Medical Coverage Policy | Speech Therapy

EFFECTIVE DATE: 02|15|2026
POLICY LAST REVIEWED: 08|05|2026

OVERVIEW
Speech therapy is the treatment of communication impairment and swallowing disorders. Speech therapy services facilitate the development and maintenance of human communication and swallowing through assessment, diagnosis, and rehabilitation.

This policy is not applicable for speech services for members with a diagnosis of autism or that have a feeding disorder. Please see related policy section for the applicable policy.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Products and Commercial Products
Speech therapy (individual, group) is medically necessary when it is provided by a qualified, licensed (as speech therapist) provider of speech therapy services. A qualified provider is one who is licensed and performs within the scope of license.

Commercial Products
When a child from birth to the age of 3 is receiving speech therapy services as part of an early intervention service (EIS), additional speech therapy services are not covered. When a child is not receiving speech therapy services as part of an EIS, speech services are covered.

Fluency-enhancing devices used in the treatment of stuttering (including but not limited to devices such as the SpeechEasy or Fluency Master) are considered not medically necessary as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Group training sessions or speech programs (such as the Hanen Program for Parents) are not covered as they are educational.

Speech therapy is allowed in the home when rendered as part of a home-care program. See related policy section.

COVERAGE
Benefits may vary by group/contract. Please refer to the appropriate Member Certificate or Subscriber Agreement for applicable speech therapy benefits/coverage.

BACKGROUND
Statutes:
Rhode Island General Laws mandate school departments to provide speech therapy as follows:
§ 16-24-1. Duty of school committee to provide special education. (a) In any city or town where there is a child with a disability within the age range as designated by the regulations of the state board of regents for elementary and secondary education, who is functionally limited to such an extent that normal educational growth and development is prevented, the school committee of the city or town where the child resides shall

provide the type of special education that will best satisfy the needs of the child with a disability, as recommended and approved by the state board of regents for elementary and secondary education in accordance with its regulations governing the education of children with disabilities.

The Individuals with Disabilities Act (IDEA) requires each state to ensure that free appropriate public education (FAPE) is available to any individual child with a disability who needs special education and related services. IDEA includes the following definitions:

- "Child with a disability" is a child (i) with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this title as 'emotional disturbance'), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and (ii) who, by reason thereof, needs special education and related services.

- "Related services" means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.

- "Special education" means specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including (a) instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (b) instruction in physical education.

Fluency-enhancing devices

Altered auditory feedback (AAF) devices have been proposed as a treatment method. The rationale for AAF lies in the observation that individuals who stutter tend to become more fluent when speaking in unison with others, a phenomenon called the choral effect. Delayed auditory feedback (DAF) delays the user's voice to his or her ears. Frequency-shifted auditory feedback (FAF) alters the pitch of the user's voice in his or her ears. Masking auditory feedback (MAF) synthesizes a sine wave that imitates vocal fold vibration which facilitates the fluency of speech. The masking sound is triggered by a laryngeal microphone and played back to the user via an earpiece. The underlying mechanisms that enhance fluency under AAF have not been identified. Many theories have been proposed such as distraction, auditory malfunctioning, or modified vocalization.

Stuttering Devices

The SpeechEasy device utilizes DAF and FAF to recreate and optimize the choral effect. The device is worn like a traditional hearing aid. When wearing a SpeechEasy device the user's words are digitally replayed in their ear with a very slight delay and frequency modification, which creates the illusion of speaking in unison with another person. This reportedly reduces stuttering in some individuals.

Auditory feedback provided by the Fluency Master antistuttering device involves the use of a small microphone placed near the larynx of the user. The microphone detects vocal tone vibrations which are amplified and sent to the user's earpiece. It is proposed that the amplification of vocal tone by the Fluency Master helps to control stuttering and improve fluency.

The Pocket Speech Lab utilizes all three types of AAF. In addition, vocal tension biofeedback analyzes the voice frequencies and amplitudes of the user. A green light indicates vocal relaxation and changes to red with increased vocal tension. This technique aims to train the user to speak with relaxed breathing and control of the muscles involved in speech. The Basic Fluency System uses DAF and FAF.

There is insufficient evidence in the published peer-reviewed scientific literature to conclude that stuttering devices are effective in the treatment of stuttering or dysfluency. The results of small, uncontrolled case series suggest that some individuals experience a decrease in stuttering while using altered auditory feedback (AAF) devices. However, well-designed prospective randomized, controlled clinical trials are needed to establish the long-term efficacy of these devices and to define their role in the treatment of stuttering when compared to standard treatment (e.g., speech therapy), or no treatment.

CODING

Medicare Advantage Products and Commercial Products
***ICD-10 Diagnosis Coding Requirements for Speech Therapy (ST)**
Effective February 15, 2026, professional claims for ST services that include an ICD-10 diagnosis code requiring the seventh character "A" in any position will be denied.

If a modality procedure code is submitted on the same date of service, by the same provider, and with the same diagnosis code as the therapy procedure code, the modality claim line will also deny.

The following codes are covered.

> **Note:** To ensure proper claim filing, when any of the CPT codes below are filed**,** the following modifier must be appended to the CPT code(s) to distinguish the discipline under which the service is delivered.
>
> **GN** – Services delivered under an outpatient ST plan of care

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
92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92607 Evaluation for prescription for 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 procedure)
92609 Therapeutic services for the use of speech-generating device, including programming and modification
92610 Evaluation of oral and pharyngeal swallowing function
92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording
92618 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes
V5362 Speech screening
V5363 Language screening
V5364 Dysphagia screening

RELATED POLICIES

Autism Spectrum Disorders Mandate
Cochlear Implant
Early Intervention Services Mandate
Home Health Services
Professional Reporting Requirements for Services Not Personally Performed (AKA "Incident to Services')

PUBLISHED

Provider Update, October 2026
Provider Update, September/December 2025
Provider Update, February/October 2024
Provider Update, December 2023
Provider Update, November 2022

REFERENCES

1. Rhode Island General Laws, § 16-24-1, Duty of school committee to provide special education.
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4. National Association for Speech Fluency. Fluency Master. Stuttering Control Home Page [website]. New Hyde Park, NY: National Medical Equipment, Inc.; September 18, 2000. Available at: http://www.stutteringcontrol.com/.
5. National Center for Stuttering (NCS). The NCS Fluency Enhancer [website]. New York, NY: NCS; 2005. Available at: http://www.stuttering.com.
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