



EFFECTIVE DATE: 03|03|2015
POLICY LAST UPDATED: 03|03|2015

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.

MEDICAL CRITERIA

BlueCHiP for Medicare members:

Medical criteria for BlueCHiP for Medicare members (BCBSRI follows CMS according to Medicare Benefit Policy Manual Chapter 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
- 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 when, for example, 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.

Commercial Products

Speech therapy (individual, group) is **medically necessary** for the following indications:

- 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.
- The exacerbation of chronic conditions (e.g., Parkinson's disease, amyotrophic lateral sclerosis [ALS, also known as Lou Gehrig's disease], multiple sclerosis, 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 injury (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 following:

- 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).

Additional non-covered indications include:

- Services 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 drills for developmental articulation errors (e.g., the practicing of word drills without skilled feedback); 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;
- Services provided to improve a patient's condition beyond normal variations in individual development and aging (e.g., voice training for a singer);
- Duplicate therapy: members will not be covered for private speech services that are a duplication/supplement of the services received by the school.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products.

POLICY STATEMENT

Blue CHip for Medicare and Commercial

Speech therapy (individual, group) is medically necessary when the medical criteria is met 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.

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

Commercial

Speech therapy is contract exclusion for children ages 3 to 21 years of age as provided by Rhode Island General Laws and by federal law. 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.

For children attending private schools, the city/town in which the child resides is required to provide special education for children with disabilities under state and federal law. **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.

Note: The Rhode Island School Board of Regents amended regulations so that speech pathology services will no longer be provided as a standalone treatment if the child is aged 9 years or over. Services will be reviewed according to the criteria in this policy.

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.

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

Treatment of the following conditions is 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.

Note: 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 or Subscriber Agreement or contract to determine if these services are a covered benefit.

COVERAGE

Benefits may vary by group/contract. Please refer to the appropriate Member Certificate or Subscriber Agreement for services not 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 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.

CODING

The following evaluation codes are covered and no preauthorization is needed:

92521 92522 92523 92524 92597 92605 92607 92608 92610 92611 92618 V5362 V5363 V5364

The following codes are covered when the criteria are met:

92507 92508 92526 92606 92609

Related Policies

Early intervention services

Pediatric Feeding Disorders Treatment

Autism Spectrum Disorders Mandate

Published

Provider Update, May 2015

Provider Update, March 2012

Provider Update, Feb 2011

Provider Update Dec 2009

Provider Update Feb 2009

Policy Update July 2007

Policy Update July 2006

Policy Update Aug 2005

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

