

# Medical Coverage Policy



## Speech Therapy

Device/Equipment    Drug    Medical    Surgery    Test    Other

Effective Date:	3/6/2003	Policy Last Updated:	10/4/2011
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

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.

### BlueCHiP for Medicare members:

Medical criteria for BlueCHiP for Medicare members (BCBSRI follows CMS according to Medicare Benefit Policy Manual Chapter 15<sup>1</sup> for BlueCHiP for Medicare members):

#### Evaluation Services

Speech-language pathology evaluation services are covered if they are reasonable and necessary and not excluded as routine screening. The speech-language pathologist employs a variety of formal and informal speech, language, and dysphagia assessment tests to ascertain the type, causal factor(s), and severity of the speech and language or swallowing disorders. Reevaluation of patients for whom speech, language and swallowing were previously contraindicated is covered only if the patient exhibits a change in medical condition. However, monthly reevaluations; e.g., a Western Aphasia Battery, for a patient undergoing a rehabilitative speech-language pathology program, are considered a part of the treatment session and shall not be covered as a separate evaluation for billing purposes. Although hearing screening by the speech-language pathologist may be part of an evaluation, it is not billable as a separate service.

#### Therapeutic Services

The following are examples of common medical disorders and resulting communication deficits, which may necessitate active rehabilitative therapy. This list is not all-inclusive:

- Cerebrovascular disease such as cerebral vascular accidents presenting with dysphagia, aphasia/dysphasia, apraxia, and dysarthria;
- Neurological disease such as Parkinsonism or Multiple Sclerosis with dysarthria, dysphagia, inadequate respiratory volume/control, or voice disorder; or
- Laryngeal carcinoma requiring laryngectomy resulting in aphonia.

#### Impairments of the Auditory System

The terms, aural rehabilitation, auditory rehabilitation, auditory processing, lip-reading and speech reading are among the terms used to describe covered services related to perception and comprehension of sound through the auditory system.

For example:

- ° Auditory processing evaluation and treatment may be covered and medically necessary. Examples include but are not limited to services for certain neurological impairments or the absence of natural auditory stimulation that results in impaired ability to process sound. Certain auditory processing disorders require diagnostic audiological tests in addition to speech-language pathology evaluation and treatment.

- ° Evaluation and treatment for disorders of the auditory system may be covered and medically necessary, for example, when it has been determined by a speech-language pathologist in collaboration with an audiologist that the hearing impaired beneficiary's current amplification options (hearing aid, other amplification device or cochlear implant) will not sufficiently meet the patient's functional communication needs. Audiologists and speech-language pathologists both evaluate beneficiaries for disorders of the auditory system using different skills and techniques, but only speech-language pathologists may provide treatment.

Assessment for the need for rehabilitation of the auditory system (but not the vestibular system) may be done by a speech language pathologist. Examples include but are not limited to: evaluation of comprehension and production of language in oral, signed or written modalities, speech and voice production, listening skills, speech reading, communications strategies, and the impact of the hearing loss on the patient/client and family.

Examples of rehabilitation include but are not limited to treatment that focuses on comprehension, and production of language in oral, signed or written modalities; speech and voice production, auditory training, speech reading, multimodal (e.g., visual, auditory-visual, and tactile) training, communication strategies, education and counseling. In determining the necessity for treatment, the beneficiary's performance in both clinical and natural environment should be considered.

## **Dysphagia**

Dysphagia, or difficulty in swallowing, can cause food to enter the airway, resulting in coughing, choking, pulmonary problems, aspiration or inadequate nutrition and hydration with resultant weight loss, failure to thrive, pneumonia and death. It is most often due to complex neurological and/or structural impairments including head and neck trauma, cerebrovascular accident, neuromuscular degenerative diseases, head and neck cancer, dementias, and encephalopathies. For these reasons, it is important that only qualified professionals with specific training and experience in this disorder provide evaluation and treatment.

The speech-language pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensation and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the radiological examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function; conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions; and developing a treatment plan employing appropriate compensation and therapy techniques.

## All other products:

### A. Medically necessary

Speech therapy (individual, group) is **medically necessary** for the following conditions when 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 licensure. The member must have a functional impairment with a potential for improvement.

#### Dysphagia:

Speech therapy is **medically necessary** for a documented disease that results in the functional loss of the oral musculature (dysphagia) resulting in:

- Inadequate oral nutrition resulting in weight loss or malnutrition; **OR**
- History or high risk of choking or recurrent aspirations.

#### Pediatric Feeding Disorder Treatment

For treatment of children, please refer to the *Pediatric Feeding Disorder Treatment* policy.

Speech therapy is **medically necessary** for disorders that result in speech, communication, or hearing disorders:

- The exacerbation of chronic conditions (e.g., Parkinson's disease, amyotrophic lateral sclerosis ALS, also known as Lou Gehrig's disease, multiple sclerosis (MS), myasthenia gravis); or
- Vocal cord nodules/polyps; spasmodic dysphonia; chronic otitis **with hearing loss**; profound hearing loss; or
- Congenital disorders (e.g., cleft lip, cleft palate) that result in speech, communication or hearing disorders; or
- for acute treatment of organic disorders (e.g., status post total laryngectomy, status post glossectomy, traumatic brain injured (TBI)/cognitive deficits, cerebrovascular accident (CVA): or
- Neurogenic stuttering treatment, which may occur following a stroke, head trauma, or brain injury

Speech therapy is **not medically necessary**:

- for the treatment of dysphagia in any other condition not listed above including food texture sensitivity/aversions; or
- Lack of muscle function without a diagnosed cause as defined above; or
- Speech therapy for organic conditions that are expected to resolve with traditional/conservative medical management measures (such as muscle tension dysphonia as a result of GERD).

#### Autism

Speech therapy for autism disorders is a **contract exclusion** for all BCBSRI products **except** for members impacted by the Rhode Island State Autism and Development Disabilities mandate. Please refer to the *Autism Spectrum Disorders Mandate* for the policy and full text of the mandate.

The medical necessity criteria presented above will be followed for products or plans that have chosen to cover the services for autism spectrum disorders.

#### Cochlear Implant

Speech services are covered following a cochlear implant. It is **not** the responsibility of the school department to cover these services because speech therapy in this situation is considered training and programming related to a prosthetic device. Please refer to the Cochlear Implant Policy for services related to auditory rehabilitation.

## Early Intervention Services

For early intervention services, please refer to the *Early Intervention* policy.

### B. Not medically necessary

Speech therapy is **not medically necessary for treatments:**

- Not requiring a skilled level of therapy, or given to a patient who presents no functional impairment. Also excluded are services that maintain function by using routine, repetitive, or reinforced procedures that are neither diagnostic nor skilled therapy (e.g., the practicing of word drills without skilled feedback) drills for developmental articulation errors; or other procedures that may be carried out effectively by the patient, family, or caregivers;
- Dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that are self-correcting;
- Provided to improve a patient's condition beyond normal variations in individual development and aging (e.g., voice training for a singer).
- As a duplicate therapy: Patients will not be covered for private speech services that are a duplication/supplement of the services received by the school without separate treatment plans and goals. When patients receive both occupational and speech therapy, the therapies should provide different treatments and not duplicate the same treatment. They must have separate treatment plans and goals.

### C. Statutes:

Rhode Island General Laws mandate school departments to provide speech therapy 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 FAPE (free appropriate public education) 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" as a child (i) with mental retardation, 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.

#### **D. Contract Exclusions (commercial members only):**

Speech therapy is a **contract exclusion** in the following situations.

For children ages three to twenty-one years of age as provided by Rhode Island General Laws and by federal law (Section C above).

This applies to speech therapy needed during the school year because school departments (in and out of RI) are responsible for providing speech services that are primarily educationally-based (as opposed to services that are part of a medical treatment plan).

**Exception: Speech therapy is covered during the summer months (June 15 - September 15) for those children who are continuing therapy received through the school department during the school year.**

Feeding and swallowing disorders do not impact education and therefore the school is not responsible.

If the school department fails to meet the needs of the child or the care provided is insufficient, it is still the responsibility of the school to provide the additional therapy needed to assist in the child’s education.

BCBSRI does not cover educational services such as group training sessions or speech programs (i.e., the Hanen Program for Parents) as these programs are considered educational for parents.

**For some contracts/groups, benefits have been expanded to cover speech therapy services for psychosocial speech delay and expressive language delay. Please refer to the Evidence of Coverage, Subscriber agreement or contract to determine if these services are a covered benefit. RI statutes are listed in the "statutes" section of this policy.**

Treatment of the following conditions is a **contract exclusion**: psychosocial speech delay, expressive language delay, behavioral problems (including impulsive behavior and impulsivity syndrome), attention disorders, conceptual handicap, mental retardation, developmental delay, stammering, or stuttering.

Developmental stuttering is **not covered** as developmental disorders are a **contract exclusion**.

Autism spectrum disorders are **not covered** for members who are not impacted by the Rhode Island State Autism and Development Disabilities mandate or for members of products or plans that have chosen to cover speech therapy for this disorder.

#### **E. Private School Information:**

The city/town in which the child resides is required to provide special education of children with disabilities under state and federal law. This applies to speech therapy needed during the school year.

May not be provided as "speech-only" service for children three through eight year of age:

Speech and language as a related service (i.e., child qualifies under another eligibility category such as autism or serious emotional disturbance) is available for children three through twenty-one years of age.<sup>2</sup>

**Policy:**

The above medical criteria applies to both individual and group speech therapy services.

**Prior authorization for speech therapy is required for BlueCHIP for Medicare and recommended for all other BCBSRI products.**

Speech therapy is a covered benefit in the **home setting** only when rendered as part of a home care program.

Speech therapy is not covered for Rhode Island and out-of-state residents who are three to twenty-one years when the services are primarily educational in nature as opposed to part of a medical treatment plan. Group training sessions or speech programs (such as the Hanen Program for Parents) are considered educational for the parents and not covered.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable Speech Therapy coverage/benefits.

NOTE: Some contracts/groups, benefits have been expanded to cover speech therapy services for psychosocial speech delay and expressive language delay.

**Coding:**

The following evaluation codes do **not** require medical review and should be applied to the member's speech benefits:

**92506**  
**92597**  
**92605**  
**92607**  
**92608**  
**92610**  
**92611**  
**92618**  
**V5362**  
**V5363**  
**V5364**

The codes listed below are processed under the member's speech therapy benefit. **Prior authorization for speech therapy is required for BlueCHIP for Medicare and recommended for all other BCBSRI products.**

**92507**  
**92508**  
**92526**  
**92606**  
**92609**

**Also known as:**

Not applicable

**Related Topics:**

Early intervention services  
Pediatric Feeding Disorders Treatment  
Autism Spectrum Disorders Mandate

## **Published**

*Policy Update*, May 2001  
*Policy Update*, August 2005  
*Policy Update*, July 2006  
*Policy Update*, July 2007  
*Provider Update*, February 2009  
*Provider Update*, December 2009  
*Provider Update*, February 2011  
Provider Update, December 2011  
Provider Update, March 2012

## **References:**

Definitions taken from MedicineNet.com

<sup>1</sup>**Centers for Medicare and Medicaid Services (CMS): Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services: Section 230.3 - Practice of Speech-Language Pathology** (Rev. 106, Issued: 04-24-09, Effective: 07-01-09, Implementation: 07-06-09). D. Application of Medicare Guidelines to Speech-Language Pathology Services

<sup>2</sup>Rhode Island Board of Regents for Elementary and Secondary Education approved new state special education regulations.

[http://www.ride.ri.gov/Special\\_Populations/State\\_federal\\_regulations/special\\_education\\_regulations\\_2008.pdf](http://www.ride.ri.gov/Special_Populations/State_federal_regulations/special_education_regulations_2008.pdf)

US Department of Education: <http://www.ed.gov/>.

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