



Easy Choice Health Plan

Missouri Care

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OneCare (Care1st Health Plan Arizona, Inc.)

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WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

Speech Therapy for Adults

Policy Number: HS-281

Original Effective Date: 7/9/2015

**Revised Date(s): 7/7/2016; 12/8/2016;
11/2/2017; 10/4/2018**

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Speech therapy is the study, diagnosis and treatment of speech, language and communication in people of all ages to enable them to communicate to the best of their ability. Speech therapy is also used in the treatment of swallowing disorders. Speech and/or swallowing impairments may be the result of complications at birth, congenital anomaly, disease, injury or previous medical treatment. Speech therapy services are provided by, or under the direction of, licensed speech-language pathologists. Speech-language pathologists (also referred to as speech therapists) assess, diagnose, treat and help prevent disorders related to speech, language, voice, swallowing and fluency (flow of speech).

POSITION STATEMENT

The following policies are also available:

HS 158: *Altered Auditory Feedback Device (SpeechEasy®) for the Treatment of Stuttering*

HS 205: *Augmentative and Alternative Devices for Developmental Delay*

HS 188: *Oral Function Therapy for Feeding Disorders*

Applicable To:

- Medicaid
- Medicare

Exclusions

Speech Therapy for Adults **is not considered medically necessary** in the following settings:

- Duplicate therapy when members receive both occupational and speech therapy; the therapies should provide different treatments and not duplicate the same treatment.
- Maintenance programs such as drills, techniques, and exercises that preserve the member's present level of function and prevent regression of that function do not meet contractual definition of medical necessity. 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.
- Treatments are not considered medically necessary if they do not require the skills of a qualified provider of speech therapy services, such as treatments that maintain function by using routine, repetitious, 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 member, family, or caregivers at home on their own.

In addition, the following are not covered:

- Computer-based learning programs for speech or voice training purposes
- School speech programs
- Speech, voice therapy, or swallowing/feeding therapy that duplicates services already being provided as part of an authorized therapy program through another therapy discipline (e.g., occupational therapy)
- Group speech or voice therapy (because it is not one-on-one, individualized to the specific person's needs)
- Maintenance programs of routine, repetitive drills/exercises that do not require the skills of a speech-language therapist and that can be reinforced by the individual or caregiver
- Vocational rehabilitation programs and any programs with the primary goal of returning an individual to work
- Therapy or treatment provided to prevent or slow deterioration in function or prevent reoccurrences
- Therapy or treatment intended to improve or maintain general physical condition
- Therapy or treatment provided to improve or enhance job, school or recreational performance
- Long-term rehabilitative services when significant therapeutic improvement is not expected
- Swallowing/feeding therapy for food aversions

General Criteria

Speech Therapy for Adults **is considered medically necessary** when the following are met:

- Member is 21 years of age or older; **AND**
- A provider has determined that the member's condition can improve significantly within three months of the date that therapy begins; **AND**
- As a result of speech therapy, the member's condition is expected to result in a significant improvement within a reasonable and generally predictable period of time; **AND**

- Services must be performed by a provider who is licensed and certified as deemed by the state's respective statutes, rules and regulations. Services provided must be within the provider's scope of practice in the jurisdiction in which they are licensed; **AND**
- Services provided must be of the complexity and nature to require that they are performed by a licensed speech-language pathologist or provided under their direct supervision by a licensed ancillary person as permitted under state laws; **AND**
- An ongoing, written plan of care (POC) for speech therapy services must be reviewed and approved by the treating physician in accordance with applicable state laws and regulations. The POC shall include relevant and pertinent information, including objective and subjective data to demonstrate the medical necessity of the proposed treatment. At a minimum, the following should be included:
 - Speech therapy evaluation; **AND**
 - Short- and long-term goals that are specific, quantifiable (measurable) and objective; **AND**
 - A reasonable estimate as to the time when these goals will be achieved; **AND**
 - The specific speech therapy techniques, treatments or exercises to be used; **AND**
 - The frequency and duration of the treatments provided must be reasonable and customary under the generally accepted standards of practice for speech therapy.

AND

- The signatures, professional license designations and license numbers of the treating speech-language pathologist and treating physician must be affixed to the evaluation and/or ongoing treatment reports. The patient must be reevaluated at least monthly and the results of these evaluations recorded in a standard format. The patient's progress towards achieving the stated goals must be assessed and if needed, changes made in the treatment program as a result of the evaluations; **AND**
- Speech therapy may be appropriate for acute episodes or significant exacerbations of longstanding/chronic/previously known medical or surgical conditions; **AND**
- Speech therapy may be medically necessary in the treatment of communication disabilities and/or swallowing disorders (dysphagia) that are the result of the following conditions including, but not limited to:
 - Cerebral anoxia/hypoxia including neonatal asphyxia; **OR**
 - Cerebrovascular accident (CVA); **OR**
 - Congenital anomaly; **OR**
 - Head injury; **OR**
 - Neuromuscular disorders (such as Parkinson's disease); **OR**
 - Postoperative conditions; **OR**
 - Surgery of the larynx or vocal cords

Speech / Language Therapy

WellCare considers either of the following medically necessary for adult speech / language therapy:

1. A prescribed course of speech therapy by an appropriate healthcare provider for the treatment of a severe impairment of speech/language and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests that measure the extent of the impairment, performance deviation, and language and pragmatic skills assessment levels.

OR

2. A prescribed course of voice therapy by an appropriate healthcare provider for a significant voice disorder that is the result of anatomic abnormality, neurological condition, injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, paradoxical vocal cord motion) or provided after vocal cord surgery.

In addition **ALL** of the following must be met:

- Treatment being recommended has the support of the treating physician; **AND**
- Therapy being ordered requires the one-to-one intervention and supervision of a speech-language pathologist; **AND**
- The therapy plan includes specific tests and measures that will be used to document significant progress on a regular basis, not to exceed three months; **AND**
- Member is expected to make meaningful improvement due to therapy; **AND**
- Therapy is individualized, and there is documentation outlining quantifiable, attainable short- and long-term treatment goals.

MARKET SPECIFIC CRITERIA

Nebraska

Speech pathology and audiology services must be covered when all of the following criteria are met:

- The services are ordered by a license physician;
- The services are medically necessary;
- The services or condition of the member is so complex and sophisticated that only a licensed speech pathologist or audiologist could safely and effectively perform the service
- The speech pathologist or audiology service meets at least one of the conditions listed at 471 NAC 23-003.01 or 23-003-02.

Initial Review¹

FUNCTIONAL STATUS: MILD LIMITATIONS (< 8 visits ≤ 4 weeks)

Speech therapy for adults **is considered medically necessary** when the member has minimal functional limitations with ADLs/IADLs **AND** one or both of the following:

- Diagnosis of a Speech / Language / Voice Disorder(s) as evidenced by **one or more** of the following:
 - Decreased speech intelligibility *with* unfamiliar events / complex information; **OR**,
 - Difficulty *with* speech intelligibility in stressful situations; **OR**,
 - Impaired vocal quality; **OR**,
 - Impaired expressive / receptive language.

AND / OR,

- Swallowing difficulties as evidenced by **one or more of the following:**
 - Able to tolerate normal diet with supervision; **AND / OR**,
 - Requires compensatory swallowing strategies.

FUNCTIONAL STATUS: MODERATE LIMITATIONS (< 10 visits ≤ 4 weeks)

Speech therapy for adults **is considered medically necessary** when the member has consistent functional limitations with ADLs/IADLs **AND** one or both of the following:

- Diagnosis of a Speech / Language / Voice Disorder(s) as evidenced by **two or more** of the following:
 - Unintelligible speech for complex and lengthy information; **OR**,
 - Unintelligible speech in stressful situations; **OR**,
 - Impaired vocal quality; **OR**,
 - Difficulty with expressive / receptive language.

AND / OR,

- Swallowing difficulties as evidenced by **two or more of the following**:
 - Requires modified / altered diet consistency; **OR**,
 - Requires compensatory swallowing strategies; **OR**,
 - Requires supervision during meals.

FUNCTIONAL STATUS: SEVERE LIMITATIONS (≤ 12 visits ≤ 4 weeks)

Speech therapy for adults **is considered medically necessary** when the member is unable to complete and/or avoids ADLs/IADLs **AND** one or both of the following:

- Diagnosis of a Speech / Language / Voice Disorder(s) as evidenced by:
 - Majority of speech unintelligible; **AND**,
 - Difficulty with expressive / receptive language.

AND / OR,

- Swallowing difficulties as evidenced by **one or more of the following**:
 - Unable to tolerate oral intake; **OR**,
 - Requires alternative feeding method; **OR**,
 - Unable to perform compensatory swallowing strategies.

Ongoing Review^{1,3}

Continuation of care may be used twice for an additional 8 weeks of treatment when the following are met:

- Member's diagnosis was confirmed at initial review or there is presence of a Speech / Language / Voice Disorder or swallowing impairment; **AND**,
 - Rehab potential based on prior level of function with expectation for clinical / functional improvement; **AND**,
 - Member is committed to program participation in Speech / Language / Voice therapy OR compensatory swallowing techniques; **AND**,
 - Continue teaching and evaluate knowledge retention for home Rx program; **AND**,
 - Member has made partial progress in meeting treatment goals as evidenced by:
 - Improvement in function and reduction in limitations as evidenced by **at least one** of the following:
 - Improved functional independence with ADLs; **OR**,
 - Improved speech / language / voice disorder; **OR**,
 - Improved swallowing.
- AND,**
- Documented adherence to home Rx program.

In addition, the member must meet the criteria based on their limitations:

For members with MILD limitations (≤ 8 visits ≤ 4 weeks), the following must be met:

- Minimal functional limitations with ADLs/IADLs; **AND**,
- Symptoms / findings of a diagnosis of a Speech / Language / Voice Disorder(s) as evidenced by **one or more** of the following:
 - Decreased speech intelligibility *with* unfamiliar events / complex information; **OR**,
 - Difficulty *with* speech intelligibility in stressful situations; **OR**,
 - Impaired vocal quality; **OR**,

- Impaired expressive / receptive language.

AND / OR,

- Swallowing difficulties as evidenced by **one or more of the following:**
 - Able to tolerate normal diet with supervision; **AND / OR,**
 - Requires compensatory swallowing strategies.

For members with MODERATE limitations (≤ 10 visits ≤ 4 weeks), the following must be met:

- Consistent limitations with ADLs/IADLs; **AND,**
- Symptoms / findings of a Speech / Language / Voice Disorder(s) as evidenced by **two or more** of the following:
 - Unintelligible speech for complex and lengthy information; **OR,**
 - Unintelligible speech in stressful situations; **OR,**
 - Impaired vocal quality; **OR,**
 - Difficulty with expressive / receptive language.

AND / OR,

- Swallowing difficulties as evidenced by **two or more of the following:**
 - Requires modified / altered diet consistency; **OR,**
 - Requires compensatory swallowing strategies; **OR,**
 - Requires supervision during meals.

For members with SEVERE limitations (≤ 12 visits ≤ 4 weeks), the following must be met:

- Unable to complete and/or avoids ADLs/IADLs; **AND,**
- Symptoms / findings of a Speech / Language / Voice Disorder(s) as evidenced by:
 - Majority of speech unintelligible; **AND,**
 - Difficulty with expressive / receptive language.

AND / OR,

- Swallowing difficulties as evidenced by **one or more of the following:**
 - Unable to tolerate oral intake; **OR,**
 - Requires alternative feeding method; **OR,**
 - Unable to perform compensatory swallowing strategies.

Discharge Review^{1,3}

Discharge from Speech Therapy occurs when at least **one of the following** are met:

- New onset or worsening of symptoms or findings require reassessment prior to continuation of outpatient rehabilitation program; **OR,**
- Further improvement or completion of goals is expected with member adherence to home Rx program; **OR,**
- Goals have been met as evidenced by the following:
 - Symptoms or findings are no longer present or self-care management achieved; **AND,**
 - Function has improved as evidenced by functional independence with ADLs/IADLs **and** with member's condition (e.g., speech / swallowing / language / voice disorder).
- Functional plateau reached at last three visits as evidenced by **one or more** of the following:
 - Functional performance unchanged; **OR,**

- Speech / Language / Voice status unchanged; **OR**,
- Swallowing status unchanged.

OR,

- Rehabilitation potential is poor as evidenced by **one or more** of the following:
 - Chronic functional loss and maximal functional ability achieved; **OR**,
 - Lack of motivation or refusal to continue home therapy program; **OR**,
 - Unable to learn or participate in a home therapy program.

CODING

Covered CPT Codes

92507	Treatment of speech, language, voice, communication, and /or auditory processing disorder; individual
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production with evaluation of language comprehension and expression
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding

Covered HCPCS Codes

G0153	Services performed by a qualified speech and language pathologist in home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9152	Speech therapy re-evaluation

Covered ICD-10-CM Codes

This list may not be all inclusive

C01	Malignant neoplasm of base of tongue
C02.0-C02.9	Malignant neoplasm of other unspecified parts of tongue
C03.0-C03.9	Malignant neoplasm of gum
C04.0-C04.9	Malignant neoplasm of floor of mouth
C05.0-C05.9	Malignant neoplasm of palate
C06.0-C06.9	Malignant neoplasm of other unspecified parts of mouth
C08.0-C08.9	Malignant neoplasm of other unspecified major salivary glands
C10.0-C10.9	Malignant neoplasm of oropharynx
C11.0-C11.9	Malignant neoplasm of nasopharynx
C13.0-C13.9	Malignant neoplasm of hypopharynx
C14.0-C14.8	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx
C32.0-C32.9	Malignant neoplasm of larynx
C71.0-C71.9	Malignant neoplasm of brain
D02.0	Carcinoma in situ of larynx
D14.1	Benign neoplasm of larynx
G93.1	Anoxic brain damage, not elsewhere classified
G97.81-G97.82	Other intraoperative and postprocedural complications and disorders of the nervous system
G20	Parkinson's Disease
I60.00-I68.8	Cerebrovascular disease
I69.00-I69.998	Sequela of cerebral vascular disease
J38.00-J38.02	Paralysis of vocal cords and larynx
J38.1	Polyp of vocal cord and larynx
J38.2	Nodules of vocal cords
R13.10-R13.19	Dysphagia
S01.00XA-S01.05XS	Open wound of scalp
S01.401A-S01.459S	Open wound of check and temporomandibular area

S01.501A-S01.552S	Open wound of lip and oral cavity
S02.0XXA-S02.92XS	Fracture of skull and facial bones
S04.30XA-S04.32XS	Injury of trigeminal nerve
S04.70XA-S04.72XS	Injury of accessory nerve
S04.89XA-S04.899S	Injury of other cranial nerves
S06.0X0A-S06.9X9S	Intracranial Injury
S07.0XXA-S07.9XXS	Crushing Injury of head
S08.0XXA-S08.889S	Avulsion and traumatic amputation of part of head
S11.011A-S11.039S	Open wound of neck
S11.10XA-S11.15XS	Open wound of thyroid gland
S11.20XA-S11.25XS	Open wound of pharynx and cervical esophagus
S11.80XA-S11.89XS	Open wound of other specified parts of neck
S11.90XA-S11.95XS	Open wound of unspecified part of neck
Q31.0-Q31.9	Congenital malformations of larynx
Q32.0-Q32.4	Congenital malformations of trachea and bronchus
Q35.1-Q37.9	Cleft lip and cleft palate
Z85.810	Personal history of malignant neoplasm of tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx
Z85.21	Personal history of malignant neoplasm of larynx
Z96.3	Presence of artificial larynx

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. InterQual. Cerebrovascular accident (CVA): rehabilitation (adult).
2. National coverage determination for speech-language pathology services for the treatment of dysphagia (170.3). Centers for Medicare and Medicaid Services Web site. <http://www.cms.gov>. Published October 2, 2006. Accessed September 12, 2018.
3. Admission / discharge criteria in speech-language pathology. American Speech-Language-Hearing Association (ASHA) Web site. <http://www.asha.org/policy/GL2004-00046/>. Published 2004. Accessed September 12, 2018.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
10/4/2018, 11/2/2017	<ul style="list-style-type: none"> • Approved by MPC. No Changes
12/8/2016	<ul style="list-style-type: none"> • Approved by MPC. Added Nebraska language and coding.
7/7/2016	<ul style="list-style-type: none"> • Approved by MPC. No changes.
7/9/2015	<ul style="list-style-type: none"> • Approved by MPC. New.