

<b>Title: Outpatient Speech Therapy</b>	<b>Division: Medical Management</b> <b>Department: Utilization Management</b>
<b>Approval Date: 10/3/2022</b>	<b>LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Gold Care I&amp;II, Market Plus, Essential, HARP</b>
<b>Effective Date: 10/3/2022</b>	<b>Policy Number: UM-MP342</b>
<b>Review Date: 6/1/2026</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 1 of 5</b>

- 1. POLICY DESCRIPTION:** This policy outlines the medical necessity and coverage requirements for Outpatient Speech Therapy.

For the Medicare and UltraCare lines of business, MetroPlusHealth determines medical necessity based on applicable Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD).

<https://www.cms.gov/medicare-coverage-database/search.aspx>

- 2. RESPONSIBLE PARTIES:** Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

**3. DEFINITIONS:**

- A. Rehabilitative Speech Therapy-** Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services consist of therapy in an inpatient and/or outpatient setting.
- B. Habilitative Speech Therapy-** Health care services that help a person keep, learn or improve skills and functioning for daily living. Habilitation Services include the management of limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function.

**4. POLICY:**

**REHABILITATIVE SPEECH THERAPY**

- A. MetroPlusHealth considers rehabilitative speech therapy medically necessary when **ALL** the following criteria are met:
1. The therapy is used in the treatment of communication impairment or swallowing disorders resulting from an illness, injury, surgery, or congenital abnormality.
  2. There is a plan of care in place that includes specific diagnosis-related goals.
  3. There is a reasonable expectation the member will achieve measurable and significant functional improvement in a reasonable and predictable amount of time.
  4. The therapy sessions provide specific, effective, and reasonable treatment for the member's diagnosis and physical condition.
  5. The therapy requires the judgment, knowledge, and skills of a qualified speech therapist due to the complexity of the therapy needed and the medical condition of the member.
  6. The therapy is delivered by a qualified provider of speech therapy services.
  7. The provided services are not duplicative.

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8. The requested services are not being provided by a different rehabilitative provider, either outpatient or by the member’s school district (speech, occupational, or physical therapy being received by the member).

B. MetroPlusHealth considers rehabilitative speech therapy not medically necessary if **ANY** of the following is determined:

1. The therapy is used in the treatment of a condition that did not result from an illness, injury, surgery, or congenital abnormality.
2. The therapy is for dysfunctions that are self-correcting such as:
  - Language therapy for young children with natural dysfluency.
  - Developmental articulation errors that are self-correcting.
3. The therapy is considered primarily educational, not rehabilitative.
4. There is no expectation of measurable, and significant improvement in a reasonable amount of time.
5. The therapy does not require the skills of a qualified speech therapist, including but not limited to, the following:
  - Treatments that maintain function using routine, repetitious, or reinforced procedures that are neither diagnostic nor therapeutic (for example, practicing word drills for developmental articulation errors).
  - Procedures that may be carried out effectively by the individual, family, or caregivers.
6. The therapy is duplicative to the same treatment from two different rehabilitative providers, either outpatient or by the member’s school district (speech, occupational, or physical therapy being received by the member).
  - e.g., If required services are provided by another public agency, including the members school district (IEP/IFSP) or objectives primarily for the enhancement of educational purposes when services are provided through the members school district (IEP/IFSP).

## HABILITATIVE SPEECH THERAPY

A. MetroPlusHealth considers habilitative speech therapy medically necessary when **ALL** the following guidelines are met:

1. The therapy is intended to maintain speech, language, or swallowing impairment skills which, because of illness, injury, loss of a body part, or congenital abnormality, either:
  - a. Have not, but normally would have, developed OR
  - b. Are at risk of being lost.

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2. The therapy is evidence-based and requires the judgment, knowledge, and skills of a qualified speech therapist due to the complexity of the therapy and the medical condition of the member.
  3. There is an expectation that the therapy will assist development of normal function or maintain a normal level of function.
  4. There is a written treatment plan documenting the short-term and long-term goals of treatment, frequency, and duration of treatment including an estimate of when the goals will be met and what quantitative measures will be used to objectively assess the level of functioning.
  5. The member would either not be expected to develop the function or would be expected to permanently lose the function without the habilitative therapy.
  6. If the undeveloped or impaired function is not the result of loss of a body part or injury, a physician experienced in the evaluation and management of the undeveloped or impaired function has confirmed the function would either not be expected to develop or would be permanently lost without the habilitative therapy and concurs with the therapist's treatment plan.
  7. The therapy is delivered by a qualified provider of speech therapy.
- B. MetroPlusHealth considers habilitative speech therapy not medically necessary if **ANY** of the following is determined:
1. The therapy is not intended to maintain or develop speech, language, or swallowing impairment skills which, because of illness, injury, loss of a body part, or congenital abnormality, either:
    - Have not, but normally would have, developed.
    - Are at risk of being lost.
  2. The therapy is being used in the treatment of a function that would permanently be lost because of illness, injury, loss of a body part, or congenital abnormality whether therapy was provided or not.
  3. The therapy is considered primarily educational.
  4. There is no expectation of a practical improvement in the level of functioning within a reasonable and predictable amount of time.
  5. The therapy does not require the skills of a qualified speech therapist, including but not limited to, the following:
    - Treatments that maintain function using routine, repetitious, or reinforced procedures that are neither diagnostic nor therapeutic (for example, practicing word drills for developmental articulation errors).
    - Procedures that may be carried out effectively by the individual, family, or caregivers.

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6. The therapy is duplicative to the same treatment from two different rehabilitative providers, either outpatient or by the member's school district (speech, occupational, or physical therapy being received by the member.).
- e.g., If required services are provided by another public agency, including the members school district (IEP/IFSP) or objectives primarily for the enhancement of educational purposes when services are provided through the members school district (IEP/IFSP).

### APPLICABLE CODES:

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of 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)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
<del>92507</del>	<del>Treatment of speech, language, voice</del>
<del>92521</del>	<del>Evaluation of speech fluency</del>
<del>92610</del>	<del>Evaluation of swallowing</del>
<del>92611</del>	<del>Modified swallow study</del>
<del>92615</del>	<del>Assessment of aphasia</del>

### REFERENCES:

- Agency for Healthcare Research and Quality Evidence Reports and Summary No. 52. Criteria for determining disability in Speech-Language Disorders. National Library of Medicine Health Services Technology Assessment Text (HSTAT), 2002.
- American Speech-Language-Hearing Association. Speech-Language Pathology Medical Review Guidelines. 2011.
- American Speech-Language Hearing Association. Guidelines for Medicare Coverage of Speech Language Pathology Services. October 2001.

Goorhuis-Brouwer S, Knijff W. Efficacy of speech therapy in children with language disorders: specific language impairment compared with language impairment in comorbidity with cognitive delay. International Journal of Pediatric Otorhinolaryngology. 2002 May; 63(2):129–136.

### REVISION LOG:

REVISIONS	DATE
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Annual Review	10/31/2023
Annual Review	06/1/2026

<b>Approved:</b>	<b>Date:</b>	<b>Approved:</b>	<b>Date:</b>
		<b>Sanjiv Shah, MD</b>	
		<b>Chief Medical Officer</b>	

**Medical Guideline Disclaimer:**

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government, or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication.