

Speech Therapy

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 6

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary speech therapy.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Speech Therapy – Treatment of communication impairment and swallowing disorders. Speech therapy services involve the use of special techniques to facilitate the development and maintenance of human verbal communication and swallowing through assessment, diagnosis, and rehabilitation.

PROCEDURES

1. A prior authorization is not required.

Speech therapy services may be considered medically necessary when ordered by a physician and performed by a licensed or otherwise certified speech pathologist/therapist. Speech therapy services must be directed to the active treatment of at least ONE of the following conditions:

- Disease (e.g., post-cerebrovascular accident, apraxia); or
- Trauma (e.g., subdural hematoma influencing the speech center); or
- Congenital malformation anomalies (defects which are the result of imperfect development of an embryo or established during intrauterine life, e.g., craniofacial disorders; [cleft palate and lip]) or congenital hearing impairment); or
- Previous therapeutic processes (e.g., esophageal training following laryngectomy); or
- Medical/biological voice dysfunctions associated with vocal cord lesions.

Voice therapy may be considered medically necessary for ANY of the following conditions (this is not an all-inclusive list):

- Closed head trauma; or
- Laryngeal trauma and trauma related dysphonia's; or
- Polyps; or
- Vocal cord lesions; or
- Vocal cord paralysis or paresis; or
- Vocal cysts; or
- Vocal nodules.

Note: Voice therapy provided prior to surgery is not a covered service.

Speech therapy services must achieve a specific diagnosis-related goal for an individual who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time. These services must also provide specific, effective, and reasonable treatment for the individual's diagnosis and physical condition.

Speech therapy should be provided in accordance with an ongoing, written therapy plan.

2. Habilitative therapy

Speech therapy services ordered by a professional provider to promote the restoration, maintenance or improvement in the level of function following disease, illness, or injury. This also includes therapies to achieve functions or skills never acquired due to congenital and developmental anomalies.

The treatment plan should be maintained in the medical record and include the following:

- Specific statements of long- and short-term goals; and
- Measurable objectives; and
- A reasonable estimate of when the goals of therapy will be reached; and
- A description of the specific treatment techniques and/or exercises to be used in the treatment; and
- The frequency and duration of the treatment.

The following services are not covered:

- Therapy provided in an in-patient setting if speech therapy was the sole reason for the hospitalization; and
- Therapy that is considered primarily educational; and
- Services that do not require the skills of a qualified provider of speech therapy including those that can be effectively provided by the individual, family, or caregivers as well as those treatments that maintain function using routine, repetitious, and/or reinforced

- procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation errors); and
- Speech therapy services for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that may be self-correcting; and
 - Services that duplicate those provided by physical or occupational therapists. (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. They must also have separate evaluations, treatment plans, and goals).

The following are coverage and selection criteria for individuals exhibiting developmental delay in speech or language articulation and/or neurological disorders which impact speech:

- Speech therapy services provided for individuals with delayed speech/language development are generally medically necessary when the delay is secondary to a history of significant chronic ear infection or loss of hearing during the formative period for speech and language skills. Generally, this period is considered to be from birth to 12 years of age. The majority of these individuals will fall within an age range of 18 months to eight (8) years; or
- Chronic ear infections must be of such documented severity and duration that the development of speech/language skills can be shown to be impaired. Generally, a bilateral hearing loss of 40dB of sufficient length (generally three months) during the speech/language formative period is adequate for the coverage of these services; or
- A diagnosis of acute or chronic otitis media by itself is not a sufficient diagnosis to substantiate coverage for speech therapy services. An observed and documented delay in or loss of speech/language skills must occur to warrant coverage of these services; or
- For individuals with chronic otitis media, the number of infections is not as important as the duration and timing of a related hearing loss when determining coverage for speech therapy. Likewise, the presence or absence of ear tubes should not generally impact the coverage determination for speech therapy services. Coverage should generally be dependent on the degree of articulatory disturbance rather than the presence or absence of ear tubes or frequent ear infection; or
- The frequency and duration of services normally needed to treat these conditions will vary considerably based on many factors, including the age of the individual, learning capabilities, severity of the problem, or other medical complications.

VitalStim[®] Therapy is a type of neuromuscular electrical stimulation where a small current is passed through external electrodes placed on the neck to stimulate inactive or atrophied swallowing muscles. With repeated therapy, throat muscles are reported to be retrained and the individual progresses to an optimum level of swallow function.

The use of-VitalStim[®] for the treatment of dysphagia is considered experimental/investigational and therefore noncovered. Scientific evidence of safety and efficacy has not been proven.

3. Post-payment audit statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

4. Place of service: outpatient

Experimental/investigational (E/I) services are not covered regardless of place of service.

Speech therapy is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
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).
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.
96125	Standardized cognitive performance testing (e.g., ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes.
S9128	Speech therapy, in the home, per diem.
97799	Unlisted physical medicine/rehabilitation service or procedure.

COVERED DIAGNOSIS CODES FOR PROCEDURE CODES: 92507, 92508, 92521, 92522, 92523, 92524, 96125, G0153, S9128

Codes						
F80.0	F80.1	F80.2	F80.4	F80.81	F80.82	F80.89
F80.9	G93.40	G93.41	G93.49	H93.25	I67.83	I69.023
I69.123	I69.223	I69.320	I69.323	I69.823	I69.923	J38.00
J38.01	J38.02	J38.1	J38.2	J38.3	J38.7	K11.7
Q35.1	Q35.3	Q35.5	Q35.7	Q35.9	Q36.0	Q36.1
Q36.9	Q37.0	Q37.1	Q37.2	Q37.3	Q37.4	Q37.5
Q37.8	Q37.9	Q38.1	Q38.5	Q38.8	R06.00	R06.09

R06.3	R06.83	R06.89	R13.0	R13.10	R13.11	R13.12
R13.13	R13.14	R13.19	R47.01	R47.02	R47.1	R47.81
R47.82	R47.89	R48.1	R48.2	R48.8	R48.9	R49.0
R49.1	R49.21	R49.22	R49.8	R49.9	R68.2	S06.0X0A
S06.0X1A	S06.0X2A	S06.0X3A	S06.0X4A	S06.0X5A	S06.0X6A	S06.0X7A
S06.0X9A						

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

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POLICY UPDATE HISTORY

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