Subject: Speech Therapy		Original Effective Date: 3/24/16
Policy Number: MCR-269 This MCR replaces the following MCR which have been archived: 35-36-39-56	**Revision Date(s):** 5/23/16 *This MCR is no longer scheduled for revisions*	
Review Date: 9/19/17, 3/8/18, 6/19/19, 4/23/20, 4/5/21		
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Contents

DISCLAIMER

This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.[1]

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

According to the American Speech-Language-Hearing Association Speech-language pathology services are defined as "those services necessary for the diagnosis and treatment of swallowing (dysphagia), speech-language, and cognitive-communication disorders that result in communication disabilities. Speech-language pathologists treat disorders of speech sound production (e.g., articulation, apraxia, dysarthria), resonance (e.g., hypernasality, hyponasality), voice (e.g., phonation quality, pitch, respiration), fluency (e.g., stuttering), language (e.g., comprehension, expression, pragmatics, semantics, syntax), cognition (e.g., attention, memory, problem solving, executive functioning), and feeding and swallowing (e.g., oral, pharyngeal, and esophageal stages)." Speech-language pathology covers a wide range of services

for all ages and is provided in schools, hospitals, home care, in and out-patient rehabilitation facilities, and nursing homes. Speech therapy is performed by speech-language pathologists (SLPs) who specialize in the evaluation and treatment of communication and swallowing disorders and work with individuals who have physical or cognitive deficits/disorders resulting in difficulty communicating. [40]

In general speech therapy services can be classified as rehabilitative or habilitative. Rehabilitative services help restore or improve abilities lost or impaired as a result of illness. Habilitative services are intended to maintain, develop or improve skills which have not (but normally would have) developed or which are at risk of being lost as a result of illness, injury, loss of a body part, or congenital abnormality. [40]

State Resources

Each state has special programs available for special education and related services. The Individuals with Disabilities Act (IDEA) is a federally mandated program that provides free and appropriate public education for children with diagnosed learning disabilities. Public school districts pay for the necessary services. These services include social workers, speech therapists, occupational therapists, school nurse, aide and school psychologist. An individualized Education Program (IEP) is a list of goals agreed upon by the family and the school. An annual meeting is scheduled with the family to review progress and to adjust the plan.

Early intervention is the process of providing services, education and support to young children who are deemed to have an established condition, those who are evaluated and deemed to have a diagnosed physical or mental condition (with a high probability of resulting in a developmental delay), an existing delay or a child who is at-risk of developing a delay or special need that may affect their development or impede their education. The purpose of early intervention is to lessen the effects of the disability or delay. Services are designed to identify and meet a child's needs in five developmental areas, including: physical development, cognitive development, communication, social or emotional development, and adaptive development. An early intervention program is available within each state for children under the age of three. These services are typically provided by a state contracted program for toddlers with disabilities. Services may be provided in the home or at another designated place. The plan of care is reviewed every 6 months.

RECOMMENDATION [3-36 37-41]

Please review individual state and federal mandates and applicable health plan regulations before applying this MCR. In general the evaluation and first 6 visits do not require review. Specific benefit plans may have different requirements and include a maximum allowable speech therapy benefit, either in duration of treatment or in number of visits for services. State and federal mandates and individual health plan regulations supersede this MCR.

1. Speech-language pathology (SLP) services may be considered medically necessary in speech sound production disorders (e.g., articulation, apraxia, dysarthria); language disorders (e.g., comprehension, expression, pragmatics, semantics, syntax); and feeding and swallowing disorders (e.g., oral, pharyngeal, and esophageal stages) when ALL of the following criteria are met: **[ALL]**
   - ❑ The services are used in the treatment of communication impairment or swallowing disorders resulting from disease, illness, injury, surgery, or congenital abnormality; AND
   - ❑ Swallowing therapy is ordered for the treatment of an organic medical condition or the immediate postoperative or convalescent state of the patient's illness; AND
   - ❑ Prescriber is the member's primary care physician or their physician designee and provides a written order; AND

- ❑ Based on a plan of care, the therapy sessions achieve a specific diagnosis-related goal with a reasonable expectation of achieving measurable significant functional improvement in a reasonable and predictable period of time; AND
- ❑ The therapy sessions provide specific, effective, and reasonable treatment for the individual's diagnosis and physical condition; AND
- ❑ 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, (such as: Speech-Language Pathology (CCC-SLP).
    - Speech therapy assistants may provide services under the direction and supervision of a speech language pathologist; AND
- ❑ The services require the judgment, knowledge, and skills of a qualified provider of SLP services due to the complexity of the therapy and the medical condition of the individual; AND
- ❑ Documentation that physician referral to an Early Intervention program (EIP) for children who qualify and are up to age 3 years or a school based therapy program for children and adolescents ages 3 to 21 years is required to be tried as a first option.
    - Individualized speech therapy is considered not medically necessary if the services are being provided concurrently by any state or federal agency such as EIP, or local school district.

2. Documentation review includes the following: **[ALL]**

- ❑ **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. 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, or baseline condition;
    - Specific standardized and non-standardized tests, assessments, and tools that are scored to assess the individual's level of functional communication and or swallowing. The results of testing must show standardized scores as well as scaled scores when applicable and must include the following:
        - A score of 70 or below on a test that has a standard score of 100; or
        - A score of at least 2 standard deviations [41] [42] from the mean; and
        - Analytic interpretation and synthesis of all data, including a summary of the baseline findings in written report(s) of the individual's current communication and or swallowing skills; and
        - Objective, measurable, and functional descriptions of an individual's deficits using comparable, consistent and standard methods;
        - The results of testing must show standardized scores as well as scaled scores when applicable;
        - Summary of clinical findings with recommendations
    - Treatment plan including the frequency and duration;
    - 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 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. Documentation of treatment sessions must include: [ALL]
    - 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 in objective, measurable terms using consistent and comparable methods;
    - Reasonable estimate of when goals will be reached
    - Level and complexity of services requested can only be rendered safely and effectively by a licensed speech-language pathologist;
    - Objective, measurable, and functional descriptions of an individual's deficits including any problems or changes to the plan of care;
    - Feasibility of training parent(s) or caregiver(s) based on outlined goals; strategy to transition care to patient or caregiver maintenance program
    - Name and credentials of the treating clinician

- **Progress Reports:** Intermittent progress reports need to demonstrate that the individual is making functional progress and must include all of the following: [ALL]
    - Start of care date;
    - Time period covered by the report;
    - Communication and or 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 member communication/swallowing performance in functional terms that relate to the treatment goals;
    - Changes in prognosis, plan of care and goals and reason for the change;
    - 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 the individual's status, or failure to respond to SLP interventions. Re-evaluation is a more comprehensive assessment that includes all the components of the initial evaluation.
    - To continue speech therapy after 6 months a re-evaluation must be done that includes documentation of scores from specific standardized and non-standardized tests, assessments, and tools to assess the individual's level of functional communication and or swallowing.

- **Discontinuation of Services:** Indications for discontinuation of services include one or more of the following criteria: [ONE]

    - Goals have been achieved
    - Treatment is refused or the member is non-compliant
    - The speech, language, communication disorder is within normal limits or consistent with the individual's premorbid status.
    - Maximum potential for improvement has been achieved

- Development of a maintenance program once the member has completed the speech/language therapy initial goals and/or the skills of a therapist are not required
- Medical condition develops that precludes treatment
- Measurable improvements/no change in status have not been demonstrated as indicated by the treatment plan after 3 consecutive sessions
- Feeding and/or swallowing skills no longer adversely affect the individual's health status
- Individual state benefit coverage limitations have been exhausted

3. **Amount, frequency and duration of speech therapy services is reasonable, necessary, specific, effective and skilled, [40] as consistent with accepted clinical practice standards:**
   - ❑ **Reasonable:** appropriate amount, frequency, and duration of treatment in accordance with accepted standards of practice.
   - ❑ **Necessary:** appropriate treatment for the patient's diagnosis and condition.
   - ❑ **Specific:** targeted to particular treatment goals.
   - ❑ **Effective**: expected to yield improvement within a reasonable time.
   - ❑ **Skilled:** requiring the knowledge, skills, and judgment of a speech-language pathologist, that is, complex and sophisticated.

4. **School based therapy:** Speech therapy provided by the member's school district may be considered medically necessary for all of the following:
   - ❑ During the summer months in order to maintain the therapy services provided in the school are considered a continuation of therapy services when there is no change in patient's diagnosis or function; and
   - ❑ If a school-aged patient receives medically necessary therapy services in both a school setting (as part of an Individualized Education Plan (IEP) and in an outpatient setting, coordination of therapy between the providers is required. Providers are to maintain documentation of coordination in the members file.

Note: State Education codes allow for speech therapy services for children age 3 and older who demonstrate significant speech/language deficits interfering with the child' education potential to be obtained through the school system following an evaluation process. In addition, each state has an early intervention process to address the needs associated with children ages 0-3.

LIMITATIONS [3-36] [41]

All other requests for treatment that do not meet the above section above are excluded because they are considered not medically necessary or experimental/investigational and unproven. These include all of the following: [ALL]

- ❑ Self-correcting dysfunctions such as language therapy for normal non-fluency
  - children between the ages of 2 and 5 years may experience normal non-fluency and speech therapy may not be authorized for this condition
- ❑ Computer-based learning programs for speech training such as Fast-For-Word
- ❑ Duplicate therapies of the same treatment from two different rehabilitative providers (Occupational or Physical Therapy in conjunction with Speech Therapy)
- ❑ Education services, testing and school performance tests (e.g. SIPT, praxis testing)
- ❑ Facilitated Communication (FC), auditory integration training (AIT), and sensory integration (SI) therapy
- ❑ Long term rehabilitative services when significant therapeutic improvement is not expected

- ❑ Maintenance therapy in which no additional functional progress is being made or unless a change in status occurs that would require a reevaluation.
- ❑ Speech therapy for all of the following conditions: *Note:* check if specific regulations or mandates apply:
  - o autism spectrum disorder
  - o developmental, neurogenic or psychogenic stuttering
  - o learning disabilities, behavioral problems, attention disorders
  - o mental retardation
  - o developmental delay
- ❑ Therapy to improve or enhance school, recreational, or job performance
- ❑ Therapy when intended to improve communication skills beyond premorbid levels (e.g., beyond the functional communication status prior to the onset of a new diagnosis or change in medical status).
- ❑ If continuation is maintenance in nature
- ❑ If provided to meet developmental milestones
- ❑ If Medicare does not consider the service medically necessary
- ❑ Therapy that does not require the skills of a qualified provider of speech therapy services, such as treatments which maintain function and are neither diagnostic nor therapeutic or procedures that may be carried out efficiently by the patient, family or caregivers in the home
- ❑ Therapy that is considered primarily for the enhancement of educational purposes whereas services are provided by public or private educational agencies (e.g. developmental delay)
- ❑ If services are required to be provided by another public agency including the patient's school district
- ❑ Swallowing/feeding therapy for food aversions because this is considered a behavioral problem. *Note: Treatment for behavioral problems is not covered under the speech therapy benefit.*

SUMMARY OF MEDICAL EVIDENCE [3-36]

There is an abundance of published literature in the peer reviewed medical journals about the efficacy of speech therapy for many conditions. The published evidence consists of systematic reviews, randomized controlled trials, controlled clinical trials and retrospective comparison studies that compare speech and language therapy to placebo, no intervention and other communication interventions for speech problems. However, there are no universal guidelines on the number of speech therapy treatments for any diagnosis nor is there consistent evidence based on any diagnosis to base a treatment decision.

CODING INFORMATION: THE CODES LISTED IN THIS POLICY ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS POLICY DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS COVERED OR NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

CPT	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

HCPCS	Description
G0153	Services of a speech and language pathologist in home health or hospice settings, each 15 minutes

G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
S9128	Speech therapy, in the home, per diem

ICD-10	Description: [For dates of service on or after 10/01/2015]
	Any/All

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REVISION/REVIEW HISTORY

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