundation (CHCF) and the Pacific Business Group on Health).
- 6.2.6 PacificCare of California Commercial Benefit Interpretation Policies, 2003.
- 6.2.7 Aetna Coverage Policy Bulletins:
  - 6.2.7.1 #0243 Speech Therapy, August 2004, May 2014.
  - 6.2.7.2 #0487 Myofunctional Therapy, August 2004.
  - 6.2.7.3 #0648 Pervasive Developmental Disorders, May 2004.
- 6.3 Other References
  - 6.3.1 Cigna Speech therapy guidelines December, 2018  
[https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm\\_0177\\_coveragepositioncriteria\\_speech\\_therapy.pdf](https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0177_coveragepositioncriteria_speech_therapy.pdf)
  - 6.3.2 TPMG Speech Therapy Guidelines Nov 2011, January 2013.
  - 6.3.3 TPMG 2022 Utilization Management (UM) Criteria for the Provision of Speech and Language Therapy Services.
  - 6.3.4 Aetna Speech Therapy CPB May 2012, May 2013.
  - 6.3.5 MAS Kaiser- Utilizes MCG for Speech Therapy 2014.

### **Reviewed By/Approved By**

The QRM Review Criteria Table of Content, which is documented in the Clinical Library under the "Utilization" tab, maintains a record of the document reviewers and approvers.









