SPEECH LANGUAGE PATHOLOGY SERVICES

Guideline Number: CDG.021.02
Effective Date: May 1, 2014

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Related Policies:

- Cochlear Implants
- Custodial and Skilled Care Services
- DME, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements
- Inpatient Pediatric Feeding Programs
- Intensive Behavioral Therapy for Autism Spectrum Disorder

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting certain standard UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs) and Medicaid State Contracts) may differ greatly from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and medical policies may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

COVERAGE RATIONALE

Plan Document Language

Before using this guideline, please check enrollee's specific plan document and any federal or state mandates, state contracts if applicable.

Essential Health Benefits for Individual and Small Group:
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the enrollee's specific plan document to determine benefit coverage.

Indications for Coverage

1. Speech therapy (speech–language pathology services) for the treatment of disorders of speech, language, voice, communication and auditory processing are covered when the disorder results from injury, stroke, cancer, congenital anomaly, or autism spectrum disorders.
2. Services of a speech-language pathologist or other licensed healthcare professional (within the scope of his/her licensure) may be covered when:
    a. Ordered by a treating physician.
    b. There is a need for the supervision of a licensed therapist for speech – language therapy, swallowing or feeding rehabilitative or restorative therapy services.
    c. The services are part of a treatment plan with documented goals for functional improvement of the patient's condition, e.g. speech, articulation, swallowing or communication with or without alternative methods.
    d. The teaching of patient and or caregiver is required to strengthen muscles, improve feeding techniques or improve speech – language skills to progress toward the documented treatment plan goals. Once patient and/or caregiver are trained the services are no longer skilled, therefore custodial, and not a covered health service. Please refer to Coverage Determination Guideline titled Custodial and Skilled Care Services.
    e. Mandated benefits (Federal and State) for speech therapy. Examples may include developmental delay, Autism, Cleft Palate and/or Lip, Aphasia.

    State mandates always take precedence over plan language.
3. Treatment of congenital anomaly which includes but are not limited to the following:
    a. Downs Syndrome
    b. Cleft Palate
    c. Tongue Tie
4. Speech therapy for autism spectrum disorders is covered when the enrollee has a speech therapy benefit.
5. Treatment of injury affecting speech:
    a. Otitis media
        i. This is an illness but if the illness caused damage resulting in hearing loss, this may also be injury.
        ii. Once the fluid is gone there must be hearing loss documented by testing (such as audiogram or notes of such testing) to result in injury and coverage of speech therapy.
    b. Vocal cord injuries (eg, edema, nodules)
    c. Stroke/CVA
    d. Trauma
    e. Cerebral Palsy
    f. Static Encephalopathy
6. Rehabilitation services for feeding and or swallowing rehabilitative or restorative therapy services
    a. Swallowing disorders (dysphagia)

b. Feeding disorders including problems with gathering food and sucking, chewing, or swallowing food. For example, a child who cannot pick up food and get it to his/her mouth or cannot completely close his/her lips to keep food from falling out of his/her mouth may have a feeding disorder.

c. Auditory (Aural) rehabilitation which includes speech – language therapy, e.g. when a auditory implant or cochlear implant is a covered healthcare service

7. Outpatient rehabilitation can occur in the following settings:
   a. Physician's office
   b. Therapist's office
   c. Enrollee's place of residence
   d. Separate part of a clinic or hospital where speech therapy is performed

Information Pertaining to Medical Necessity Review (when applicable):
See the following MCG™ Care Guidelines, 18th Edition, 2014:

- A-0556 Dysarthria Rehabilitation
- A-0559 Voice Disorders Rehabilitation
- A-0560 Developmental Speech Disorders Rehabilitation
- A-0561 Developmental Language Disorders Rehabilitation

Additional Information:

- Eligible speech therapy received in the home from a Home Health Agency is covered under Home Health Care. The Home Health Care section only applies to services that are rendered by a Home Health Agency.
- Eligible speech therapy received in the home from an independent speech therapist (a speech therapist that is not affiliated with a Home Health Agency) is covered under Rehabilitation Services-Outpatient Therapy.
- Swallowing and feeding rehabilitation therapy may be done with speech rehabilitation services; when performed together both should be billed and only the speech therapy will count toward the speech therapy benefit limit, if applicable.
- Swallowing therapy (92526) when billed alone will count toward the speech therapy benefit limit, if applicable.
- Cochlear implant monitoring (remapping and reprogramming of implant) and rehabilitation following the cochlear implant surgery is usually billed as aural rehabilitation. This is not covered as a speech therapy benefit. The enrollee specific benefit document must be referenced for any applicable limits that may apply to aural rehabilitation.

Coverage Limitations and Exclusions

1. Devices and computers to assist in communication and speech (Refer to DME Coverage Determination Guideline).
2. Speech therapy if the provider is school based (check plan language and State Mandates).
3. Idiopathic developmental delay (no illness to explain the cause of developmental delay in speech – language).

4. Sign language (does not require the services of a licensed or certified healthcare professional).
5. Speech therapy beyond the benefit maximum (visits limits).
6. A child being bilingual is not considered a developmental speech or developmental delay and speech therapy is usually not a covered health service, except when other criteria for speech therapy are met. **See definition section for Speech Delay –Bilingualism.**
7. Home Speech Therapy for the convenience of a provider or member.

For ASO plans with SPD language other than fully-insured UHC Generic COC language

Please refer to the enrollee's plan specific SPD for coverage.

1. Autism Spectrum Disorders (Autism) speech therapy is covered when:
   a. Enrollee's plan allows for illness/sickness along with the other phrases like stroke, injury, organic brain disease, etc. Or
   b. Plan allows for developmental delay (check for age limits).

Additional Information: If the plan only covers injury, stroke, Congenital Anomaly or the similar language for speech therapy, Autism is excluded.

2. Stuttering is a covered diagnosis, if enrollee's plan states speech therapy is covered for treatment of an illness and there is no applicable exclusion, e.g., articulation disorders or disfluency disorder
3. Treatment of Development Delay is a covered diagnosis if:
   a. The enrollee's plan document includes coverage for "developmental delay"
   b. There is a State Mandate; or
   c. There is a more specific diagnosis that would allow coverage ("*Developmental delay" is a very general diagnosis, only used when there is no other diagnosis on which to determine speech – language coverage}.*

   Note: A child being bilingual is not considered a developmental speech or developmental delay and speech therapy is usually not a covered health service, except when other criteria for speech therapy are met. *See definition of Speech Delay – Bilingualism*.

   "Restorative only" (plan specific language) speech therapy is covered when following criteria are met:

   d. Must have had language that is lost
   e. Check for plan restrictions on how language or speech was lost;
      i. Examples may include: Surgery, Radiation affecting vocal cords; Cerebral Thrombosis (CVA). Brain Damage due to accidental injury (many plans require that enrollee be covered by plan at time the injury occurred in order to have benefits.
      ii. If language was lost and patient regains speech skills to the level he/she had prior to the loss, speech therapy is no longer restorative.

DEFINITIONS

Congenital Anomaly: A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth. (2011 COC)

Congenital Anomaly (California Only): A physical developmental defect that is present at birth

Custodial Care: Services that are any of the following:

- Non-health-related services, such as assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating).
- Health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.

Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively. (2011 COC)

Developmental Delay: Impairment in the performance of tasks or the meeting of milestones that a child should achieve by a specific chronological age

Habilitation Services: Habilitative services means services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Supports should be consistent in all settings (including the place where the individual lives) and encourage and reinforce incidental learning and appropriate behavior. For individuals with degenerative conditions, habilitation may include training and supports designed to maintain skills and functioning and to prevent or slow regression to the extent possible.

Illness: Sickness or disease

Injury: Damage to some part of the body other than sickness or disease

Maintenance Program: A program with the goals to maintain the functional status or to prevent decline in function.

Rehabilitation Services - Outpatient Therapy: Short-term outpatient rehabilitation services, limited to:

- Physical therapy
- Occupational therapy
- Manipulative treatment
- Speech therapy
- Pulmonary rehabilitation therapy
- Cardiac rehabilitation therapy
- Post-cochlear implant aural therapy
- Cognitive rehabilitation therapy.
- Vision therapy

Rehabilitation services must be performed by a Physician or by a licensed therapy provider. Benefits under this section include rehabilitation services provided in a Physician's office or on an outpatient basis at a Hospital or Alternate Facility.

Benefits can be denied or shortened for Covered Persons who are not progressing in goal-directed rehabilitation services or if rehabilitation goals have previously been met. (2011 COC)

Restorative Therapy/Rehabilitation: Enrollee must have lost a function that was present, e.g. loss speech after a stroke

Sickness: Physical illness, disease or Pregnancy. The term Sickness as used in this *Certificate* does not include mental illness or substance use disorders, regardless of the cause or origin of the mental illness or substance use disorder. (2011 COC)

Skilled Care: 2001-2011 UHC Generic COC

- Skilled Nursing
- Skilled Teaching
- Skilled Rehabilitation.

To be skilled, the service must meet all of the following requirements:

- It must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient,
- It is ordered by a Physician,
- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair),
- It requires clinical training in order to be delivered safely and effectively, and
- It is not Custodial Care (This last bullet does not appear in 2001 and 2007 Generic COCs)

Skilled Nursing Facility: A Hospital or nursing facility that is licensed and operated as required by law. (2001-2011 COC)

Speech Delay – Bilingualism: "A bilingual home environment may cause a temporary delay in the onset of both languages. The bilingual child's comprehension of the two languages is normal for a child of the same age, however, and the child usually becomes proficient in both languages before the age of five years. If the child is bilingual, it is important to compare the child's language performance with that of other bilingual children of similar cultural and linguistic backgrounds." (Leung, 1999)

"Comparisons of children's performance in the first and second language indicate that performance in one language, even the dominant language, is not an accurate reflection of the child's level of development. Instead, assessment is most accurate with "best performance" measures that assess the highest level of development attained by a bilingual child across both languages. Therefore, whenever possible, "best performance" measures across the two languages should be the technique of choice during bilingual assessments." (Marian, 2009)

Speech and Language Therapy: the necessary services for the diagnosis and treatment of (1) speech and language disorders that cause communication problems, or (2) swallowing disorders (dysphagia) the speech therapy. Typically includes the development and improvement of communication skills with concurrent correction of deficits; the development of alternative or augmentative communication strategies, when required; and efforts to enhance social adaptation of the individual in regard to communication.

Speech-Language Pathologists: The speech-language therapists specialize in the treatment of communication and swallowing disorders. The assessment made by a speech and language pathologist is usually the definitive measure of the presence or absence of a communication disorder. The speech and language pathologist has a professional degree and should be certified by The American Speech-Language-Hearing Association (ASHA). Speech therapy may involve the management of patients who need evaluation of cognitive skill and aphasia resulting from cortical dysfunction, or management of patients with laryngectomy and other head and neck surgical procedures.

A combination of interview techniques, behavioral observations, and standardized instruments is used by the speech and language pathologist to identify communication disorders as well as patterns of communication that are not pathological.

Stuttering: Affects the fluency of speech. It begins during childhood and, in some cases, lasts throughout life. The disorder is characterized by disruptions in the production of speech sounds, also called "disfluencies." Most people produce brief disfluencies from time to time. For instance, some words are repeated and others are preceded by "um" or "uh." Disfluencies are not necessarily a problem; however, they can impede communication when a person produces too many of them.

Swallowing Disorders *also called* **dysphagia** (dis-FAY-juh): Can occur at different stages in the swallowing process:

- **Oral phase** – Sucking, chewing, and moving food or liquid into the throat
- **Pharyngeal phase** – Starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking
- **Esophageal phase** – Relaxing and tightening the openings at the top and bottom of the feeding tube in the throat (esophagu**s**) and squeezing food through the esophagus into the stomach

APPLICABLE CODES

The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply.

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Limited to specific procedure codes?	☒ YES ☐ NO

CPT® Procedure Code	**Description**
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
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, 2 or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92526	Treatment of swallowing dysfunction and/or oral function for feeding
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by boston diagnostic aphasia examination) with interpretation and report, per

CPT® Procedure Code	Description
	hour
Aural Rehabilitation	
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary procedure)
92630	Auditory rehabilitation; pre-lingual hearing loss
92633	Auditory rehabilitation; post-lingual hearing loss

HCPCS Procedure Code	Description
V5362	Speech evaluation
V5363	Language evaluation
S9152	Speech therapy, re-evaluation

Limited to specific diagnosis codes?	☐ YES ☒ NO **Please note: This is not an all inclusive list of ICD10 diagnosis codes for speech therapy.** **Inclusion of a code on this list does not guarantee coverage.**

ICD-9 DIAGNOSIS CODE	DESCRIPTION
V57.3	Care involving use of rehabilitation speech-language therapy
299.00	Autistic disorder, current or active state
299.01	Autistic disorder, residual state
299.10	Childhood disintegrative disorder, current or active state
299.11	Childhood disintegrative disorder, residual state
299.80	Other specified pervasive developmental disorders, current or active state
299.81	Other specified pervasive developmental disorders, residual state
299.90	Unspecified pervasive developmental disorder, current or active state
299.91	Unspecified pervasive developmental disorder, residual state
310.2	Postconcussion syndrome
317	Mild intellectual disabilities
318.0	Moderate intellectual disabilities
318.1	Severe intellectual disabilities
318.2	Profound intellectual disabilities
343.0-343.9	Infantile cerebral palsy
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432.0-432.9	Other and unspecified intracranial hemorrhage
433.00-433.91	Occlusion and stenosis of pre cerebral arteries
434.00-434.91	Occlusion of cerebral arteries
435.0-435.9	Transient cerebral ischemia
436	Acute, but ill defined, cerebral vascular disease
43810-438.19	Speech and language deficits
438.81-438.83	Other late effects of cerebrovascular disease
438.89	Other late effects of cerebrovascular disease
524.10-524.19	Anomalies of relationship of jaw to cranial base
748.0-748.3	Congenital anomalies of the respiratory system
749.0-749.25	Cleft lip cleft palate
750.0-750.3	Other congenital anomalies of upper alimentary tract
758.0	Down syndrome
767.0	Subdural and cerebral hemorrhage, birth trauma

ICD-9 DIAGNOSIS CODE	DESCRIPTION
800.0-800.99	Fracture of skull
801.0-801.99	Fracture of base of skull
802.20-802.9	Fracture of face bones
803.0-803.99	Other and unqualified skull fractures
804.00-804.99	Multiple fractures involving skull or face with other bones
848.1	Sprain and strain of jaw
850.0-850.9	Concussion
850.01-854-19	Cerebral laceration and contusion
997.01	Central nervous system complication
997.02	Iatrogenic cerebrovascular infarction or hemorrhage

ICD-10 Codes
In preparation for the transition from ICD-9 to ICD-10 medical coding on **October 1, 2015***, a sample listing of the ICD-10 CM and/or ICD-10 PCS codes associated with this policy has been provided below for your reference. This list of codes may not be all inclusive and will be updated to reflect any applicable revisions to the ICD-10 code set and/or clinical guidelines outlined in this policy. **The effective date for ICD-10 code set implementation is subject to change.*

Speech Therapy
ICD10 Diagnosis Code

Limited to place of service (POS)?	☐ YES ☒ NO

Limited to specific provider type?	☐ YES ☒ NO

Limited to specific revenue codes?	☐ YES ☒ NO
440	Speech pathology
441	Visit charge
442	Hourly charge
443	Group rate
444	Evaluation or reevaluation
449	Other speech-language pathology
979	Speech pathology

REFERENCES

1. The American Speech-Language-Hearing Association (ASHA) http://www.asha.org/default.htm
2. CMS Medicare Benefit Manual Chapter 12 section 40.2 @ http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c12.pdf
3. Leung, A., & Kao M.D., C.P. (1999). Evaluation and management of the child with speech delay. *American Family Physician*, *1:59* (11), 3121-3128. Retrieved from http://www.aafp.org/afp/1999/0601/p3121.html
4. Marian, V., Faroqi-Shah, Y., Kaushanskaya, M., Blumenfeld, H.K., & Sheng, L., (2009). Consequences for language, cognition, development, and the brain. Retrieved from http://www.asha.org/Publications/leader/2009/091013/f091013a.htm

5. MCG™ Care Guidelines,17th edition, 2013: A-0556 Dysarthria Rehabilitation, A-0559 Voice Disorders Rehabilitation, A-0560 Developmental Speech Disorders Rehabilitation and A-0561 Developmental Language Disorders Rehabilitation

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2014	• Added reference link to related policy titled *Cochlear Implants* • Revised coverage rationale: o Replaced references to "MCG™ Care Guidelines, 17th edition, 2013" with "MCG™ Care Guidelines, 18th edition, 2014" (effective 04/01/14) o Updated indications for coverage; removed "implantation of Cochlear Implant (must have benefit for the device)" o Updated additional information: ▪ Removed language indicating: - For 2001 Generic COC, post-cochlear implant aural therapy **does not** count toward physical therapy limits - For 2007 and 2011 Generic COC, auditory (aural) rehabilitation is subject to post-cochlear implant aural therapy limits ▪ Added language indicating: - Cochlear implant monitoring (remapping and reprogramming of implant) and rehabilitation following the cochlear implant surgery is usually billed as aural rehabilitation; this is not covered as a speech therapy benefit (the enrollee specific benefit document must be referenced for any applicable limits that may apply to aural rehabilitation) • Updated definitions; removed definition of: o Custodial care (2001-2007 Generic COC) o Sickness (2001-2007 Generic COC) o Skilled care (2001-2007 Generic COC) o Rehabilitation services outpatient therapy (2001-2007 Generic COC) • Updated list of applicable ICD-10 codes (preview draft effective 10/01/15); changed tentative effective date of ICD-10 code set implementation from "10/01/14" to "10/01/15" • Archived previous policy version CDG.021.01