

**SPEECH THERAPY**

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**Date of Origin:** January 8, 1990

**Status:** Current

**I. POLICY/CRITERIA**

The domain of speech-language pathology includes human communication behaviors and disorders as well as swallowing or other upper aerodigestive functions and disorders. The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and/or swallow in natural environments, and thus improve their quality of life.

Speech therapy services facilitate the development and maintenance of human communication and swallowing through assessment, diagnosis, and rehabilitation. Medically necessary speech therapy services are a covered benefit in accordance with specific contract benefit limits and language. Therapy is considered medically necessary and a covered service if it can be reasonably expected to result in a meaningful improvement in the member's ability to perform functional day-to-day activities that are significant in the member's life roles within 90 days of initiation of the Speech therapy. Meaningful improvement will be determined by Priority Health.

- A. Speech Therapy should be provided in accordance with an ongoing, written plan of care. The purpose of the written care plan is to assist in determining medical necessity.

The following care plan documentation is required to justify the medical necessity of speech therapy:

1. The initial plan of care should include sufficient information to determine the medical necessity of treatment. The plan of care should be specific to the diagnosis, presenting symptoms, and findings of the speech therapy evaluation. The plan of care should include all of the following:
  - a. The date of onset or exacerbation of the disorder/diagnosis
  - b. Specific statements of long-term and short-term goals
  - c. Quantitative objectives measuring current age-adjusted level of functioning
  - d. A reasonable estimate of when the goals will be reached
  - e. The specific treatment techniques and/or exercises to be used in treatment
  - f. The frequency and duration of treatment

2. The plan of care should be ongoing. The member should be reevaluated regularly, and there should be regular updates to the plan of care. Updates to the plan should include:
  - a. Documentation of progress made toward the initial goals of speech therapy, with demonstration that speech therapy services are contributing to the progress.
  - b. Revisions (if any) to the initial statements of long-term and short-term goals.
  - c. Updated estimate of when the goals will be reached.
  - d. The specific treatment techniques and/or exercises to be used in treatment.
  - e. The frequency and duration of treatment.
  
- B. Speech therapy for developmental delay is not a covered benefit unless it meets the requirements of coverage defined in letter “E” below. Most children with speech delays are entitled to speech therapy in school in order to maintain a free and appropriate public education, regardless if those delays are idiopathic or have a putative cause (e.g., frequent otitis media). Speech therapy is not covered if the services can be provided by any federal or state agency or by any local political subdivision, including school districts, when a Member is not liable for the costs in the absence of insurance. The applicable Michigan State Laws are summarized as follows:

MCL380.1701, et seq; R340.1701, et seq.;

Schools must develop, establish, and continually evaluate and modify a plan for special education that provides for the delivery of special education programs and services designed to develop the maximum potential of each student with a disability. To that end, schools are required to establish a multidisciplinary evaluation team which, depending on the type of disability suspected, may include medical/behavioral health practitioners. This team conducts a comprehensive evaluation to determine the child's type and degree of disability, the results of which are presented to the school's Individualized Education Program (IEP) team. The IEP team is responsible for developing a program based on the child's individual needs which is then submitted to the superintendent who is responsible for appointing a staff person to implement the individualized education program, including services provided by other agencies. Students with disabilities must be provided with supplies and equipment at least equal to those provided to other students in general education programs, in addition to those supplies and equipment necessary to implement a student's individualized education program. There are different program requirements depending on the type and degree of disability identified including student/teacher ratio, age range of students within the classroom, minimum hours of instruction, group amplification devices for students with hearing impairments, low vision aids for students with visual impairments, speech and language services by an authorized provider for students with speech and language impairments, services for students who are

homebound or hospitalized, reasonable availability to a registered nurse, and travel.

Special education services are provided for those in need from birth to age 26. Services for children from birth to age five are provided through the early childhood special education program, based on the child's needs as specified by the IEP team.

- C. Habilitative treatment is not covered unless it meets the requirements of coverage defined in letter “E” below. Habilitative treatment includes teaching someone communications skills for the first time. This may include syntax or semantics (which are developmental) or articulation errors.
- D. The speech therapy benefit for autism spectrum disorders and pervasive developmental disorders is described in the *Autism Spectrum Disorders medical policy #91615*.
- E. Habilitative Services

The Patient Protection and Affordable Care Act (PPACA) requires coverage for essential health benefits, including coverage for Habilitative Services in individual and small group products. Habilitation Services are defined as those health care services that help a person keep, learn or improve skills and functioning for daily living and, for example, may include therapy for a child who isn't talking at the expected age.

Habilitation Services may include speech-language pathology services (and other services) for people with disabilities in a variety of inpatient and/or outpatient settings.

1. Habilitative Services **Not** Related to Autism Spectrum Disorder (Individual and Small Group Products Only)
  - a) Treatment must be evidence-based speech therapy provided for developmental speech or language disorder.
  - b) Treatment must be provided by an appropriately licensed speech therapist under the direction and supervision of a physician or advanced practice nurse in accordance with written treatment plan established or certified by the treating physician or advanced practice nurse.
  - c) See the plan Schedule for coverage limitations.

Coverage for Habilitation Services does **not** include: speech therapy for a diagnosis other than developmental speech or language disorder, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind.

2. Habilitative Services Related to Autism Spectrum Disorder

Habilitation Services also includes Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder as required by the State of Michigan. **See the Autism Spectrum Disorders medical policy #91615 for treatment related to Autism Spectrum Disorder.**

***Special Note:** See Autism Spectrum Disorders medical policy #91615 and the Rehabilitative & Habilitative Medicine Services medical policy #91318 for additional information related to habilitative services.*

## II. LIMITS/INDICATIONS

- A. Examples of conditions that may be eligible for short-term speech therapy coverage include:
1. Members whose speech or swallowing is functionally impaired secondary to recent injury or illness (e.g. CVA, traumatic brain injury, laryngectomy, vocal cord surgery, post radiation therapy).
  2. Members with congenital (i.e. present at birth) anatomic defects that affect swallowing where functional improvement is predicted through speech therapy (e.g. cleft palate and cleft lip).
  3. Rehabilitative therapy after cochlear implantation.
  4. Acquired hearing loss (greater than 25 decibels of the pure tone average of intensities at 1000, 2000, and 3000 hertz).
  5. Therapy for vocal cord nodules to reduce the trauma to the vocal cords caused by vocal cord apposition during phonation, and to prevent further nodule development (in lieu of surgery).
  6. Apraxia or dyspraxia
- B. Speech therapy is **not** covered for **any** of the following unless it meets the requirements of coverage defined in I, E above:
1. Maintenance of a current speech level. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further functional progress is apparent or expected to occur.
  2. Summer programs for therapy normally provided by school districts during the school year.
  3. Treatment of delays in speech development, including developmental articulation errors, unless resulting from disease, injury or congenital anatomic defects.
  4. Sensory, behavioral, cognitive, or attention disorders.
  5. Services that duplicate those provided by any other therapy, particularly occupational therapy.
  6. Self-correcting conditions such as hoarseness and developmental articulation errors.
  7. Natural dysfluencies, including stammering and stuttering.

8. Services outside the immediate post-operative or immediate post-traumatic convalescent stage.
9. Myofunctional or tongue thrust therapy.
10. Other developmental impairments, including but not limited to cerebral palsy or pervasive developmental disorders (PDD).

### III. MEDICAL NECESSITY REVIEW

Required                       Not Required                       Not Applicable

### IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

### V. CODING INFORMATION

#### Therapy Modifiers

- GN Services delivered under an outpatient speech language pathology plan of care
- GO Services delivered under an outpatient occupational therapy plan of care
- GP Services delivered under an outpatient physical therapy plan of care

- *Therapy modifiers must be reported for all services to track to appropriate benefit category. Service flagged with \* are not payable to a therapy provider without a therapy modifier.*

See also: Policy #91318 Rehabilitative Medicine Services  
Policy #91615 Autism Spectrum Disorders  
Policy #91423 Home Care

**Diagnosis Codes:** For diagnosis information, see Appendix A

**CPT/HCPCS/REVENUE Codes:**

- 0440 Speech-Language Pathology
- 0441 Speech-Language Pathology - Visit Charge
- 0442 Speech-Language Pathology - Hourly Charge
- 0443 Speech-Language Pathology - Group Rate
- 0444 Speech-Language Pathology - Evaluation or Re-evaluation
- 0449 Speech-Language Pathology - Other Speech-Language Pathology
  
- 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)
- 92524 Behavioral and qualitative analysis of voice and resonance
- S9152 Speech therapy, re-evaluation
  
- 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
  
- 92520\* Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding
  
- 92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
  
- 92610\* Evaluation of oral and pharyngeal swallowing function
- 92611\* Motion fluoroscopic evaluation of swallowing function by cine or video recording
- 92612\* Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; *(Never covered as therapy for Medicaid)*
- 92614\* Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; *(Never covered as therapy for Medicaid)*
- 92616\* Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or by cine or video recording *(Never covered as therapy for Medicaid)*

**APPENDIX A: Therapies that are NON-COVERED by Diagnosis**

- Hab/NC = service may be covered for this diagnosis under Habilitative service benefit for individual and small group products. For all other products, the service with this dx is Not Covered for all ages.
- NC = service is Not Covered for this diagnosis for all ages.
- Diagnosis exclusions do not apply to Priority Medicare Plans – see LCD/NCDs
- Initial evaluation is exempt from exclusion by diagnosis.
- These modifiers *may* be reported as secondary to mod GN but are not used in determining rehabilitative vs habilitative benefit.
- 96 Habilitative Services
- 97 Rehabilitative Services
- Priority Medicaid has no Habilitative benefit defined at this time; Healthy Michigan Medicaid enrollees will have Habilitative benefits beginning April 1, 2014.
- *See Also:*
  - *Policy #91318 Rehabilitative & Habilitative Medicine Services*
  - *Policy #91615 Autism Spectrum Disorders*
  - *Policy #91023 Home Care*

**ICD-10 Codes:**

<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> <small>*Medicaid only</small>
E78.71	Barth syndrome	Hab/NC	Hab/NC	NC
E78.72	Smith-Lemli-Opitz syndrome	Hab/NC	Hab/NC	NC
F48.9	Nonpsychotic mental disorder, unspecified	NC	NC	
F63.3	Trichotillomania	Hab/NC	Hab/NC	
F63.89	Other impulse disorders	Hab/NC	Hab/NC	
F69	Unspecified disorder of adult personality and behavior	NC	NC	
F70	Mild intellectual disabilities	Hab/NC	NC	NC
F71	Moderate intellectual disabilities	Hab/NC	NC	NC
F72	Severe intellectual disabilities	NC	NC	NC
F73	Profound intellectual disabilities	NC	NC	NC
F78	Other intellectual disabilities	NC	NC	NC
F79	Unspecified intellectual disabilities	NC	NC	NC
F80.0	Phonological disorder	Hab/NC	NC	NC
F80.1	Expressive language disorder	Hab/NC	NC	NC
F80.2	Mixed receptive-expressive language disorder	Hab/NC	NC	NC
F80.4	Speech and language development delay due to hearing loss	Hab/NC	NC	NC
F80.81	Childhood onset fluency disorder	Hab/NC		NC
F80.82	Social pragmatic communication disorder	Hab/NC		NC
F80.89	Other developmental disorders of speech and language	Hab/NC	NC	NC



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F80.9	Developmental disorder of speech and language, unspecified	Hab/NC	NC	NC
F81.0 – F81.9	Specific developmental disorders of scholastic skills	NC	NC	NC
F82	Specific developmental disorder of motor function	NC	Hab/NC	NC
F84.2	Rett’s syndrome			NC
F84.3	Other childhood disintegrative disorder	Hab/NC	Hab/NC	NC
<i>• See policy #91615Autism Spectrum Disorders</i>				
F84.0	Autistic disorder	•	•	
F84.5	Asperger’s syndrome	•	•	
F84.8	Other pervasive developmental disorders	•	•	
F84.9	Pervasive developmental disorder, unspecified	•	•	
F88	Other disorders of psychological development	NC	NC	NC
F89.0	Unspecified disorder of psychological development	Hab/NC	Hab/NC	NC
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type	NC	NC	
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type	NC	NC	
F90.2	Attention-deficit hyperactivity disorder, combined type	NC	NC	
F90.8	Attention-deficit hyperactivity disorder, other type	NC	NC	
F90.9	Attention-deficit hyperactivity disorder, unspecified type	NC	NC	
F98.0	Enuresis not due to a substance or known physiological condition		Hab/NC	
F98.1	Encopresis not due to a substance or known physiological condition		Hab/NC	
F98.21	Rumination disorder of infancy			NC*
F98.3	Pica of infancy and childhood			NC*
F98.5	Adult onset fluency disorder	NC		
G11.4	Hereditary spastic paraplegia	Hab/NC	Hab/NC	NC
G47.29	Other circadian rhythm sleep disorder			NC
G80.0 – G80.9	Cerebral palsy	Hab/NC	Hab/NC	NC
G96.9	Disorder of central nervous system, unspecified	NC	NC	NC
G98.8	Other disorders of nervous system	NC	NC	NC
Q05.0 – Q05.9	Spina bifida	NC	Hab/NC	
Q07.00 – Q07.03	Arnold-Chiari syndrome	NC	Hab/NC	
Q07.8	Other specified congenital malformations of nervous system	NC	Hab/NC	
Q07.9	Congenital malformation of nervous system, unspecified	NC	Hab/NC	



<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> <small>*Medicaid only</small>
Q87.0 – Q87.89	Other specified congenital malformation syndromes affecting multiple systems	Hab/NC	Hab/NC	
Q89.8	Other specified congenital malformations	Hab/NC	Hab/NC	
Q89.9	Congenital malformation, unspecified	Hab/NC	Hab/NC	
Q90.0 – Q90.9	Down syndrome	Hab/NC	Hab/NC	
Q91.0 – Q91.7	Trisomy 18, trisomy13	Hab/NC	Hab/NC	
Q92.0 – Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q93.0 – Q93.9	Monosomies and deletions from the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q95.0 – Q95.9	Balanced rearrangements and structural markers, not elsewhere classified	Hab/NC	Hab/NC	
Q96.0 – Q96.9	Turner’s syndrome	Hab/NC	Hab/NC	
Q97.0 – Q97.9	Other sex chromosome abnormalities, female phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q98.0 – Q98.9	Other sex chromosome abnormalities, male phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q99.0 – Q99.9	Other chromosome abnormalities, not elsewhere classified	Hab/NC	Hab/NC	
R25.0 – R25.9	Abnormal involuntary movements	NC	Hab/NC	NC
R26.0	Ataxic gait	NC	Hab/NC	NC
R26.1	Paralytic gait	NC	Hab/NC	NC
R26.81	Unsteadiness on feet	NC	Hab/NC	NC
R26.89	Other abnormalities of gait and mobility	NC	Hab/NC	NC
R26.9	Unspecified abnormalities of gait and mobility	NC	Hab/NC	NC
R27.0	Ataxia, unspecified	NC	Hab/NC	NC
R27.8	Other lack of coordination	NC	Hab/NC	NC
R27.9	Unspecified lack of coordination	NC	Hab/NC	NC
R37	Sexual dysfunction, unspecified			NC*
R41.840	Attention and concentration deficit	NC	NC	NC
R41.841	Cognitive communication deficit	NC	NC	NC
R41.842	Visuospatial deficit	NC	NC	NC
R41.843	Psychomotor deficit	NC	NC	NC
R41.844	Frontal lobe and executive function deficit	NC	NC	NC
R41.89	Other symptoms and signs involving cognitive functions and awareness	NC	NC	NC
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness	NC	NC	NC
R45.0 – R45.89	Nervousness			NC
R46.0 – R46.7	Symptoms and signs involving appearance and behavior			NC
R46.81	Obsessive-compulsive behavior	NC	NC	NC
R46.89	Other symptoms and signs involving appearance and behavior	NC	NC	NC

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R47.9	Unspecified speech disturbances	NC	NC	NC
R48.0	Dyslexia and alexia	NC	NC	NC
R49.8	Other voice and resonance disorders			NC
R56.00	Simple febrile convulsions	NC	NC	NC
R56.01	Complex febrile convulsions	NC	NC	NC
R56.1	Post traumatic seizures	NC	NC	NC
R56.9	Unspecified convulsions	NC	NC	NC
R62.0	Delayed milestone in childhood	NC	NC	NC
R62.50	Unspecified lack of expected normal physiological development in childhood	NC	NC	NC
R62.59	Other lack of expected normal physiological development in childhood	NC	NC	NC
R63.8	Other symptoms and signs concerning food and fluid intake	NC	NC	
Z00.8	Encounter for other general examination			NC
Z02.0 – Z02.9	Encounter for administrative examination			NC
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out			NC
Z04.6	Encounter for general psychiatric examination, requested by authority			NC
Z04.8	Encounter for examination and observation for other specified reasons			NC
Z04.9	Encounter for examination and observation for unspecified reason			NC
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure			NC
Z55.0 – Z55.9	Problems related to education and literacy			NC
Z56.0 – Z56.9	Problems related to employment and unemployment			NC
Z57.0 – Z57.9	Occupational exposure to risk factors			NC
Z60.0 – Z60.9	Problems related to social environment			NC
Z62.0 – Z62.9	Problems related to upbringing			NC
Z63.0 – Z63.9	Other problems related to primary support group, including family circumstances			NC
Z64.0 – Z64.4	Problems related to certain psychosocial circumstances			NC
Z69.011	Encounter for mental health services for perpetrator of parental child abuse			NC
Z69.021	Encounter for mental health services for perpetrator of non-parental child abuse			NC
Z69.12	Encounter for mental health services for perpetrator of spousal or partner abuse			NC
Z69.82	Encounter for mental health services for perpetrator of other abuse			NC

<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> <small>*Medicaid only</small>
Z71.89	Other specified counseling			NC
Z72.3	Lack of physical exercise			NC
Z72.51	High risk heterosexual behavior			NC
Z72.52	High risk homosexual behavior			NC
Z52.53	High risk bisexual behavior			NC
Z72.6	Gambling and betting			NC
Z72.810	Child and adolescent antisocial behavior			NC
Z72.811	Adult antisocial behavior			NC
Z72.820	Sleep deprivation			NC
Z72.821	Inadequate sleep hygiene			NC
Z72.89	Other problems related to lifestyle			NC
Z72.9	Problem related to lifestyle, unspecified			NC
Z73.0 – Z73.9	Problems related to life management difficulty			NC
Z86.51	Personal history of combat and operational stress reaction			NC
Z86.59	Personal history of other mental and behavioral disorders	NC	NC	NC
Z91.83	Wandering in diseases classified elsewhere	NC	NC	NC

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