BlueCross BlueShield of Vermont
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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: 03/2014 (ICD-10 remediation and CPT updates only)
Next Review: 7/2014
Effective Date: 01/01/2014

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.

Medical Policy

Description

Speech therapy is the treatment of communication impairment and swallowing disorders. Speech therapy services facilitate the development and maintenance of human communication and swallowing through assessment, diagnosis, and rehabilitation.

Policy

Speech therapy services are considered **medically necessary** when used in the treatment of communication impairment or swallowing disorders due to disease, trauma, congenital anomalies, or prior therapeutic intervention.

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.

I. To be considered **medically necessary,** speech therapy sessions 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
- Therapy is rendered by a qualified provider of speech therapy services. A qualified provider is one who is licensed where required and is performing within their scope of license; e.g., speech pathologist, speech-language pathologist, speech clinician
- 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 therapy 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 below 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 speech therapy 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 dysphasia, dysarthria, apraxia or aphonia. Therapy 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
- Aphonia - inability to produce speech sounds from the larynx, due to paralysis or disease of the pharyngeal nerves

    - Speech 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.

Services not meeting the criteria in sections I and II above are considered **not medically necessary**. In addition, the following services are **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 speech therapy 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 speech therapy.
- 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 covered.
- Duplicate therapy is considered not medically necessary. When patients receive both occupational and speech therapy, 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).

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, speech therapy, 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 measureable progress toward functional improvement goals. Measurement methods must be valid, reliable, repeatable, and evidence-based.

Benefits for habilitation and rehabilitation services are available when the services are medically necessary and are covered benefits under the member's contract.

Habilitation is directed at achieving functions and skills that have not developed normally while rehabilitation is directed at restoring functions and skills lost due to disease, injury or other disabling condition.

The following services are not included and therefore not eligible under the scope of habilitation services: custodial care, vocational, recreational and educational services, or services that are considered maintenance in nature.

Additional treatment is 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.

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.

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

Benefit determination for Speech Therapy is subject to the following restrictions per the certificate of coverage:

The Plan covers speech therapy only:

- For Speech Therapy Services that require constant attendance of a speech therapist for up to 30 outpatient Physical Therapy, Speech Therapy, and Occupational Therapy sessions combined per Plan.; and
- When there is clear, measurable progress toward a rehabilitative goal, a less restrictive setting or other Medically Necessary goal.

The Plan does **not** cover:

- When there is no clear potential therapeutic benefit.

- More than 30 sessions of combined physical, occupational, and speech therapy when this is a defined benefit limit. (This benefit limit does not apply for those conditions outlined in the Autism Spectrum Disorder and Early Childhood Developmental Disorders medical policies as eligible. Please refer to BCBSVT medical policy on Autism Spectrum Disorder, Coverage of Services and /or Early Childhood Developmental Disorders. Additionally, prior authorization is required for all speech therapy services beyond the initial evaluation in eligible members for whom speech therapy services are proposed in the treatment of autism spectrum disorder and early childhood developmental disorders.

The following services are contract **exclusions** and therefore are **not covered**:

- Any treatment of specific developmental delays or speech and language delays, unless specifically covered under the contract; e.g., attention deficit disorders, behavior problems, conceptual handicaps, mental retardation, psychosocial speech delay, including 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. Communication devices, communication augmentation devices and computer technology or accessories for speech enhancement.

The plan covers up to 30 outpatient sessions ***combined*** PT, ST, 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.

Duplicate therapy occurs when a patient receives both physical and occupational therapy on the same date of service and the services are the same. The two therapies should provide different treatments. Each therapy must have its own goals and treatment plan.

If member visits one provider for ST and another provider for OT- counts as 2 visits
If member visits one provider for ST and another provider for ST – counts as 2 visits

If member visits same individual provider for both ST and OT during a single visit – counts as one visit.

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.

Billing and Physician Documentation Information

Click the links below for attachments, coding tables & instructions.

Attachment I- CPT Code List and Policy Instructions
Attachment II- Eligible Diagnosis Codes

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 speech therapy session is defined as up to 1 hour of speech therapy (treatment and/or evaluation) on any given day.
- Multiple speech therapy 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 speech therapy 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.

Eligible Providers

Licensed Speech-Language Pathologists

Related Policies

Physical Therapy

Occupational Therapy
Autism Spectrum Disorder, Coverage of Services
Early Childhood Developmental Disorders

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

05/2009 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.
8/2011 New policy format for BCBSVT medical policies. Expanded criteria for covered and non covered services. Added language relating to benefits mandated by Vermont Act 127 for Autism Spectrum Disorder Coverage. Added references. Expanded ICD-9 coding. Added "related policy" reference. Changed references of calendar year to plan year. 08/22/11 Coding is appropriate per Medical/Clinical Coder SAR.
05/15/2012 removed six months after initiation of therapy language.
06/15/2012 added diagnosis 478.75 as allowable
9/2012 Updated policy to reflect ECDD mandate. Minor format changes and some coding additions and changes, new table formats for codes. Added "audit information" and "legislative guidelines" section. Medical/Clinical Coder reviewed-RLJ.
11/2013 Added Habilitative language to policy as mandated by Section 1302 of the Affordable Care Act. ICD changes to reflect changes to Autism and ECDD policies.

Scientific Background and Reference Resources

1. Agency for Health Care Policy and Research. (1999). Diagnosis and treatment of swallowing
disorders (dysphagia) in acute-care stroke patients. AHCPR Publication No. 99-E024. Retrieved from the World Wide Web
http://hstat.nlm.nih.gov/ftrs/pick?collect=epc&dbName=dysph&cd=1&t=989334525

2. American Speech-Language, Hearing Association (2007). Scope of Practice in Speech-Language Pathology: Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Retrieved from the World Wide Web
@http://www.asha.org/docs/html/SP2007-00283.html

3. BlueCross BlueShield Association Medical Policy Reference Manual, Policy No. 8.03.04

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**

Spencer Borden MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer

Attachment I
CPT Code List and Policy Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	
CPT	92521	Evaluation of speech fluency (eg, stuttering, cluttering)	
CPT	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	
CPT	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	

CPT	92524	Behavioral and qualitative analysis of voice and resonance	
CPT	92526	Treatment of swallowing dysfunction and/or oral function for feeding	
CPT	92610	Evaluation of oral and pharyngeal swallowing function	
CPT	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	
HCPCS	G0153	Services, performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	
HCPCS	S9128	Speech therapy, in the home, per diem	
HCPCS	S9152	Speech therapy re-evaluation	
REV	0440 0441 0442 0444 0449 0979	Speech Therapy Revenue Codes	
The following code will be denied as Not Covered			
CPT	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	
Type of Service		Medicine	
Place of Service		Inpatient, SNF, Outpatient, Office, Home.	

Attachment II

Click HERE for Applicable ICD (diagnosis) code lists