SPEECH THERAPY
Corporate Medical Policy

File name: Speech Therapy
File code: UM.REHAB.01
Origination: 01/1997 as a component of PT/OT/ST Medical Policy
Last Review: 05/2015
Next Review: 05/2016
Effective Date: 2/1/2016

Description
Speech-language pathology (SLP) services are the treatment of swallowing, speech-language and cognitive-communication disorders. SLP services facilitate the development and maintenance of human communication and swallowing through assessment, diagnosis, and rehabilitation.

Policy

Billing and Physician Documentation Information
Click the links below for attachments, coding tables & instructions.

Attachment I - CPT Code List and Policy Instructions
Attachment II - ICD-10 Code Table

When a service may be considered medically necessary

SLP services are considered medically necessary when used to treat swallowing, speech-language and cognitive communication disorders due to disease, trauma, congenital anomalies, or prior therapeutic intervention.

I. To be considered medically necessary, SLP services must meet ALL of the following criteria:

- Services are for the treatment of communication impairment or swallowing disorders due to a covered injury, illness or disease, and are appropriate treatment for the condition
- Services are performed to restore and improve the functional needs of a patient who suffers from a communication disability or swallowing disorder due to illness, injury, congenital anomaly, or prior therapeutic intervention
- Treatments are expected to result in significant, practical improvement in the patient’s level of functioning in a reasonable and generally predictable period of time, or are necessary for the establishment of a safe and effective maintenance program. Treatments should be directed toward restoration or
compensation for lost function. The improvement potential must be significant in relation to the extent and duration of therapy required

- Therapy is prescribed by an eligible provider as defined by the subscriber contract
- Treatment is rendered by a qualified provider of speech therapy services. A qualified provider is one who is licensed and certified where required and is performing within their scope of practice
- The services must be considered under currently accepted standards of medical practice to be a specific and effective treatment for the patient’s existing condition
- The complexity and sophistication of the treatment and the patient’s condition must require the judgment and knowledge of a speech pathologist
- Services do not duplicate those provided by any other therapy, particularly occupational therapy

II. If the above criteria are met, the following guidelines apply in determining medical necessity:

The treatments and procedures listed in attachment I require the skills and expertise of a licensed eligible provider. (In conjunction with delivering these services, the provider is expected to provide teaching and training to the patient and available family members and/or care givers to facilitate their participation in and/or assumption of the total program. Maintenance programs in themselves are not considered medically necessary and must be taught before the end of the active rehabilitation program.)

The evaluation of patients with speech disorders is medically necessary to determine the causes of aphasia, dysphasia, dysarthria, cognitive communication disorders, apraxia or aphonia. The treatment plan is directed toward the active treatment of disease, trauma, congenital anomalies or therapeutic processes that result in:

- Dysphagia - difficulty in swallowing
- Dysphasia - impairment of speech consisting of a lack of coordination and failure to arrange words in their proper order
- Dysarthria - impairment of articulation
- Aphasia - impairment of the power of expression by speech, writing or symbols, or of comprehending spoken or written language
- Apraxia - the inability to perform purposeful movement in the absence of paralysis or other motor or sensory impairment
- Dysphonia /Aphonia - inability or difficulty producing clear speech sounds from the larynx, due to paralysis, paresis or disease of the vocal cords / larynx, pharyx and/or oral cavity nerves.
- Speech - language delay in children due to documented acquired hearing loss; e.g., repeated ear infections resulting in hearing loss
- Paradoxical vocal cord dysfunction - a form of laryngeal dyskinesia characterized by inappropriate adduction of the true vocal cords during inspiration, leading to obstructive airway symptoms.
- Tongue thrust therapy if a neuromuscular disorder is present.
When a service is considered not medically necessary

Services not meeting the criteria in sections I and II above are considered not medically necessary.

The following services are also considered not medically necessary:

- Treatment of psychoneurotic or psychotic conditions
- Treatment of self-correcting conditions such as hoarseness, developmental articulation errors
- Language therapy for young children with natural dysfluency
- Treatment of stammering and stuttering
- Treatment of functional dysphonia
- Instruction of other professional personnel in the patient’s SLP treatment program. Collaboration with other professional personnel or with other community resources
- Inpatient benefits are considered not medically necessary if the hospital admission is solely for the purpose of receiving SLP treatment.
- Non-skilled Services- Certain types of treatment do not generally require the skills of a qualified provider of speech therapy services, such as treatments that maintain function by using routine repetitions, and reinforced procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation errors) or procedures that may be carried out effectively by the patient, family, or caregivers. A maintenance therapy program consists of drills, techniques, and exercises that preserve the patient’s present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur. Benefits for the maintenance program itself are not medically necessary.
- Duplicate therapy is considered not medically necessary. When patients receive both occupational therapy and SLP services, the therapies should provide different treatments and not duplicate the same treatment. They must also have separate treatment plans and goals. (See BCBSVT Medical Policy on Occupational Therapy).

Speech therapy services are considered not medically necessary for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that are self-correcting.

When a service is considered non-covered as they are a benefit exclusion:

- Biofeedback or other forms of self-care training;
- Cognitive training or retraining and educational programs, including any program designed principally to improve academic performance, reading or writing skills.
- Communication devices and communication augmentation devices. Computer technology or accessories and other equipment, supplies or treatment intended primarily to enhance occupational, recreational or vocational activities, hobbies or academic performance.
Treatment for developmental delay, except for those conditions outlined in the medical policy for the Evaluation and Management of Autism Spectrum Disorder and/or Moderate or Severe Intellectual Disability and the medical policy for Early Childhood Developmental Disorders;

- Care for which there is no therapeutic Benefit or likelihood of improvement.
- Care, the duration of which is based upon a predetermined length of time rather than the condition of the patient, the results of treatment or the individual’s medical progress.
- Care provided but not documented with clear, legible notes indicating patient’s symptoms, physical findings, Physician’s assessment, and treatment modalities used (billed).
- Education, educational evaluation or therapy or treatment of developmental delays, therapeutic boarding schools, services that should be covered as part of an evaluation for or inclusion in a child’s individualized education plan (IEP) or other educational program;
- Therapy services that are considered part of custodial care;
- Services, including modalities that do not require the constant attendance of a provider.
- Services beyond those needed to restore ability to perform Activities of Daily Living.

Policy Guidelines

Coverage requirements differ for members diagnosed with conditions included within the definition of Autism Spectrum Disorder and Early Childhood Developmental Disorders for whom Physical Therapy Services are proposed, in accordance with Act 127 and Vermont Statute 8 V.S.A. § 4088i, respectively.

The plan covers up to 30 outpatient sessions combined PT/SLP/OT visits per plan year. This maximum applies to sessions provided in the home, an outpatient facility or professional office setting. The maximum number of visits included in covered benefits may vary for specific contracts or products. Please refer to the appropriate subscriber contract for the applicable benefit maximum.

A self-pay agreement must be entered into with the member prior to rendering any services described in this policy when members chose to pay, at their own expense for services that exceed the limitations of coverage (i.e. visits beyond the 30 combined visit limit) or any other excluded or non-covered services i.e. wellness/preventative physical therapy; care designed to prepare them for specific occupational, hobbies, sports, leisure & recreational activities, acupuncture or massage therapy (not all inclusive). This self-pay agreement must be maintained as part of the member’s medical record.

A plan of care which should be updated as the member’s condition changes, be recertified by a physician at least every 30 days, and include:
- Specific statements of long- and short-term goals;
Measurable objectives;
A reasonable estimate of when the goals will be reached;
Specific treatment techniques and/or exercises to be used in the treatment; and
Frequency and duration of the treatment.

Sessions:
A SLP session is defined as up to 1 hour of SLP (treatment and/or evaluation) on any given day.
Multiple SLP sessions on the same day are applied collectively as a single daily session to the benefit limit of 30 PT/OT/ST sessions per plan year.
Up to three evaluation sessions are considered medically necessary to evaluate the patient and to develop a written plan of care.
For treatment relating to autism spectrum disorder and early childhood developmental disorders as the primary diagnosis, evaluation sessions do not require prior approval, however, all subsequent SLP services for autism spectrum disorder and early childhood developmental disorders is subject to prior approval. See BCBSVT medical policy on Autism Spectrum Disorder, Coverage of Services and BCBSVT medical policy on Early Childhood Developmental Disorders for further clarification.

Habilitative Services
Habilitative and rehabilitative services are services provided to achieve normal functions and skills necessary to perform age-appropriate basic activities of daily living, including ambulation, eating, bathing, dressing, speech, and elimination.

Habilitation and rehabilitation services may include respiratory therapy, SLP treatment, occupational therapy and physical medicine treatments. Habilitation and rehabilitation services may be performed by those who are qualified to perform such services and do so within the scope of their license. Such services are evaluated based on objective documentation of measurable progress toward functional improvement goals. Measurement methods must be valid, reliable, repeatable, and evidence-based.

Initial benefits for habilitation and rehabilitation services may be considered medically necessary when the criteria in this policy apply.

Habilitative services, including devices, are provided for a person to attain a skill or function never learned or acquired due to a disabling condition. Rehabilitation services, including devices, on the other hand, are provided to help a person regain, maintain or prevent deterioration of a skill or function that has been acquired but then lost or impaired due to illness, injury, or disabling condition.

The following services are excluded from benefits under our certificates of coverage: custodial care, vocational, recreational, educational services, and services that show no likelihood of improvement and/or no therapeutic benefit.

Additional habilitative and rehabilitative services are not considered medically necessary in the absence of objective documentation of ongoing clinically significant functional improvement being achieved and when there is not a medically reasonable
expectation that additional treatment will lead to additional clinically significant functional improvement.

**Cognitive Rehabilitation**

Cognitive rehabilitation is a therapeutic approach designed to improve cognitive functioning after central nervous system insult. It includes an assembly of therapy methods that retrain or alleviate problems caused by deficits in attention, visual processing, language, memory, reasoning, problem solving, and executive functions. Cognitive rehabilitation consists of tasks designed to reinforce or re-establish previously-learned patterns of behavior or to establish new compensatory mechanisms for impaired neurologic systems. Cognitive rehabilitation may be performed by a physician, psychologist, or a physical, occupational, or speech therapist.

Cognitive rehabilitation (as a distinct and definable component of the rehabilitation process) may be considered medically necessary in the rehabilitation of patients with traumatic brain injury.

Cognitive rehabilitation (as a distinct and definable component of the rehabilitation process) is considered investigational for all other applications, including, but not limited to, stroke, post-encephalitic or post-encephalopathy patients, autism spectrum disorders, seizure disorders, and the aging population, including Alzheimer patients.

For services to be considered medically necessary, they must be provided by a qualified licensed professional and must be prescribed by the attending physician as part of the written care plan. In addition, there must be a potential for improvement (based on preinjury function), and patients must be able to actively participate in the program. (Active participation requires sufficient cognitive function to understand and participate in the program, as well as adequate language expression and comprehension, i.e., participants should not have severe aphasia.) Ongoing services are considered necessary only when there is demonstrated continued objective improvement in function.

**Administrative and Contractual Guidance**

**Benefit Determination Guidance**

Limitations to this benefit apply. Member’s benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy. Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Refer to the member’s summary of benefits and coverage (SBC) or outline of coverage for availability of benefits.

If the member receives benefits through a self-funded (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s plan documents or contact the customer service department.

For New England Health Plan (NEHP) members an approved referral authorization is required.
Federal Employee Program (FEP) members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure.

Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s). Licensed Speech-Language Pathologists

Related Policies

Physical Therapy
Occupational Therapy
Evaluation and Management of Autism Spectrum Disorder and/or Moderate or Severe Intellectual Disability, Coverage of Services
Early Childhood Developmental Disorders

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract language, the member’s contract language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Legislative Guidelines

V.S.A. § 4088i-Early Childhood Developmental Disorders.
Vermont Act 127- Autism Spectrum Disorders

Policy Implementation/Update information

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>05/2009</td>
<td>Policy extracted from the former Physical Therapy, Occupational Therapy and Speech Therapy Medical Policy and established as a separate and distinct medical policy which mirrors BCBSA medical policy. Reviewed by CAC.</td>
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</table>
Scientific Background and Reference Resources


3. A BCBSA search of literature was completed through the MEDLINE database for the period of January 1990 through October 1995. The search strategy focused on references containing the following Medical Subject Heading: Speech Therapy and was limited to English-language journals on humans.


Approved by BCBSVT Medical Directors Date Approved
### Attachment I

**CPT & HCPCS Code List & Instructions**

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Number</th>
<th>Description</th>
<th>Policy Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
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<tr>
<td>CPT</td>
<td>92521</td>
<td>Evaluation of speech fluency (eg, stuttering, cluttering)</td>
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<tr>
<td>CPT</td>
<td>92522</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)</td>
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<tr>
<td>CPT</td>
<td>92523</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</td>
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<tr>
<td>CPT</td>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
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<td>CPT</td>
<td>92526</td>
<td>Treatment of swallowing dysfunction and/or oral function for feeding</td>
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<tr>
<td>CPT</td>
<td>92610</td>
<td>Evaluation of oral and pharyngeal swallowing function</td>
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The following codes will be considered as medically necessary when applicable criteria have been met.
<table>
<thead>
<tr>
<th>CPT</th>
<th>92611</th>
<th>Motion fluoroscopic evaluation of swallowing function by cine or video recording</th>
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<tr>
<td>CPT</td>
<td>96125</td>
<td>Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
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<tr>
<td>CPT</td>
<td>97532</td>
<td>Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes</td>
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<tr>
<td>HCPCS</td>
<td>G0153</td>
<td>Services, performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes</td>
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<tr>
<td>HCPCS</td>
<td>S9128</td>
<td>Speech therapy, in the home, per diem</td>
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<td>HCPCS</td>
<td>S9152</td>
<td>Speech therapy re-evaluation</td>
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<tr>
<td>REV</td>
<td>0440</td>
<td>Speech Therapy Revenue Codes</td>
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The following code will be denied as Not Covered

<table>
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<th>CPT</th>
<th>92508</th>
<th>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</th>
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</thead>
</table>

Type of Service | Medical |
Place of Service | Inpatient, SNF, Outpatient, office, home. |
Attachment II
For best results open with FireFox or Google Chrome

Click HERE for Applicable ICD-10 (diagnosis) code lists