

Subject: Speech-Language Pathology Services
Guideline #: CG-REHAB-06
Status: Reviewed

Current Effective Date: 04/16/2008
Last Review Date: 02/21/2008

Description

Speech-language pathology (SLP) services provide for the identification, assessment and treatment of speech, language and swallowing disorders in children and adults. Therapy facilitates the development or rehabilitation of functional communication or swallowing.

Speech therapy covers a wide range of services for all ages, from birth to very old age, and is provided in schools, hospitals, home care, rehabilitation centers, and nursing homes. Speech-language pathologists (SLPs) work with individuals who have physical and/or cognitive deficits/disorders resulting in difficulty communicating. Communication includes speech (articulation, voice, prosody) and language (phonology, morphology, syntax, semantics, pragmatics, both receptive and expressive language, including reading and writing). SLPs treat acquired reading and writing impairments in adults and children who have previously learned how to read and write and are diagnosed with neurologic impairments. SLP also provide services for individuals with dysphagia (difficulty swallowing).

Note: For additional information, please refer to CG-DME-07 Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD)

Clinical Indications

Medically Necessary:

Speech-language pathology (SLP) services are considered **medically necessary** when all of the following criteria are met:

1. The services are used in the treatment of communication impairment *or* swallowing disorders resulting from ***illness, injury, surgery, or congenital abnormality***; and
2. Based on a plan of care, the therapy sessions achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable significant functional improvement in a reasonable and predictable period of time [i.e., medical necessity continues until progress is no longer being made (each three to six month period) or the patient has attained the previous level of competency]; and
3. The therapy sessions provide specific, effective, and reasonable treatment for the patient's diagnosis and physical condition; and
4. The services are delivered by a qualified provider of speech therapy services. A qualified provider is one who is licensed, where required, or holds the Certificate of Clinical Competence (CCC) granted by the American Speech-Language-Hearing Association (ASHA), and performs within the scope of licensure; and
5. The services require the judgment, knowledge, and skills of a qualified provider of speech therapy services due to the complexity and sophistication of the therapy and the medical condition of the patient.

Documentation

Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Coverage Guidelines take precedence over Clinical UM Guidelines and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Clinical UM Guidelines, which address medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Clinical UM Guidelines periodically.

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Clinical UM Guideline

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Evaluation

A comprehensive evaluation is essential to determine if SLP services are medically necessary, gather baseline data, establish a treatment plan, and develop goals based on the data. The initial evaluation is usually completed in one to three sessions. An evaluation is needed before implementing any SLP treatment. Evaluation begins with the administration of appropriate and relevant assessments using standardized assessments and tools. The evaluation must include:

- Prior functional level, if acquired condition;
- Specific standardized and non-standardized tests, assessments, and tools to assess the individual's level of functional communication/swallowing in that individual's natural environment(s);
- Analytic interpretation and synthesis of all data, including a summary of the baseline findings in written report(s) of the individual's current communication/swallowing skills;
- Objective, measurable, and functional descriptions of an individual's deficits using comparable and consistent methods;
- Summary of clinical reasoning and consideration of contextual factors with recommendations;
- Plan of care with specific treatment techniques and/or activities to be used in treatment sessions that should be updated as the individual's condition changes;
- Frequency and duration of treatment plan;
- Functional, measurable, and time-framed long-term and short-term goals based on appropriate and relevant evaluation data;
- Rehabilitation prognosis;
- Discharge plan that is initiated at the start of SLP treatment.

Treatment Sessions

A speech language pathology treatment session is usually defined as thirty minutes to one hour of speech therapy on any given day, depending on the age and diagnosis and ability to sustain attention for therapy. Treatment sessions for more than one hour per day may be medically appropriate for inpatient acute settings, day treatment programs, and select outpatient conditions, but must be supported in the treatment plan and based on an individual's medical condition. These services may include:

- Evaluation;
- Therapeutic oral motor, laryngeal, pharyngeal, and/or breathing exercises;
- Compensatory and/or adaptive communication/swallowing techniques and skills;
- Management of positioning, eating, and swallowing to enable/progress safe eating and swallowing;
- Establishing hierarchy of tasks or cues that direct an individual toward goals;
- Skilled reassessment of the individual's problems, plan, and goals as part of the treatment session;
- Individual, caregiver, and/or family/parent training to augment restorative treatment or establish a maintenance program;
- Training in assistive technology and adaptive devices, e.g., speech generating devices;
- Training in the use of prosthetic devices;
- Coordination, communication, and documentation;
- Reevaluations, if there is a significant change in the individual's condition.

Documentation of treatment sessions must include:

- Date of treatment;
- Specific treatment(s) provided that match the CPT codes billed;
- Total treatment time;
- The individual's response to treatment;
- Skilled ongoing reassessment of the individual's progress toward the goals;

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- Any progress toward the goals in objective, measurable terms using consistent and comparable methods;
- Any problems or changes to the plan of care;
- Name and credentials of the treating clinician.

Progress Reports

In order to reflect that continued SLP services are medically necessary, intermittent progress reports must demonstrate that the patient is making functional progress. Progress reports should meet the American Speech-Language-Hearing Association (ASHA) standards, which include at a minimum:

- Start of care date;
- Time period covered by the report;
- Communication/swallowing diagnosis;
- Statement of the individual's functional communication/swallowing at the beginning of the progress report period;
- Statement of the individual's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of patient communication/swallowing performance in functional terms that relate to the treatment goals;
- Changes in prognosis and why;
- Changes in plan of care and why;
- Changes in goals and why;
- Consultations with other professionals or coordination of services, if applicable;
- Signature and title of qualified professional responsible for the therapy services.

Re-evaluation

A re-evaluation is usually indicated when there are new significant clinical findings, a rapid change in patient status, or failure to respond to SLP interventions. There are several routine re-assessments that are not considered re-evaluations. These include ongoing re-assessments that are part of each skilled treatment session, progress reports, and discharge summaries.

Re-evaluation is a more comprehensive assessment that includes all the components of the initial evaluation, such as:

- Data collection with *objective* measurements based on appropriate and relevant assessment tests and tools using comparable and consistent methods of the individual's level of functional communication/swallowing in that individual's natural environment(s);
- Making a judgment as to whether skilled care is still warranted;
- Organizing the composite of current problem areas and deciding a priority/focus of treatment;
- Identifying the appropriate intervention(s) for new or ongoing goal achievement;
- Modification of intervention(s);
- Revision in plan of care if needed;
- Correlation to meaningful change in function; and
- Deciphering effectiveness of intervention(s).

Routine re-evaluations are considered **not medically necessary**.

Providers of SLP Services

The services are delivered by a qualified provider who holds the appropriate credentials in speech-language pathology; has pertinent training and experience; and is certified, licensed, or otherwise regulated by the State or Federal governments. Assistants may provide services under the direction and supervision of a speech language pathologist. These qualified professionals are also regulated by the State and Federal governments.

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Aides, athletic trainers, exercise physiologists, life skills trainers, and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Aides and other nonqualified personnel as listed above are limited to non-skilled services such as preparing the patient, treatment area, equipment, or supplies; assisting a qualified therapist or assistant; and transporting patients. They may not provide any direct patient treatments, modalities, or procedures.

Not Medically Necessary:

Speech-language pathology (SLP) services are considered **not medically necessary** if any of the following is determined:

- 1. The therapy is for the correction of a speech, language, or swallowing impairment other than that resulting from illness, injury, surgery or congenital abnormality.
2. The therapy is for dysfunctions that are self-correcting, such as:
- Language therapy for young children with natural dysfluency; or
- Developmental articulation errors that are self-correcting.
3. The therapy is considered primarily educational.
4. The expectation does not exist that the speech therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time.
5. Services that do not require the skills of a qualified provider of ST services including, but not limited to, the following:
- Treatments that maintain function using routine, repetitious, and/or reinforced procedures that are neither diagnostic nor therapeutic;
- Procedures that may be carried out effectively by the patient, family, or caregivers.
6. Treatments that not supported in peer-reviewed literature.

Duplicate Therapy

Duplicate therapy is considered **not medically necessary**. When patients receive physical, occupational, and/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. They must also have separate evaluations, treatment plans, and goals.

Maintenance Program

Maintenance programs are considered **not medically necessary**. A maintenance therapy program consists of drills, techniques, and exercises that preserve the patient’s present level of communication/swallowing function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further consistent functional progress is apparent or expected to occur. In certain circumstances, the specialized knowledge and judgment of a qualified therapist maybe required to establish a maintenance program, however, the repetitive SLP services to maintain a level would be considered **not medically necessary**.

Place of Service/Duration

- Place of Service:
- Inpatient
- Outpatient
- Speech Language Pathologist’s Office
- Home

Duration: If the criteria listed above are met, and the member has documentation to support one of the ICD-9 conditions, allow speech therapy sessions each year subject to the

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members maximum allowable visits per year, or per episode of care, under the member's benefit certificate.

Many benefit plans include a maximum allowable therapy benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described above are met.

Coding

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT

- 92506 Evaluation of speech, language, voice, communication, and/or auditory processing
- 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
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding
- 92610 Evaluation of oral and pharyngeal swallowing function
- 92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording
- 92626-92627 Evaluation of auditory rehabilitation status (includes codes 92626, 92627)
- 92630 Auditory rehabilitation; prelingual hearing loss
- 92633 Auditory rehabilitation; postlingual hearing loss

HCPCS

- G0153 Services of speech and language pathologist in home health setting, each 15 minutes
- S9128 Speech therapy, in the home, per diem
- S9152 Speech therapy, re-evaluation
- V5362 Speech screening
- V5363 Language screening
- V5364 Dysphagia screening

ICD-9 Procedure

- 93.72 Dysphasia training
- 93.73 Esophageal speech training
- 93.74 Speech defect training
- 93.75 Other speech training and therapy

Revenue Codes

- 0440-0449 Speech Pathology (includes codes 0440, 0441, 0442, 0443, 0444, 0449)

ICD-9 Diagnosis

All diagnoses

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Discussion/General Information

Approximately 42 million people (1 in 6) in the United States have some type of communication disorder. Of these, 28 million have communication disorders associated with hearing loss, and 14 million have disorders of speech, voice, and/or language not associated with hearing loss

References**Peer Reviewed Publications;**

1. Baille MF, Arnaud C, Cans C, et al. Prevalence, etiology, and care of severe and profound hearing loss. *Arch Dis Child*. 1996; 75(2):129-132.
2. Enderby P, Emerson J. Speech and language therapy: does it work? *BMJ*. 1996; 312(7047):1655-1658.
3. Glade MJ. Diagnostic and therapeutic technology assessment: speech therapy in patients with a prior history of recurrent or chronic otitis media with effusion. *Amer Med Assoc*. Jan 5, 1996.
4. Lancer JM, Syder D, Jones AS, et al. The outcome of different management patterns for vocal cord nodules. *J Laryngol Otol*. 1988; 102(5):423-427.
5. Lewis BA, Freebairn L. Residual effects of preschool phonology disorders in grade school, adolescence, and adulthood. *J Speech Hear Res*. 1992; 35(4):819-831.
6. Niskar AS, Kieszak SM, Holmes A, et al. Prevalence of hearing loss among children 6 to 19 years of age: the third National Health and Nutrition Examination Survey. *JAMA*. 1998; 279(14): 1071-1075.
7. Scarborough HS, Dobrich W. Development of children with early language delay. *J Speech Hear Res*. 1990; 33(1):70-83.
8. Shriberg LD, Aram DM, Kwiatkowski J. Developmental apraxia of speech: I. Descriptive and theoretical perspectives. *J Speech Lang Hear Res*. 1997; 40(2):273-285.
9. Sneed RC, May WL, Stencil C. Physicians' reliance on specialists, therapists, and vendors when prescribing therapies and durable medical equipment for children with special health care needs. *Am Acad Pediatr*. 2001; 107(6):1283-1290.
10. Sommers RK, Logsdon BS, Wright JM. A review and critical analysis of treatment research related to articulation and phonological disorders. *J Commun Disord*. 1992; 25(1):3-22.
11. Wambaugh JL, Kalinyak-Fliszar MM, West JE, Doyle PJ. Effects of treatment for sound errors in apraxia of speech and aphasia. *J Speech Lang Hear Res*. 1998; 41(4):725-743.
12. Van Demark DR, Hardin MA. Effectiveness of intensive articulation therapy for children with cleft palate. *Cleft Palate J*. 1986; 23(3):215-224.

Government Agency, Medical Society, and Other Authoritative Publications

1. Agency for Healthcare Research and Quality (AHRQ). Criteria for Determining Disability in Speech-Language Disorders Summary: Evidence Report/Technology Assessment: Number 52, (January 2002). Available at: <http://www.ahrq.gov/clinic/epcsums/spdissum.htm>. Accessed on November 15, 2007.
2. American Speech-Language-Hearing Association. Aphasia. Available at: http://www.asha.org/public/speech/disorders/Aphasia_info.htm. Accessed on November 15, 2007.
3. American Speech-Language-Hearing Association. Oral myofunctional disorders. Available at: <http://www.asha.org/public/speech/disorders/Orofacial-Myofunctional-Disorders.htm>. Accessed on November 15, 2007.
4. American Speech-Language-Hearing Association. Speech and language development. Available at: <http://www.asha.org/public/speech/development/>. Accessed on November 15, 2007.
5. American Speech-Language-Hearing Association. Speech and language disorders. Available at: <http://www.asha.org/public/speech/disorders/>. Accessed on November 15, 2007.

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6. American Speech-Language-Hearing Association. Swallowing disorders in adults. Available at: <http://www.asha.org/public/speech/swallowing/Swallowing-Disorders-in-Adults.htm>. Accessed on November 15, 2007.
7. American Speech-Language-Hearing Association. Swallowing disorders in children. Available at: <http://www.asha.org/public/speech/swallowing/Swallowing-Disorders-in-Children.htm>. Accessed on November 15, 2007.
8. American Speech-Language-Hearing Association. Roles of speech-language pathologists in the identification, diagnosis, and treatment of individuals with cognitive-communication disorders: Position Statement (2005). Available at: <http://www.asha.org/NR/rdonlyres/5EB307A9-6B6A-42A2-BE76-0CB9B4AAF769/0/v3PScognitivecommunicationdisorders.pdf>. Accessed on November 15, 2007.
9. Centers for Medicare and Medicaid Services. Coverage Issues Manual. Pub 6. http://www.cms.hhs.gov/manuals/downloads/Pub06_TOC.pdf. Accessed November 16, 2007.
10. Centers for Medicare and Medicaid Services. Home Health Agency Manual. Pub 11. http://www.cms.hhs.gov/manuals/11_hha/HH00.asp. Accessed September 21, 2005.
11. Centers for Medicare and Medicaid Services. Hospital Manual. Pub 10. http://www.cms.hhs.gov/manuals/10_hospital/ho00.asp. Accessed September 21, 2005.
12. Centers for Medicare and Medicaid Services. National Coverage Determination for Institutional and Home Care Patient Education Programs. NCD#170.1. Effective date not posted. Available at: http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd. Accessed on November 15, 2007.
13. Centers for Medicare and Medicaid Services. National Coverage Determination for Speech-Language Pathology Services for the Treatment of Dysphagia. NCD #170.3. Effective October 1, 2006. Available at: http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd. Accessed on November 15, 2007.
14. Centers for Medicare and Medicaid Services (CMS). Pub. 100-02, Chapter 15, Sections 220. Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance and Section 230. Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology. December 22, 2006. Available at <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>. Accessed on November 26, 2007.
15. National Dissemination Center for Children with Disabilities. Information on speech and language impairments. Available at: <http://www.nichcy.org/pubs/factshe/fs11txt.htm>. Accessed on November 15, 2007.
16. National Institute on Deafness and other Communicative Disorders. Information on Aphasia. Available at: <http://www.nidcd.nih.gov/health/voice/adultaphasia.asp>. Accessed on November 15, 2007.
17. National Institute on Deafness and other Communicative Disorders. Information on Apraxia. Available at: <http://www.nidcd.nih.gov/health/voice/apraxia.asp>. Accessed on November 15, 2007.
18. National Institute of Neurological Disorders and Stroke. Information on Aphasia. Available at: <http://www.ninds.nih.gov/disorders/aphasia/aphasia.htm>. Access on November 15, 2007.

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Reviewed	02/21/2008	Medical Policy & Technology Assessment Committee (MPTAC) review. Coding section and References updated.
Reviewed	07/01/2007	Updated coding section with 07/01/2007 HCPCS changes.
Reviewed	03/08/2007	(MPTAC) review. References and coding updated. Title corrected.
Revised	03/23/2006	MPTAC review. Clarified “not medically necessary” language regarding developmental delays.
Reviewed	01/01/2006 11/22/2005	Updated coding section with 01/01/2006 CPT/HCPCS changes Added reference for Centers for Medicare and Medicaid Services (CMS) – National Coverage Determination (NCD).
Revised	09/22/2005	MPTAC review. Revision based on Policy Harmonization: Pre-merger Anthem and Pre-merger WellPoint.

Pre-Merger Organizations	Last Review Date	Policy/Guideline Number	Title
Anthem BCBS	04/08/2005	RA-009 (Midwest Medical Review & UM criteria)	Speech Therapy For NASCO, FEP and ASA
Anthem BCBS	10/06/2002	Memo 1101 (S.E. Region)	Speech Therapy
WellPoint Health Networks, Inc.	03/01/2004	10.01.10	Speech Therapy

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