SPEECH LANGUAGE PATHOLOGY SERVICES

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INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Coverage Determination Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It 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.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, 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, 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 member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

Information Pertaining to Medical Necessity Review (When Applicable)

See the following MCG™ Care Guidelines, 21st edition, 2017:

- Acquired Apraxia of Speech Rehabilitation ACG: A-0555 (AC)
- Dysarthria Rehabilitation ACG: A-0556 (AC)
- Voice Disorders Rehabilitation ACG: A-0559 (AC)
- Developmental Speech Disorders Rehabilitation ACG: A-0560 (AC)

- Developmental Language Disorders Rehabilitation ACG: A-0561 (AC)

Benefit Interpretation

- 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.
- Services of a speech-language pathologist or other licensed healthcare professional (within the scope of his/her licensure) may be covered when:
  - There is a need for the supervision of a licensed therapist for speech–language therapy, swallowing or feeding rehabilitative or restorative therapy services.
  - 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.
  - 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. Refer to the Coverage Determination Guideline titled Skilled Care and Custodial Care Services.
  - Mandated benefits (federal and state) for speech therapy. Examples may include developmental delay, autism, cleft palate and/or lip, aphasia.

  Note: State mandates always take precedence over plan language.
- Treatment of congenital anomaly which includes but are not limited to the following:
  - Downs syndrome
  - Cleft palate
  - Tongue tie
- Speech therapy for autism spectrum disorders is covered when the member has a speech therapy benefit.
- Treatment of injury affecting speech:
  - Otitis media
    - This is an illness but if the illness caused damage resulting in hearing loss, this may also be injury.
    - 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.
  - Vocal cord injuries (e.g., edema, nodules, polyps)
  - Stroke/CVA
  - Trauma
  - Cerebral palsy
  - Static encephalopathy
- Rehabilitation services for feeding and or swallowing rehabilitative or restorative therapy services
  - Swallowing disorders (dysphagia)
  - 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.
  - Auditory (Aural) rehabilitation which includes speech–language therapy, e.g., when a auditory implant or cochlear implant is a covered healthcare service
- Outpatient rehabilitation can occur in the following settings:
  - Physician's office
  - Therapist's office
  - Member's place of residence
  - Separate part of a clinic or hospital where speech therapy is performed

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 member specific benefit plan document must be referenced for any applicable limits that may apply to aural rehabilitation.

Coverage Limitations and Exclusions

- Devices and computers to assist in communication and speech (refer to the Coverage Determination Guideline titled Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements).
- Speech therapy if the provider is school based (check benefit language and state mandates).
- Idiopathic developmental delay (no illness to explain the cause of developmental delay in speech–language).
- Sign language (does not require the services of a licensed or certified healthcare professional).
- Speech therapy beyond the benefit maximum (visits limits).
- 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 the Definitions section for Speech Delay – Bilingualism).
- 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 member specific benefit plan document for coverage.

Autism spectrum disorders (autism) speech therapy is covered when the member specific benefit plan document allows for:

- Illness/sickness along with the other phrases like stroke, injury, organic brain disease, etc.; or
- 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.

Stuttering is a covered diagnosis, if the member specific benefit plan document states speech therapy is covered for treatment of an illness and there is no applicable exclusion, e.g., articulation disorders or disfluency disorder.

Treatment of a development delay is a covered diagnosis if:

- The member specific benefit plan document includes coverage for "developmental delay"
- There is a state mandate, or
- 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" (member specific benefit plan document language) speech therapy is covered when following criteria are met:

- Must have had language that is lost
- Check for plan restrictions on how language or speech was lost:
  - Examples may include: surgery; radiation affecting vocal cords; cerebral thrombosis (CVA); brain damage due to accidental injury (many plans require that the member be covered by plan at time the injury occurred in order to have benefits).
  - 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.

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: Member 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)

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 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-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 (esophagus) and squeezing food through the esophagus into the stomach

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan 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 claim payment. Other Policies and Coverage Determination Guidelines may apply.

CPT 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 (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
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, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per 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; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss

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

Revenue Code	Description
440	Speech pathology
441	Visit charge

Revenue Code	Description
442	Hourly charge
443	Group rate
444	Evaluation or reevaluation
449	Other speech-language pathology
979	Speech pathology

REFERENCES

CMS Medicare Benefit Manual Chapter 12 section 40.2 at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c12.pdf. Accessed December 19, 2016

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. Accessed December 19, 2016.

Marian, V., Faroqi-Shah, Y., Kaushanskaya, M., Blumenfeld, H.K., & Sheng, L., (2009). Bilingualism: Consequences for language, cognition, development, and the brain. Retrieved from http://leader.pubs.asha.org/article.aspx?articleid=2289533. Accessed December 19, 2016.

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GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description

04/01/2017	• Revised coverage rationale:
	  ○ Replaced reference to "MCG™ Care Guidelines, 20th edition, 2016" with "MCG™ Care Guidelines, 21st edition, 2017" *(refer to 21st edition for complete details on applicable updates to the MCG™ Care Guidelines)*
	  ○ Updated benefit interpretation guidelines for treatment of injuries affecting speech; added "polyps" to list of examples of vocal cord injuries
	• Updated list of applicable HCPCS codes; revised description for V5362 and V5363
	• Archived previous version CDG.021.07