MEDICAL POLICY

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MEDICAL POLICY DETAILS	
Medical Policy Title	**Speech Pathology and Therapy**
Policy Number	**8.01.13**
Category	**Contract Clarification**
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Current Effective Date	**06/20/24**
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Archive Review Date	**N/A**
Product Disclaimer	• *Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

I. Based upon our criteria and assessment of the peer-reviewed literature, speech therapy services (evaluation and restorative, or habilitative treatment) have been medically proven to be effective and, therefore, are considered **medically appropriate** for **either** of the following:

A. Adults suffering from a medically determinable impairment, as determined by standardized assessments, resulting from disease, trauma, or previous therapeutic processes (e.g., traumatic brain injury, cardiovascular accident/stroke).

1. In determining the medical appropriateness of speech therapy services, consideration will be given to the degree of limitation/deficit the impairment imposes on the individual and whether the deficit(s) are expected to improve over a short period of time (generally up to two (2) months) with treatment.
2. Services will continue to be considered medically appropriate as a patient makes progress, so long as the patient has not reached a maintenance service level in which no additional functional progress is apparent or expected to occur. In order for ongoing treatment to continue to be considered medically appropriate, significant improvement must be demonstrated in objective measures;

B. Children suffering from a medically determinable severe impairment, as determined by standardized assessments, resulting from disease, trauma, congenital anomaly, or previous therapeutic processes.

1. A medically determinable severe delay or disorder in a child is identified by a functional impairment/deficit that adversely affects the child's performance or a significant delay or disorder in one (1) or more functional areas, as compared to accepted milestones for child development, which adversely affects the child's ability to learn. (See policy guidelines)
2. Cross-disciplinary and age equivalency scores may be considered, as well as percentage scores, when determining the severity of the impairment.
3. For continuation of speech therapy for children beyond the initial evaluation and approved therapy sessions, speech therapists will need to provide documentation showing continued improvement within the

past treatment period, documentation of an updated treatment plan, and documentation that the member is actively participating in therapy sessions.

Dysphagia and Feeding Difficulties

II. Based upon our criteria and assessment of the peer-reviewed literature, speech therapy is considered **medically appropriate** as a treatment for dysphagia in children with the potential functional ability to feed by mouth and **either** of the following:
    A. Evaluation of and diagnosis of aspiration or laryngeal penetration by a physician with expertise in the diagnosis and treatment of dysphagia;
    B. The child has a history of or is at high risk for recurrent aspiration or choking or has clinical signs/symptoms of aspiration.

    Services will continue to be considered medically appropriate as a patient makes progress, so long as the patient has not reached a maintenance service level in which no additional functional progress is apparent or expected to occur. In order for ongoing treatment to continue to be considered medically appropriate, significant improvement must be demonstrated by improved oral intake and objective standard measures (e.g., repeat barium swallow, FEES, weight gain or non-imaging assessment instruments).

III. Based upon our criteria and assessment of the peer-reviewed literature, speech therapy is considered **medically appropriate** in children with feeding difficulties when **ALL** of the following criteria are met:
    A. Under five (5) years of age;
    B. With feeding difficulties (e.g., picky eaters, difficulty with bottle feeding, etc.);
    C. Nutritional status deficiency (e.g., weight loss or at high-risk for weight loss, vitamin and/or mineral deficiencies, or severely restricted diet). (Refer to Policy Guidelines).

Other General Speech Therapy Criteria

IV. Based upon our criteria and assessment of the peer-reviewed literature, speech therapy is considered **medically appropriate** as a treatment for Vocal Cord Dysfunction (VCD). Treatment of VCD is not the same as voice therapy.

V. Based upon our criteria and assessment of the peer-reviewed literature, speech pathology and therapy services are considered **not medically necessary** for the following individuals:
    A. With vocal cord polyps, as the usual recommended treatment is excision of the polyps;
    B. With untreated conductive hearing loss, as diagnosis of and treatment for the hearing loss should first be provided;
    C. Whose prognosis for progress in unexpected/unlikely;
    D. Receiving maintenance services, defined as services that consist of activities 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 or when no additional functional progress is apparent or expected to occur;
    E. With oral myofunctional disorders (e.g., tongue thrust, deviant swallow, reverse swallow, visceral swallow);
    F. With pragmatic language disorders/impairments.

Voice Therapy

VI. Based upon our criteria and assessment of the peer-reviewed literature, voice therapy (Voice therapy is not the same as treatment of Vocal Cord Dysfunction) is considered **medically necessary** for voice disorders when **ALL** of the following criteria has been met:
    A. When a pathological process has been identified;
    B. Other documented methods of treatment have been ineffective and have not resulted in the resolution of the patient's condition (e.g., a patient with chronic dysphonia/hoarseness and vocal nodules in which a two-week course of voice rest has failed to resolve the condition).

VII. Based upon our criteria and assessment of the peer-reviewed literature, voice therapy is considered **not medically necessary,** including but not limited to voice therapy programs utilizing intensive behavioral therapy (e.g., Lee Silverman Voice Therapy, LSVT LOUD), with or without the use of a computerized software program.

Refer to Corporate Medical Policy #1.01.03 Augmentative and Alternative Communication Systems (e.g., Speech Generating Devices)

Refer to Corporate Medical Policy #7.01.84 Gender Reassignment/Gender Affirming Surgery and Treatments

POLICY GUIDELINES

I. Speech Pathology/Therapy must:
   A. Relate directly to a written treatment plan established by the speech pathologist providing the services;
   B. Be reasonable and necessary to the treatment of the individual's illness or injury, considered under accepted standards of practice to be a specific and effective treatment for the patient's condition;
   C. Be of such a level of complexity and sophistication, or the patient's condition must be such, that the services required could be safely and effectively performed only by a speech pathologist; and
   D. Be expected to improve the patient's condition significantly in a reasonable, and generally predictable, period of time. The amount, frequency, and duration of the services must be reasonable under accepted standards of practice.

II. New York State Department of Health Early Intervention Program (EIP) defines a developmental delay that has been measured by qualified personnel using clinical opinion, appropriate diagnostic procedures and/or instruments as documented as **ANY** of the following:
   A. A 12-month delay in one functional area;
   B. A 33% delay in one functional area or a 25% delay in each of two (2) areas;
   C. If appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one functional area or a score of at least 1.5 standard deviations below the mean in each of two functional areas.

III. **After the initial evaluation** of the disorder, if the restorative potential is judged insignificant, or if, after a reasonable trial period, the patient's response to treatment is judged insignificant or at a plateau, a maintenance program may be established. In these situations, coverage is limited to the initial evaluation and the design of an appropriate maintenance program.

IV. Speech therapy services for **children with feeding difficulties** are dependent on the child's specific diagnosis. Typically, up to four visits are allowed for feeding difficulties in neurotypical children. However, additional speech therapy visits may be medically appropriate for neuroatypical children or significant aerodigestive abnormalities with feeding difficulties (e.g., autism).

V. Certain contracts only cover short-term speech therapy services for a limited number of visits per condition, per lifetime, or per contract year. These limits generally apply to all therapies combined (physical therapy, speech therapy, and occupational therapy). The visit limits do not apply when speech therapy is for the treatment of a Mental Disorder (including autism spectrum disorder). Mental Disorder is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

Individualized Education Program (IEP)

VI. If outpatient therapies requested are in addition to the school-based services noted in the IEP, or the provider does not feel that the child's needs are being met by the school-based services noted in the IEP, or when there is no IEP provided but it is documented that the child receives school-based services, documentation must include rationale supporting the medical necessity of the additional outpatient services beyond what the child is already receiving at school as noted in the IEP.

VII. Coverage is not available for services provided by school districts, as stipulated in a child's (preschool, ages 3-5 years, and school, ages 5-21 years) IEP, as the services are generally considered free care or a government program.
   A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan. If an IEP is not submitted, the request for speech therapy will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.

B. Speech therapy services denied by the school district, including summer services, and not covered in a child's IEP will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.
C. If a child is home-schooled, an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for home-schooled children outside NYS will be decided in accordance with NYS laws; however, if an appeal is requested and another state's law is provided or cited, the case should be forwarded for legal review, to determine whether the other state's law should be applied.
D. Interim summer programs are provided by school districts for children whose handicapping conditions are severe enough to warrant a structured learning environment of 12 months' duration in order to maintain developmental levels. For preschool children, summer instruction must be available for those whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months duration to prevent substantial regression.

DESCRIPTION

Speech pathology and therapy services are those services necessary for the diagnosis and treatment of speech and language impairments/disorders that result in communication disabilities, as well as for the diagnosis and treatment of swallowing disorders, or dysphagia.

The following are some commonly used terms that identify speech or language disorders:

- Aphasia - Absence or impairment of the ability to communicate through speech, writing, or signs because of brain dysfunction;
- Aphonia - Loss of speech sounds from the larynx;
- Apraxia - The inability to form words or speak, despite the ability to use oral and facial muscles to make sounds;
- Dysarthria - Impairments or clumsiness in the uttering of words due to diseases that affect the oral, lingual, or pharyngeal muscles;
- Dysphagia - Inability to swallow or difficulty in swallowing;
- Dysphasia - Impairment of speech resulting from a brain lesion or neurodevelopmental disorder;
- Dysphonia - Any impairment of the voice or speaking ability;
- Neurosensory Hearing Loss - A decreased ability to perceive sounds as compared to normal; or
- Stuttering - A disruption in the fluency of speech in which affected persons repeat letters or syllables, pause or hesitate abnormally, or fragment words when attempting to speak.
- Neurotypical - someone who thinks and processes information in ways that are typical within their culture. They tend to learn skills and reach developmental milestones around the same time as their peers.
- Neuroatypical - differing in mental or neurological function from what is considered typical (frequently used with reference to autistic spectrum disorders).

Speech disorders refer to disorders affecting the articulation of speech sounds, the fluency with which speech is produced, or quality.

Types of Speech Disorders

I. Articulation Disorders – also called phonological disorders, include:
   A. Motor speech disorders which result from damage to the central or peripheral nervous system (e.g., cerebral vascular accident, traumatic brain injury, or neurogenic disorders such as Parkinson's disease, Huntington disease, amyotrophic lateral sclerosis, and perinatal conditions); and
   B. Functional articulation disorders, which have no known cause or result from causes other than known neurological insults or physical abnormalities. Functional articulation disorders account for the majority of articulation disorders in children.

II. Fluency Disorders – also referred to as stuttering, involve the interruption in the flow of speaking manifested as an atypical rate, rhythm, repetitions in sounds, syllables, words, and phrases; or some combination of these.

III. Voice Disorders – characterized by abnormal pitch, loudness, resonance, quality, or duration of voice, or by an inability to use voice, or some combination of these, result from overuse or misuse of vocal cords, impacting the ability to communicate effectively. Voice disorders result from abnormal laryngeal, respiratory, or vocal tract functioning. They may be caused by any, or a combination, of the following:
   A. Habitual vocal misuse or hyperfunction that produces physical changes in the vocal folds (e.g., in singers, lecturers, and teachers, as well as those who habitually clear the throat or engage in prolonged talking over background noise);
   B. Medical conditions (e.g., trauma, neurological disorders, allergies, cancer); and/or
   C. Psychological disorders (e.g., stress or personality disorders).

Voice disorders can be treated by speech therapists with voice therapy. Voice therapy consists of a series of individualized behavioral treatment techniques, based upon the individual's vocal pathophysiology, as well as psychological, occupational, and social influences, which aim to minimize or correct maladaptive and/or inappropriate vocal behaviors.

Language disorders are disorders of impaired comprehension and/or use of spoken, written, and/or other symbol systems used for communication (e.g., aphasia secondary to cerebral vascular accident, dementia, hearing impairment).

Pragmatics is the system of combining the form (phonology, morphology, and syntax) and content (semantics) of language into functional and socially appropriate communication. A person with a pragmatic language disorder/impairment may say inappropriate or unrelated things during a conversation, tell stories in a disorganized way, or have little variety in the use of language. Pragmatic disorders may be considered a symptom of other disorders, such as autism spectrum disorders or developmental disorders.

Vocal cord dysfunction (VCD), also known as paradoxical vocal fold movement, is a respiratory disorder characterized by paradoxical closure of the vocal cords during the respiratory cycle that leads to airway obstruction. Symptoms can range from wheezing to stridor. VCD can be mistaken for asthma and is distinguished from asthma by the performance of a pulmonary function test and laryngoscopy. VCD is often treated with speech therapy, relaxation techniques, and/or psychotherapy.

Speech and language disorders range in severity from mild to severe impairments, from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Speech and language impairments are classified according to their level of severity. A mild impairment is less than one standard deviation from normal; a moderate impairment is one to two standard deviations from normal; and a severe impairment is more than two standard deviations from normal.

Lee Silverman Voice Therapy, LSVT LOUD, has been proposed as an intensive behavioral voice therapy program for individuals with Parkinson disease and other neurological disorders, and is aimed at improving the vocal loudness of these patients. Patients receive 16 treatment sessions over four weeks and are trained to increase both vocal loudness and variations in pitch through a series of exercises. The LSVT Companion System may be used as a technical adjunct to the program, to complement person-to-person voice therapy. The sound produced by a patient's voice is received by a calibrated microphone and converted to a visual display that consists of different visual and auditory feedback. The patient is given a target range of both vocal intensity (loudness) and fundamental frequency (pitch) and instructed to maintain a given loudness and or pitch for a given duration. Increases in the complexity of the spoken material are combined with the targeted vocal parameters. The device consists of software that allows therapists to manage therapy for patients as well as allowing them to perform the therapy at home. Under the New York Insurance Law, all medical, major medical or comprehensive-type contracts providing physician services must provide coverage for the medically necessary screening, diagnosis, and treatment of autism spectrum disorders when prescribed or ordered by a licensed physician or a licensed psychologist. Covered services may include treatment by a licensed or certified speech therapist, occupational therapist, physical therapist, and/or social worker, when the policy generally provides such coverage. Therapeutic treatment must include care that is deemed habilitative or non-restorative.

As of January 1, 2014, the Patient Protection and Affordable Care Act (PPACA) required all health insurers to provide coverage for essential health benefits, including habilitative services. Under PPACA, habilitative services are health care services that help a person keep, learn or improve skills and functioning for daily living and include the management of

limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function.

RATIONALE

Speech therapists also evaluate and treat swallowing problems (Houtrow et al., 2019). Dysphagia is a frequently occurring impairment for children with disabilities because many disabling conditions are associated with oropharyngeal or esophageal dysfunction. The workup for dysphagia usually includes an evaluation by a speech therapist and may also include a video fluoroscopic barium study (often referred to as a cookie swallow) or a fiber-optic endoscopic evaluation of swallow. Speech and occupational therapists often collaborate in feeding therapy for children with poor oral motor and swallowing skills on the basis of the child's needs and the expertise of the providers involved. Functional improvements are more likely to occur when the goals of therapy are clear delineated and measurable, and goal setting is the central feature of rehabilitation. Determining the appropriate dose of therapy (how much therapy, how often, and for how long) remains elusive and subjective.

In the 2018 PD COMM pilot trial, Sackley et al. assessed the feasibility and acceptability of a large-scale, randomized, controlled trial (RCT) to assess the clinical and cost effectiveness of Lee Silverman Voice Treatment (LSVT LOUD) versus standard speech and language therapy (SLT) or no intervention in dysarthria associated with Parkinson's Disease (PD). The trial design was a multicenter, three-arm, parallel group randomized controlled pilot trial with a blinded assessor. Therapists and patients were not blinded to treatment allocation; however, assessors of the vocal assessment outcomes data were all blinded. A total of 89 patients were included in the trial, with 30 patients randomized to LSVT LOUD (27 completed the trial), 30 to SLT (27 completed the trial), and 29 to the control group (all 29 completed the trial). Data were collected at baseline and at three, six, and 12 months. Voice Handicap Index (VHI) was selected as the primary outcome measure for the larger RCT. The differences in VHI total score at three months between LSVT LOUD and SLT versus control were -12.5 and -9.8 points, respectively. No adverse events were reported. The authors report concerns that high intensity LSVT LOUD might lead to a high withdrawal rate. In total, seven patients in the LSVT LOUD arm either did not start therapy or stopped early, compared to one patient in the SLT arm who did not start therapy. The authors concluded, based on the PD COMM pilot trial, that both LSVT LOUD and SLT may be effective in improving communication in PD, although confirmation in an adequately powered trial is needed.

The 2016 Guidelines for Adults Stoke Rehabilitation and Recovery by the American Heart Association (AHA) and American Stroke Association (ASA) (Winstein et al., 2016), which were accepted by the American Speech-Language-Hearing Association state:

- Speech and language therapy is recommended for individuals with aphasia (class I, level of evidence A).
- Computerized treatment may be considered to supplement treatment provided by a speech language pathologist (class IIb, level of evidence A).

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
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, Two (2) or more individuals

Code	Description
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
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

HCPCS Codes

Code	Description
S9128	Speech therapy; in the home, per diem
S9152	Speech therapy, re-evaluation

Modifier Code

Code	Description
96	Habilitative Services
97	Rehabilitative Services

ICD10 Codes

Code	Description
Several	

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*Key Article

KEY WORDS

Fast ForWord, Language Therapy, Lee Silverman Voice Therapy (LSVT-Loud), Speech Evaluation, Speech Therapy, Vocal Cord Dysfunction, Voice Therapy.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination addressing Speech-Language Pathology Service for Treatment of Dysphagia and a Local Coverage Determination (LCD) and a supplemental article addressing Speech-Language Pathology. Please refer to the following websites for Medicare Members:

NCD (170.3):
[https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=192&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=speech&KeyWordLookUp=Title&KeyWordSearchType=And&FriendlyError=NoLCDIDVersion&bc=gAAAABAAAAAAAA%3d%3d&] accessed 04/22/24.

LCD (L33580):
[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33580&ver=40&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=speech&KeyWordLookUp=Title&KeyWordSearchType=And&FriendlyError=NoLCDIDVersion&bc=gAAAABAAgAAA&] accessed 04/22/24.

Local Coverage Article (A52566):
[https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52866&ver=31&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=41&KeyWord=speech+therapy&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAQAAA&=] accessed 04/22/24.