

Speech Therapy Services/ Rehabilitative

Policy Number:

MM.09.006

Line(s) of Business:

HMO; PPO; QUEST Integration

Section:

Rehabilitative Therapy (PT; OT; Speech)

Place(s) of Service:

Office; Outpatient

Original Effective Date:

08/01/2009

Current Effective Date:

08/29/2018

I. Description

Speech therapy services include the diagnosis and treatment of communication impairment(s) and swallowing disorders. Services include speech/language therapy, swallowing/feeding therapy (dysphagia), aural rehabilitation therapy and augmentative/alternative communication therapy. Habilitative services may apply if it is a benefit of the plan.

II. Criteria/Guidelines

- A. Speech therapy for communication impairments and swallowing/feeding disorders for rehabilitative purposes is covered (subject to Limitations and Administrative Guidelines)- when all of the following criteria are met:
1. Therapy is necessary to treat function lost or impaired by disease, trauma, congenital anomalies (structural malformation) or prior therapeutic intervention.
 2. Therapy is ordered by a physician, physician's assistant, or advanced practice registered nurse who has established the patient's diagnosis.
 3. Therapy is rendered by and requires the judgment and skill of a speech pathologist certified as clinically competent by the American Speech Language Hearing Association (ASHA).
 4. Swallowing therapy can be provided by either a certified speech therapist or an occupational therapist.
 5. Therapy is provided on a one-to-one basis.
 6. Therapy is used to achieve significant, functional improvement through specific diagnosis-related goal(s) documented in an individualized, written treatment plan of care with measurable objectives.
 7. Training is provided to patient, family and/or caregiver(s) to facilitate participation in and assumption of speech therapy, continued improvement and a maintenance program.
 8. Therapy is short term, usually provided within a three month period.
 9. For HMSA members through age 20, speech therapy services covered by HMSA must not duplicate services provided under a child's Individualized Education Program (IEP) or an Individualized Family Support Plan (IFSP). If the state has denied services, a Prior Written Notice (PWN) must be submitted.

- B. Speech therapy services for aural rehabilitation are covered following implantation of a cochlear or auditory brainstem device when the following criteria are met (subject to Limitations and Administrative Guidelines):
1. Therapy is ordered by a physician, physician's assistant, or advanced practice registered nurse who has established the patient's diagnosis.
 2. Therapy is rendered by and requires the judgment and skill of a speech language pathologist certified as clinically competent by the American Speech Language Hearing Association (ASHA).
 3. Therapy is provided on a one-to-one basis.
 4. Therapy is used to achieve significant, functional improvement through specific diagnosis-related goals documented in an individualized, written treatment plan of care that includes measurable objectives.
 5. Training is provided to the patient, family and/or caregiver(s) to facilitate participation in and assumption of speech therapy, continued improvement and maintenance program.
 6. Auditory therapy is covered when provided within the following limits for patients with one or two implants based on a rolling calendar following first device implantation:
 - a. For pre-lingually deaf members age 4 and younger, the number of covered visits is 24 the first year after surgery, and 8 per year through age 10.
 - b. For post-lingually deaf members age 10 and younger, the number of covered visits is 10 the first year after surgery and 4 per year after the first year.
 - c. For both pre- and post-lingually deaf members age 11 and older, 4 visits per year will be covered.
 7. Speech therapy services covered by HMSA must not duplicate services provided under a child's IEP or an IFSP. If the state has denied services, a Prior Written Notice (PWN) must be submitted.
- C. Speech therapy services for augmentative and alternative communication therapy are covered only for restorative services in conjunction with speech generating devices (SGD) (subject to Limitations and Administrative Guidelines) when the following are met:
1. Therapy is necessary to treat function lost or impaired by disease, trauma, congenital anomalies (structural malformation) or prior therapeutic intervention
 2. Therapy is ordered by a physician, physician's assistant, or advanced practice registered nurse who has established the patient's diagnosis.
 3. Therapy is rendered by and requires the judgment and skill of an appropriately licensed speech pathologist because of the member's condition and the complexity of treatment.
 4. Therapy is provided on a one-to-one basis.
 5. Therapy is used to achieve significant, functional improvement through specific diagnosis-related goal(s) documented in an individualized, written treatment plan of care with measurable objectives.
 6. Training is provided to patient, family and/or caregiver(s) to facilitate participation in and assumption of speech therapy, continued improvement and a maintenance program.
 7. Speech therapy services covered by HMSA must not duplicate services provided under a child's IEP or IFSP or any other program. If the state has denied services, a PWN must be submitted.

III. Limitations

- A. Speech therapy is not covered for the following conditions which would not benefit from short-term therapy. If Habilitative Services are available, plan benefits may apply:
1. Psychosocial speech delay
 2. Behavioral problems
 3. Attention disorders
 4. Congenital or acquired neurologic deficits or disorders.
 5. Psychoneurotic or psychotic conditions
 6. Dysfunctions that are self-correcting, including but not limited to:
 - a. Language therapy for young children with natural dysfluency; or
 - b. Developmental articulation errors that are self-correcting
 7. Educational and occupational deficits to include learning disabilities and dyslexia.
 8. Developmental delay defined as any significant lag in a child's physical, cognitive, behavioral, emotional, or social development, in comparison with norms.
 9. Fluency disorders including lisping or stuttering
 10. Speech problems complicated by bronchitis and laryngitis
 11. Untreated conductive hearing loss
- B. The following services are not covered:
1. Duplicate therapy. When patients receive occupational and speech therapy, therapies should provide different treatments and not duplicate the same treatment. They must include separate treatment plans and goals with treatment occurring in separate treatment sessions and visits. This includes:
 - a. For members through age 21, duplicate services available through schools and government programs: Speech therapy services are available under a child's individualized education program (IEP) or an Individualized Family Support Plan (IFSP).
 - i. A sample treatment schedule for all requested services that includes other therapies/activities in which the patient routinely engages (e.g., speech therapy, occupational therapy, group therapy). Such samples could include the patient's Individualized Education Program, Individualized Family Support Plan, or Individualized Service Plan to the extent permitted by applicable Federal and State laws.
 - ii. If the state has issued a PWN denying services, the PWN must be submitted before any request can be reviewed.
 2. Non-skilled services which do not require the intervention of a qualified provider of speech therapy services, such as:
 - a. Treatments that maintain function by using routine, repetitious, and reinforcing procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation disorders) or
 - b. Procedures that may be carried out effectively by the patient, family or caregivers.
 3. Maintenance therapy. Maintenance begins when the treatment goals have been achieved and when no further functional progress is apparent or expected to occur. A maintenance program consists of drills, techniques and exercises to preserve the patient's present level of function and prevent regression of that function.

4. Group speech therapy.
5. Electrical stimulation (E-stim/NMES) for swallowing/feeding disorders as it is not known to improve health outcomes.
6. Swallowing/feeding therapy for food aversions because this is considered behavioral training and does not meet payment determination criteria.
7. Any computer-based learning program for speech training purposes is not covered (e.g., Fast ForWord or other programs)
8. Treatment for central auditory processing disorder as it is not known to be effective based on scientific evidence. Only an initial evaluation is covered.

IV. Administrative Guidelines

- A. Evaluation services do not require precertification.
- B. Precertification for treatment is required for members:
 1. Through age 20 following an evaluation
 2. For adults, age 21 and older after 12 visits per calendar year
 3. Additional visits for aural rehabilitation beyond the limits in Criteria B.6
 4. All QUEST Integration members regardless of age from the start of therapy (services are covered only when obtained from a participating QUEST Integration provider)
- C. For children and young adults between the ages of zero through to 21 years of age, a sample treatment schedule for all requested services that includes other therapies/activities in which the patient routinely engages (e.g., speech therapy, occupational therapy, group therapy). Such samples could include the patient's Individualized Education Program, Individualized Family Support Plan, or Individualized Service Plan to the extent permitted by applicable Federal and State laws.
 1. If the state has issued a PWN denying services, the PWN must be submitted before any request can be reviewed.
- D. Documentation submitted must include an individualized, written treatment plan appropriate for the diagnosis, symptoms and findings of the speech therapy evaluation which clearly documents the medical necessity of the treatment.
 1. Specific statements of goals including a transition from one-to-one supervision to a patient, family member or caregiver upon discharge to a home maintenance program.
 2. Measurable objectives intended to facilitate meaningful functional improvement;
 3. A reasonable estimate of when the goals will be reached;
 4. The specific treatment techniques and/or exercises to be used in treatment including those for use in a home maintenance program
 5. The frequency and duration of the treatment.
 6. A treatment plan should be appropriately revised as the patient's condition changes.
- E. A request for continuation of services must be submitted with an updated plan of care which documents measurable, significant improvement and clearly indicates a reduction in functional impairment when compared to normal or average function in the same or similar demographic.
- F. Patients who want services that are not a covered benefit should be informed that they will be responsible to pay for the services. To prevent misunderstandings about financial responsibility, the provider may ask the patient to sign an [Agreement of Financial Responsibility](#) prior to performing the services.

Definitions:

- Anomia - Word finding and word fluency disorders; inability to name or retrieve the appropriate word upon confrontation
- Aphasia - Loss of language
- Aponia - Total loss of voice
- Apraxia/dyspraxia - Inability to form words or speak, despite the ability to use the oral and facial muscles to make sounds
- Aural rehabilitation - Services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairment
- Dysarthria literalis - Stuttering, also known as dysarthria syllbaria spasmodic
- Dysphagia - Inability to swallow or difficulty with swallowing
- Dysphasia - Impairment of speech resulting from a brain lesion, stroke or neurodevelopmental disorder
- Dysphonia - Difficulty in vocal sounds; partial loss of voice
- Fluency disorder - The abnormal flow of verbal expression; interruption of smooth flow of speech
- Language impairment - Inability to comprehend and/or appropriately use language
- Neurosensory hearing loss - A decreased ability to perceive sounds as compared to normal

Diagnostic services that do not require precertification:

CPT	Description
92511	Nasopharyngoscopy with endoscope (separate procedure)
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
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
92597	Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent programming

92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent programming
92607	Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary service)
92610	Evaluation of oral and pharyngeal swallowing function
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	Flexible fiberoptic endoscopic evaluation, of swallowing and laryngeal sensory testing by cine or video recording
92617	Flexible fiberoptic endoscopic evaluation, of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	each additional 15 minutes
92625	Assessment of tinnitus (includes pitch, loudness matching and masking)
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes
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

S9152	Speech Therapy, re-evaluation
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The following speech therapy services require precertification for children up to age 21 and for all QUEST Integration members from the start of therapy. Precertification is also required for PPO/HMO members 21 and older after 12 visits per calendar year:

CPT	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92609	Therapeutic service(s) for the use of speech-generating device, including programming and modification
92630	Auditory rehabilitation; pre-lingual hearing loss
92633	Auditory rehabilitation; post-lingual hearing loss

Non-covered procedure codes:

CPT	Description
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA consider the application of this Medical Policy to the case at issue.

VI. References

1. HMSA Guide to Benefits, 2016.
2. Hawaii Revised Statutes. HRS431:10A. Autism; Mandatory Health Coverage. July 14, 2015
3. Hawaii Department of Education, About Individualized Education Program (IEP) 2013; 2.12.0 [IEP](#).
4. About Individualized Education Program (IEP). [Hawaii IEP](#)
5. Prior Written Notice. 34 CFR §300.503
6. Procedural Safeguards Notice for Parents and Students Under The Individuals With Disabilities Education Act of 2004 and Hawaii Law and Regulations. [SAFEGUARDS](#).
7. Special Education Law Update - Learning Disabilities Association of Hawaii - Hawaii Department of Education January 2012. [Learning with Disabilities Act - Hawaii](#)