



**Subject:** Speech Therapy\*

**Effective Date:** October 1, 1999

**Department(s):** Utilization Management

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**Policy:** Speech therapy is covered under Plans administered by QualCare, Inc. when criteria enumerated below are met.

**Objective:** To provide consistent and proper reimbursement and to provide guidelines for medically necessary speech therapy.

**Procedure:**

- A. Particular attention must be given to whether the SPD covers or excludes speech therapy for developmental speech problems, including but not limited to, expressive or receptive language delays, central auditory processing disorder, apraxia, and/or functional articulation disorders.
- B. All requests for speech therapy (evaluation **CPT 92521-92524, 92610**, treatments **92507, 92508, 92526**) must be accompanied by an order from a physician, a physician assistant or advanced nurse practitioner. Swallowing/feeding therapy is considered a form of speech therapy.
- C. All requests for speech therapy must be based on a formal evaluation by a certified speech-language pathologist. This must include the following:
  - 1. diagnosis
  - 2. frequency of visits
  - 3. type and length of therapy
  - 4. goals and expected outcomes

5. for children, estimate of age-equivalency, percentile ranking and the test(s) used to determine the percentile ranking,

D. Depending on the terms of the SPD, conditions that may be considered for coverage include, but are not limited to:

1. Loss of speech [ICD-9 784.3] [ICD-10 R47.0] or difficulty with swallowing [787.2] [ICD-10 R13.10] caused by injury or disease.
2. Congenital conditions that affect the organs of speech, (e.g., cleft palate [749.0 – 749.2] [ICD-10 Q35.1, Q35.3, Q35.5, Q35.7 Q35.9, Q36.0, Q36.1, Q36.9, Q37.0, Q37.1, Q37.2, Q37.3, Q37.4, Q37.5, Q37.8, Q37.9], Pierre Robin syndrome [756.0] [ICD-10 Q75.0-Q75.5, Q75.8, Q75.9, Q87.0].
3. Autism [299.0] [ICD -10 F84.0] when confirmed by a pediatric neurologist or by a pediatrician with subspecialty certification in neurodevelopmental disabilities.
4. Developmental speech or language disorder, including but not limited to [315.31] [ICD-10 F80.1] [developmental language disorder], [315.32] , [ICD-10 F80.2, H93.25] [mixed receptive language disorder], or verbal apraxia [784.69] [ICD-10 R48.1, R48.2, R48.8 ]
5. Phonation difficulties (784.42) [ICD-10 R49.0] that adversely affect either audibility or intelligibility of speech.
6. Articulation disorders (315.39) [ICD-10 F80.0, F80.89, F80.9] only if, on standard testing (such as the Goldman-Fristoe Test of Articulation), the individual is placed at or below the 20<sup>th</sup> percentile for his/her chronological age, indicative of significant developmental delay.

E. If the SPD does not indicate that speech therapy for delays in speech development are covered under the Plan, or is silent about development-related speech problems, speech therapy for or any other management (such as biofeedback or a feedback device) of stuttering (307.0) [ICD-10 F98.5] is not reimbursable unless it results from specific illness or brain injury.

- F. The UM Department must be re-notified when additional therapy is requested or when there is a significant change in the treatment plan. Notification must be submitted in writing.
- G. Speech therapy for maintenance, once a plateau is reached, will not be covered.
- H. Questionable diagnoses and/or treatment plans will be referred to the Medical Director for review and determination.
- I. Electrical stimulation for swallowing/feeding disorders is not reimbursable as it is considered experimental, investigational or unproven.

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Reviewed w/o Revision By/Date: MMcNeil, MD 11/21/11

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.