Department of Origin: Integrated Healthcare Services	**Effective Date:** 12/03/24
Approved by: Medical Policy Quality Management Subcommittee	**Date Approved:** 12/03/24
Clinical Policy Document: Speech Therapy	**Replaces Effective Clinical Policy Dated:** 11/26/24
Reference #: MC/N004	**Page:** 1 of 11

PURPOSE:
The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost effective alternative must be requested for coverage consideration.

GUIDELINES:
Medical Necessity Criteria – Must satisfy any of the following: I – VI

I. Fully insured/self-funded non-ERISA groups – For members diagnosed with *autism spectrum disorder (ASD)*, no medical necessity reviews required when requesting speech therapy; or

II. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – For members diagnosed with *ASD*, proceed with medical necessity review, but speech therapy visit limits do not apply to this benefit; or

III. All other plans/groups regardless of *ASD* diagnosis or for members of the groups mentioned in I. or II. above not diagnosed with *ASD* – Initial request (following the evaluation) for speech therapy services – *Rehabilitative* services must satisfy all of the following: A - F; *Habilitative* services must satisfy all of the following: A - G

   A. Member has a documented medical condition, *sickness, injury*, or *developmental delay* that is causing a *functional defect/ physical impairment* of speech, language, hearing or swallowing; and

   B. Documentation supports that there is an expectation that improvement is anticipated in a clinically reasonable time frame; and

   C. Documentation includes previous and current therapy treatment plans provided by other providers for the purpose of coordinating care and avoiding duplication of services; and

   D. Services do not duplicate those provided by any other *habilitative* or *rehabilitative* therapy, particularly occupational therapy; and

   E. Proposed treatment plan is initiated by a licensed speech/language pathologist and must include measurable, functional goals; and

   F. Proposed treatment plan has projected time frames for care and clear criteria for discharge from speech therapy services; and

   G. For *habilitative* therapy, standardized test scores show a delay in function - must satisfy any of the following: 1 - 3
      1. Norm-based test scores fall below the 5th percentile for age (see Attachment A); or

2. Norm-based test scores fall at least 2 standard deviations from the mean (see Attachment A); or

3. Criterion-based test scores demonstrate moderate-to-severe delay for age.

IV. All other plans/groups or for members of the groups mentioned in I. or II. above not diagnosed with *ASD* – Initial request (following the evaluation) for speech therapy for feeding disorders – must satisfy all of the following: A - E

A. If using *sensory integration therapy* approach, s*ensory integration therapy* is a covered benefit; and

B. The member has an eating or feeding disturbance (eg, apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) associated with at least one of the following: 1 - 3
   1. Significant weight loss, failure to achieve expected weight or faltering growth; or

   2. Significant nutritional deficiency; or

   3. Receiving enteral feeding or prescribed oral nutritional supplements.

C. The member is a child aged 12 and under; and

D. Therapy is part of a *habilitative* therapy plan; and

E. Standardized test scores show a delay in function (eg, PediEAT) - must satisfy any of the following: 1 - 3
   1. Norm-based test score below the 5th percentile for age (see Attachment A); or

   2. Norm-based test scores fall at least 2 standard deviations from the mean (see Attachment A); or

   3. Criterion-based test score demonstrates moderate-to-severe delay for age.

V. All other plans/groups or for members of the groups mentioned in I. or II. above not diagnosed with *ASD* – Continuation of treatment - must satisfy any of the following: A or B

A. Adults and adolescents aged 13 and above – must satisfy all of the following: 1 - 5
   1. Demonstration of sustained improvement and progress on stated goals through periodic summaries from providers within 2 weeks to 3 months demonstrating improvement in the targeted abnormal findings, symptoms and/or behaviors of concern. Sustained improvement continues to be demonstrated for continuation of treatment in subsequent reviews; and

   2. A continued, demonstrated *functional defect/ physical impairment* requiring treatment; and

   3. Appropriate modifications to treatment plan implemented; and

   4. Documented plan for transition to home programming and training plans; and

5. Documented plan for tapering and discontinuation of service.

B. Children aged 12 and under – *Rehabilitative* services must satisfy all of the following: 1 - 5; *Habilitative* services must satisfy all of the following: 1 - 6
   1. Demonstration of sustained improvement and progress toward stated goals through periodic summaries from providers within 3 - 6 months demonstrating improvement in the targeted abnormal findings, symptoms and/or behaviors of concern. Sustained improvement continues to be demonstrated for continuation of treatment in subsequent reviews; and
   2. A full re-assessment of the child, either on an annual basis or more often if requested, utilizing the same testing that was initially used to qualify the child; and
   3. Appropriate modifications to treatment plan and goals implemented; and
   4. Documented summary of the child's caregiver-based home program be included on a six-month basis, and transition planning to all caregiver/school/private-based services be included; and
   5. Documented plans for tapering and discontinuation of services; and
   6. For *habilitative* therapy, test scores demonstrate a continued significant delay in function despite continued improvement toward goals – must satisfy any of the following: a – c
      a. Norm-based test scores fall below the 10th percentile (see Attachment A); or
      b. Norm-based test scores fall at least 1.3 standard deviations from the mean (see Attachment A); or
      c. Criterion-based test scores (eg, Rossetti Infant-Toddler Language Scale) demonstrate moderate-to-severe delay for age.

VI. All other plans/groups or for members of the groups mentioned in I. or II. above not diagnosed with *ASD* – Discharge Criteria – any of the following: A - E

A. Ongoing treatment is primarily custodial or *maintenance* in nature and/or does not require the services of a licensed provider; or

B. Member is unable to tolerate or participate in treatment because of a serious medical, psychological, or other condition; or

C. Member demonstrates behavior that interferes with improvement or participation in treatment (eg, noncompliance, malingering) providing that efforts to address the interfering behavior have been unsuccessful; or

D. Insufficient progress being made to justify further treatment; or

E. Member has met the treatment plan goals.

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NOT ROUTINELY COVERED:
Transgender communication (eg, voice, verbal and nonverbal communication); Preventive vocal hygiene; Business communication; Accent/dialect modification; and Professional voice use.

EXCLUSIONS (not limited to):
Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:
Activities of Daily Living (ADL):
Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, toileting/continence.

Autism Spectrum Disorder:
A range of complex neurodevelopmental disorders, characterized by persistent deficits in social communication and interaction across multiple contexts, restricted repetitive patterns of behavior, interests, or activities, symptoms that are present in the early developmental period, that cause clinically significant impairment in social, occupational, or other important areas of functioning, and are not better explained by intellectual disability or global developmental delay. Such disorders are determined by criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Developmental Delay:
The child demonstrates a score of 1.5 standard deviations or more below the mean, as measured by the appropriate diagnostic measures and procedures, in one or more of the following areas: cognitive development, physical development, vision, hearing, communication development, social or emotional development, or adaptive development

DSM:
The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders

Functional Defect/ Physical Impairment:
A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing *activities of daily living*.

Functional Speech Sound Disorders:
Functional speech sound disorders include those related to the motor production of speech sounds and those related to the linguistic aspects of speech production. Historically, these disorders are referred to as articulation disorders and phonological disorders, respectively. Articulation disorders focus on errors (e.g., distortions and substitutions) in production of individual speech sounds. Phonological disorders focus on predictable, rule-based errors (e.g., fronting, stopping, and final consonant deletion) that affect more than one sound. It is often difficult to cleanly differentiate between articulation and phonological disorders; therefore, many researchers and clinicians prefer to use the broader term, "speech sound disorder," when referring to speech errors of unknown cause.

Habilitative Therapy:
Therapy provided to develop initial functional levels of movement, strength, daily activity or speech.

Organic Speech Sound Disorders:
Organic speech sound disorders include those resulting from motor/neurological disorders (e.g., childhood apraxia of speech and dysarthria), structural abnormalities (e.g., cleft lip/palate and other structural deficits or anomalies), and sensory/perceptual disorders (e.g., hearing impairment).

Maintenance Care:
Care that is not *habilitative* or *rehabilitative* therapy and there is a lack of documented significant progress in functional status over a reasonable period of time; and is performed to maintain clinical status without the ability to expect further clinical improvement

Rehabilitative Therapy:
Therapy provided to restore functional levels of movement, strength, daily activity or speech after a sickness or injury

Sensory Integration Disorder and Sensory Integration Therapy (SIT):
The theory of sensory integration disorder or dysfunction is based upon the hypothesis that various sensory experiences (eg, vestibular, proprioceptive, gravitational, tactile, visual, and auditory) help to guide development. Within this hypothesis, aberrations in sensory integration are thought to result in disorganization of the central nervous system that manifests as developmental and behavioral abnormalities known as sensory integration dysfunction. As part of this theory, sensory integration dysfunction is treated through the introduction of intensive sensory inputs using specific equipment and techniques. Such treatment is typically provided by occupational therapists. Sensory integration therapy is often used for children with ASD because many of their behaviors are thought to be related to deficiencies in the sensory system.

Sensory Integration Therapy (SIT) for Feeding Disorders:
Sensory integration therapy (SIT) is the treatment of choice for children diagnosed with a sensory-based feeding problem (the diagnosis may be based on the child's atypical responses to stimulation in and around the mouth, such as coughing, gagging, spitting out, or refusing foods). From a sensory integration perspective, the inappropriate feeding behavior is a symptom of the child's inability to process sensory information to make an adaptive response. Intervention targets the underlying sensory processing deficits rather than the specific behaviors. The goal of therapy is to promote sensory modulation, which should result in decreased sensory defensiveness. SIT usually involves modifying the child's sensory diet (i.e., the sensory input needed by an individual to organize sensory information effectively). Examples of sensory diets for children with sensory-based feeding problems might include rhythm and music activities, proprioceptive activities, heavy work, and sensory modulation techniques.

BACKGROUND:
Speech - Language Pathology Service Delivery Areas[8]

Practice area	Examples
Fluency	• Stuttering • Cluttering
Speech Production	• Motor planning and execution • Articulation • Phonological
Language – Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)	• Phonology • Morphology • Syntax • Semantics • Pragmatics (language use and social aspects of communication) • Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)

Practice area	Examples
	• Paralinguistic communication (e.g., gestures, signs, body language) • Literacy (reading, writing, spelling)
Cognition	• Attention • Memory • Problem solving • Executive functioning
Voice	• Phonation Quality • Pitch • Loudness • Alaryngeal voice
Resonance	• Hypernasality • Hyponasality • Cul-de-sac resonance • Forward focus
Feeding and Swallowing	• Oral phase • Pharyngeal phase • Esophageal phase • Atypical eating (e.g., food selectivity/refusal, negative physiologic response)
Auditory Habilitation/ Rehabilitation	• Speech, language, communication, and listening skills impacted by hearing loss, deafness • Auditory processing
Potential etiologies of communication and swallowing disorders include	• Neonatal problems (e.g., prematurity, low birth weight, substance exposure); • Developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders); • Disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy); oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction); • Respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease); • Pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence); • Laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis); • Neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis); • Psychiatric disorder (e.g., psychosis, schizophrenia); • Genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); • Orofacial myofunctional disorders (e.g., habitual open----mouth posture/ nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position). This list of etiologies is not comprehensive.

There must be an order for an initial evaluation from a provider. The evaluation must be performed by a licensed speech language pathologist. If these two requirements are met, the initial evaluation will be recommended as medically necessary without requiring prior authorization. An initial evaluation is needed to determine if any further services will be required.

Check plan benefits for coverage limitations. Coverage for speech therapy is usually limited to *rehabilitative* care rendered to treat a medical condition, sickness or injury or *habilitative* speech therapy for medically diagnosed conditions that have significantly limited the successful initiation of normal speech development.

In cases where some parts of the treatment plan are eligible for coverage and medically necessary and some parts of the treatment plan are not, the entire treatment plan needs to be reviewed to determine if the majority of requested treatments are eligible for coverage and medically necessary. Recommendations need to be for the total treatment plan, not parts of the treatment plan.

Feeding Disorders

A child with a feeding disorder does not consume enough food (or liquid or a broad enough variety of food) to gain weight and grow normally. General feeding difficulties are relatively common among most children. For example, a child may be a picky eater and consume a limited number of foods, but the foods eaten span all the food groups and provide a well-balanced diet. A child with a feeding disorder, on the other hand, may only eat a few foods, completely avoiding entire food groups, textures or liquids necessary for proper development. As a result, children diagnosed with feeding disorders are at greater risk for compromised physical and cognitive development. Children with feeding disorders may also develop slower, experience behavioral problems and even fail to thrive. Severe feeding disorders can cause children to feel socially isolated and often put financial strains on families.

There are many different types of feeding disorders, and they can take on one or more of the following forms:

- Trouble accepting and swallowing different food textures
- Throwing tantrums at mealtimes
- Refusing to eat certain food groups
- Refusing to eat any solids or liquids
- Choking, gagging or vomiting when eating
- Oral motor and sensory problems
- Gastrostomy (g-tube) or naso-gastric (ng-tube) dependence

Feeding disorders typically develop for several reasons, including medical conditions (food allergies), anatomical or structural abnormalities (e.g., cleft palate), and reinforcement of inappropriate behavior. In most cases, no single factor accounts for a child's feeding difficulties. Rather, several factors interact to produce them.

While a wide spectrum of factors can contribute to feeding disorders, certain medical and psychological conditions may accompany them, including one or more of the following:

- Gastroesophageal reflux disease
- Gastrointestinal motility disorders
- Palate defects
- Failure to thrive
- Prematurity
- Oral Motor Dysfunction (dysfunctional swallow, dysphagia, oral motor dysphagia)
- Esophagitis/Gastritis/Duodenitis
- Food allergies
- Delayed exposure to a variety of foods
- Behavior management issues
- Short Gut Syndrome

Prior Authorization: Yes, per network provider agreement.

CODING:

CPT® or HCPCS

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
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
92626 Evaluation of auditory rehabilitation status; first hour
92627 Evaluation of auditory rehabilitation status; each additional 15 minutes
92630 Auditory rehabilitation, prelingual hearing loss
92633 Auditory rehabilitation, postlingual hearing loss
G0153 Services performed by a qualified speech-language-pathologist in the home health or hospice setting; each 15 minutes
S9128 Speech therapy in the home; per diem

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Occupational and Physical Therapy Outpatient Setting MC/N003
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9. Addison LR, Piazza CC, Patel MR, et al. A comparison of sensory integrative and behavioral therapies as treatment for pediatric feeding disorders. *J Appl Behav Anal.* 2012 Fall;45(3):455-471. doi: 10.1901/jaba.2012.45-455.
10. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Arlington, VA, American Psychiatric Association.
11. Wisconsin State Legislature 632.895(12m) Mandatory Coverage: Treatment for autism spectrum disorders. Retrieved from https://docs.legis.wisconsin.gov/statutes/statutes/632/VI/895/12m

12. Wisconsin Office of the Commissioner on Insurance. Frequently Asked Questions on Mandated Coverage for Autism Services. Retrieved from https://oci.wi.gov/Documents/Consumers/PI-234.pdf.

DOCUMENT HISTORY:

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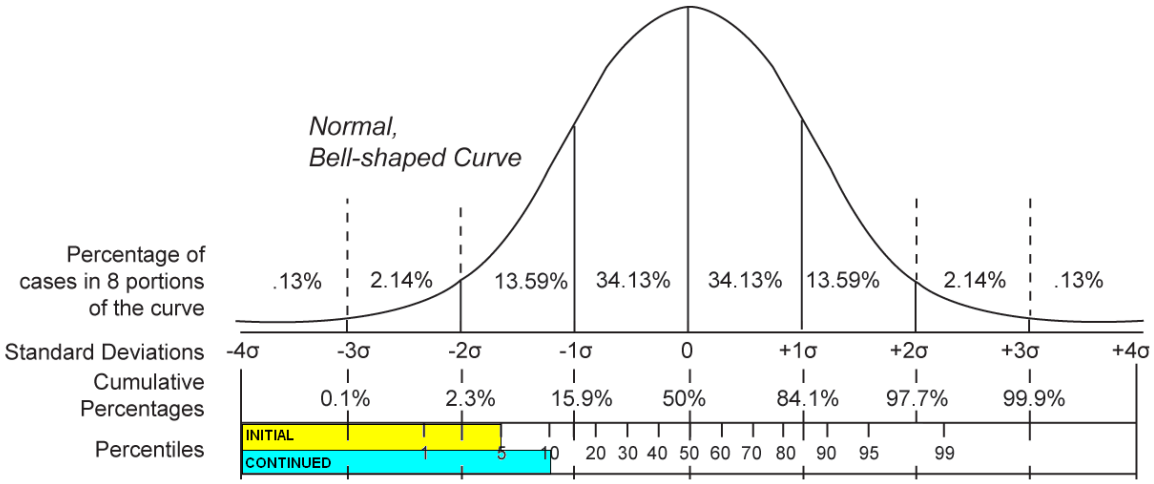
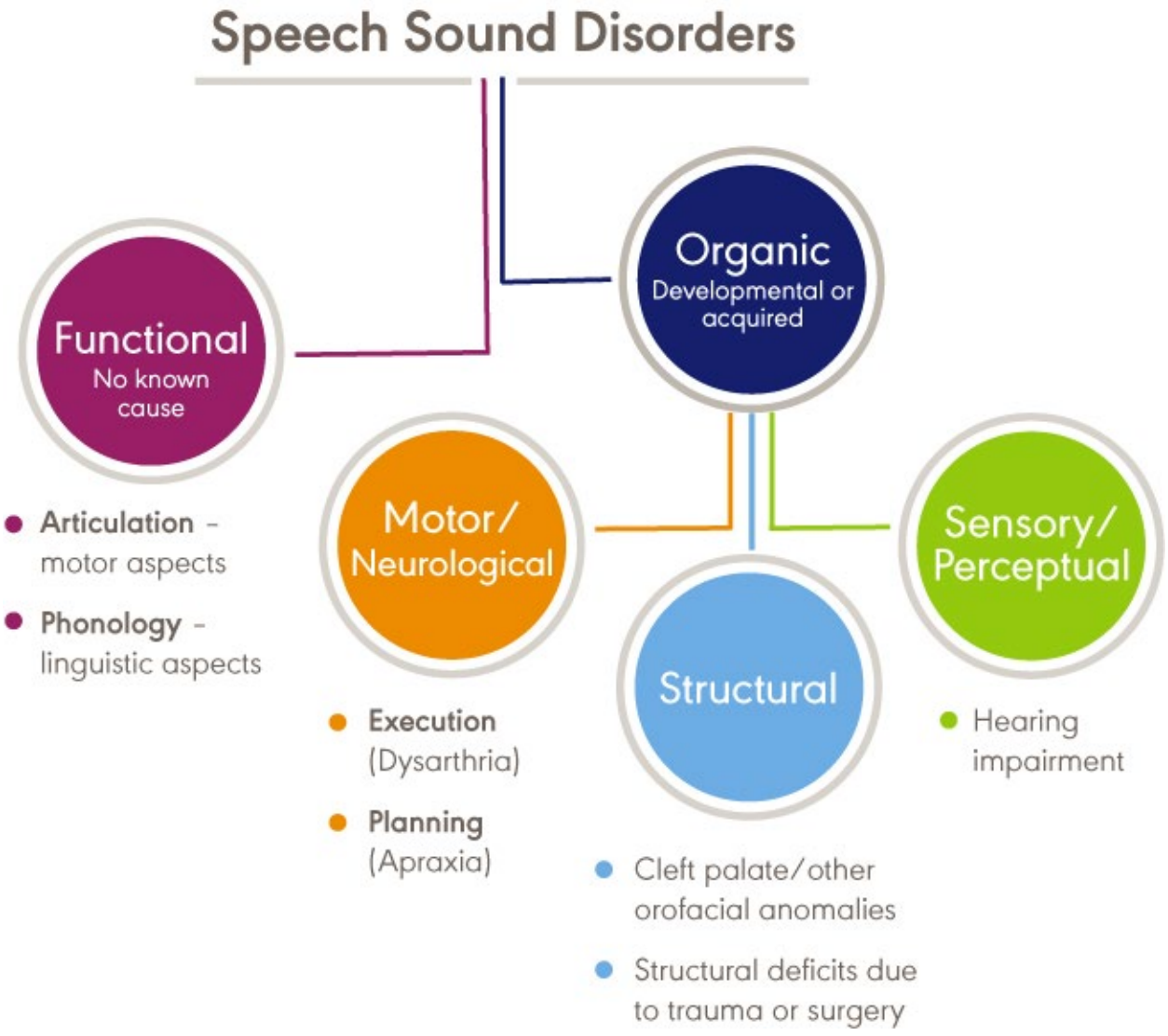
Attachment A



Source: http://psychology.wikia.com/wiki/File:Normal_distribution_and_scales.gif.

Attachment B

Speech sound disorders can be organic or function in nature. Organic speech sound disorders result from an underlying motor/neurological, structural, or sensory/perceptual cause. Functional speech sound disorders are idiopathic – they have no known cause.



Source: American Speech-Language-Hearing Association (ASHA) Speech Sound Disorders-Articulation and Phonology. Retrieved from: https://www.asha.org/practice-portal/clinical-topics/articulation-and-phonology/ . Accessed 10-09-23.

Nondiscrimination & Language Access Policy

Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If *you* need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If *you* believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If *you* need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1-800-332-6501 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف1-800-332-6501(رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: _यान द_: य_द आप ि हंदी बोलते ह_ तो आपके ि लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_।1-800-332-6501 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-800-332-6501 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文， 您可以免費獲得語言援助服務。請 致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-6501 (TTY: 711).