

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	SPEECH PATHOLOGY AND THERAPY
Policy Number	8.01.13
Category	Therapy/Rehabilitation
Effective Date	10/18/01
Revised Date	03/28/02, 05/22/03, 03/25/04, 04/28/05, 04/27/06, 02/22/07, 04/24/08, 04/23/09, 04/29/10, 04/28/11, 04/26/12, 06/27/13, 06/26/14, 06/25/15, 08/25/16, 08/25/17, 06/28/18, 06/27/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Based upon our criteria and review of the peer-reviewed literature, speech evaluation and acute, restorative or rehabilitative treatment has been medically proven to be effective and is **medically appropriate** for adult patients suffering from a medically determinable impairment, as determined by standardized assessments, resulting from disease, trauma, or previous therapeutic processes (e.g., traumatic brain injury, cardiovascular accident/stroke).
- A. In determining the medical appropriateness of speech therapy services consideration will be given to the degree of limitation/deficit the impairment imposes on the individual and whether the deficit(s) are expected to improve over a short period time (generally up to two months) with treatment.
- B. Services will continue to be considered medically appropriate as patients make progress as long as they have not reached a maintenance service level in which no additional functional progress is apparent or expected to occur. In order for ongoing treatment to continue to be considered medically appropriate significant improvement must be demonstrated in objective measures.
- II. Based upon our criteria and review of the peer-reviewed literature, speech evaluation and active, restorative or rehabilitative treatment has been medically proven to be effective and is **medically appropriate** for children suffering from a medically determinable severe impairment, as determined by standardized assessments, resulting from disease, trauma, congenital anomaly or previous therapeutic processes.

A medically determinable severe delay or disorder in a child is identified by a functional impairment/deficit that adversely affects the child's performance or a significant delay or disorder in one or more functional areas, as compared to accepted milestones for child development, which adversely affects the child's ability to learn.

Significant delays or disorders in children are defined by:

- A. A 33% delay in one functional area or a 25% delay in each of two areas; or
- B. If appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one functional area or score of at least 1.5 standard deviations below the mean in each of two functional areas.

Cross-disciplinary and age equivalency scores may be considered, as well as percentage scores, when determining the severity of the impairment.

- III. Based upon our criteria and assessment of the peer-reviewed literature, speech therapy is **medically appropriate** as a treatment for Vocal Cord Dysfunction (VCD). *Treatment of VCD is not the same as voice therapy. Refer to Policy statement IV C below regarding voice therapy.*
- IV. Based upon our criteria and assessment of the peer-reviewed literature, speech therapy services are **not medically appropriate** for the following conditions; as the effectiveness of treatment on long-term outcomes has not been demonstrated in the peer-reviewed literature:

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- A. Oral myofunctional disorders (e.g., tongue thrust, deviant swallow, reverse swallow, visceral swallow); or
 - B. Pragmatic language disorders/impairments; or
 - C. Voice therapy for voice disorders; unless a pathological process has been identified in which other documented methods of treatment have been ineffective and have not resulted in the resolution of the patient's condition (e.g., a patient with chronic dysphonia/hoarseness and vocal nodules in which a 2 week course of voice rest has failed to resolve the condition). *Voice therapy is not the same as treatment of Vocal Cord Dysfunction. Refer to Policy statement III above for the treatment of Vocal Cord Dysfunction.*
- V. Based upon our criteria and assessment of the peer-reviewed literature, speech pathology and therapy services are **not medically necessary** for the following conditions:
- A. Vocal cord polyps; as the usual recommended treatment is excision of the polyps;
 - B. Untreated conductive hearing loss; as diagnosis and treatment for the hearing loss should first be provided;
 - C. The patient's prognosis for progress in unexpected/unlikely; or
 - D. The patient is receiving *maintenance services*. Maintenance services are services that consist of activities 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 or when no additional functional progress is apparent or expected to occur.
- VI. Based upon our criteria and lack of peer-reviewed literature, voice therapy programs utilizing intensive behavioral therapy (e.g., Lee Silverman Voice Therapy, LSVT LOUD™), with or without the use of a computerized software program, is considered **not medically appropriate** as the effectiveness of the techniques have not been proven in the peer-reviewed literature.

Refer to Corporate Medical Policy # 1.01.03 regarding Augmentative and Alternative Communication Systems (e.g., Speech Generating Devices)

Refer to Corporate Medical Policy # 1.01.48 regarding Neuromuscular Electrical Stimulation (NMES)

Refer to Corporate Medical Policy # 8.01.19 regarding Cognitive Rehabilitation.

Refer to Corporate Medical Policy # 10.01.09 regarding Early Intervention Services.

POLICY GUIDELINES

- I. Speech pathology/therapy must:
- A. relate directly to a written treatment plan established by the speech pathologist providing the services;
 - B. be reasonable and necessary to the treatment of the individual's illness or injury considered under accepted standards of practice to be a specific and effective treatment for the patient's condition;
 - C. be of such a level of complexity and sophistication, or the patient's condition must be such, that the services required could be safely and effectively performed only by a speech pathologist; and
 - D. have an expectation that the patient's condition will improve significantly in a reasonable, and generally predictable, period of time. The amount, frequency and duration of the services must be reasonable under accepted standards of practice.
- II. After the initial evaluation of the disorder if the restorative potential is judged insignificant or after a reasonable trial period the patient's response to treatment is judged insignificant or at a plateau, a maintenance program may be established. In these situations, coverage is limited to the initial evaluation and the designing of an appropriate maintenance program.
- III. Certain contracts only cover short-term speech therapy services for a limited number of visits per condition, per lifetime, or per contract year. These limits generally apply to all therapies combined (physical therapy, speech therapy and occupational therapy). These visit limits *do not* apply when speech therapy is for the treatment of a Mental Disorder (including Autism Spectrum Disorder). Mental Disorder is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

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- IV. **Coverage is not available** for services provided by school districts, as stipulated in a child's (pre-school ages 3-5 years and school-age 5-21 years) Individualized Education Program (IEP) as they are considered free care or a government program.
- A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.
 - B. If a child is home schooled an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for home schooled children outside New York State (NYS) will be reviewed on an individual basis in accordance with state regulations for the state in which the child resides
 - C. If a child is home-schooled, an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for home-schooled children outside New York State (NYS) will be adjudicated in accordance with NYS laws; however, if an appeal is requested and another state's law is provided or cited, the case should be forwarded for legal review, to determine whether the other state's law should be applied.
 - D. Speech therapy services denied by the school district, including summer services, and not covered in a child's IEP will be reviewed by the Health Plan for medical necessity in accordance with member's contract.
 - E. Interim summer programs are provided by school districts for children whose handicapping conditions are severe enough to exhibit the need for a structured learning environment of 12 months duration in order to maintain developmental levels. For preschool children, summer instruction must be available for those whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months duration to prevent substantial regression.

DESCRIPTION

Speech pathology and therapy services are those services necessary for the diagnosis and treatment of speech and language impairments/disorders that result in communication disabilities and for the diagnosis and treatment of swallowing disorders, or dysphagia.

The following are some commonly used terms that identify speech or language disorders:

- I. Aphasia - Absence or impairment of the ability to communicate through speech, writing, or signs because of brain dysfunction;
- II. Aphonia - Loss of speech sounds from the larynx;
- III. Apraxia - The inability to form words or speak, despite the ability to use oral and facial muscles to make sounds;
- IV. Dysarthria - Impairments or clumsiness in the uttering of words due to diseases that affect the oral, lingual, or pharyngeal muscles;
- V. Dysphagia - Inability to swallow or difficulty in swallowing;
- VI. Dysphasia - Impairment of speech resulting from a brain lesion or neurodevelopmental disorder;
- VII. Dysphonia - Any impairment of the voice or speaking ability;
- VIII. Neurosensory Hearing Loss - A decreased ability to perceive sounds as compared to normal; or
- IX. Stuttering - A disruption in the fluency of speech in which affected persons repeat letters or syllables, pause or hesitate abnormally, or fragment words when attempting to speak.

Speech disorders refer to disorders affecting the articulation of speech sounds, the fluency with which speech is produced, or quality.

- I. *Articulation disorders* – also called phonological disorders, include:
 - A. Motor speech disorders which result from damage to the central or peripheral nervous system (e.g., cerebral vascular accident, traumatic brain injury, or neurogenic disorders such as Parkinson's disease, Huntington disease, amyotrophic lateral sclerosis and perinatal conditions); and
 - B. *Functional articulation disorders* that have no known cause or result from causes other than known neurological insults or physical abnormalities. Functional articulation disorders account for the majority of articulation disorders in children.
- II. *Fluency disorders* – also referred to as stuttering, involve the interruption in the flow of speaking manifested as an atypical rate, rhythm, repetitions in sounds, syllables, words and phrases; or some combination of these.

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- III. *Voice disorders* – are characterized by abnormal pitch, loudness, resonance, quality, or duration of voice, or by and inability to use one’s voice; or some combination of these. The person is able to communicate but not as effectively as they would like due to overuse or misuse of vocal chords. Voice disorders result from abnormal laryngeal, respiratory, or vocal tract functioning. They may be caused by any, or a combination, of the following:
- A. habitual vocal misuse or hyperfunction that produces physical changes in the vocal folds (e.g., singers, lecturers, teachers, habitual clearing of the throat, prolonged talking over background noise);
 - B. medical conditions (e.g., trauma, neurological disorders, allergies, cancer); and/or
 - C. psychological disorders (e.g., stress or personality disorders).

Voice disorders can be treated by speech therapists with voice therapy. Voice therapy consists of a series of individualized behavioral treatment techniques, based upon the individual’s vocal pathophysiology and psychological, occupational and social influences, that aim to minimize or correct maladaptive and inappropriate vocal behaviors.

Language disorders are disorders of impaired comprehension and/or use of spoken, written, and/or other symbol systems used for communication (e.g., aphasia secondary to cerebral vascular accident, dementia, hearing impairment).

Pragmatics is the system of combining the form (phonology, morphology, and syntax) and content (semantics) of language into functional and socially appropriate communication. A person with a pragmatic language disorder/impairment may say inappropriate or unrelated things during a conversation, tell stories in a disorganized way, or have little variety in the use of language. Pragmatic disorders may be considered a symptom of other disorders; such as autism spectrum disorders or developmental disorders.

Vocal cord dysfunction (VCD), also known as paradoxical vocal fold movement, is a respiratory disorder characterized by paradoxical closure of the vocal cords during the respiratory cycle that leads to airway obstruction. Symptoms can range from wheezing to stridor. VCD can be mistaken for asthma and is distinguished from asthma by the performance of a pulmonary function test and laryngoscopy. VCD is often treated with speech therapy, relaxation techniques and/or psychotherapy.

Speech and language disorders range in severity from mild to severe impairments; from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Speech and language impairments are classified according to their level of severity. A mild impairment is less than 1 standard deviation from normal; a moderate impairment is 1–2 standard deviations from normal; and a severe impairment is more than 2 standard deviations from normal.

Lee Silverman Voice Therapy, LSVT LOUD™, is proposed as an intensive behavioral voice therapy program for individuals with Parkinson disease and other neurological disorders and is aimed at improving the vocal loudness of these patients. Patients receive 16 treatment sessions over 4 weeks and are trained to increase both vocal loudness and variations in pitch through a series of exercises. The LSVT Companion® System may be used as a technical adjunct to the program to complement person-to-person voice therapy. The sound produced by a patient's voice is received by a calibrated microphone and converted to a visual display that consists of different visual and auditory feedback. The patient is given a target range of both vocal intensity (loudness) and fundamental frequency (pitch) and instructed to maintain a given loudness and or pitch for a given duration. Increases in the complexity of the spoken material are combined with the targeted vocal parameters. The device consists of software that allows therapists to manage therapy for patients as well as allowing them to perform the therapy at home.

Pursuant to New York State law, effective November 1, 2012, each contract providing physician services, medical, major medical, or similar comprehensive-type coverage must provide coverage for the screening, diagnosis, and treatment of Autism Spectrum Disorders when prescribed or ordered by a licensed physician or a licensed psychologist for medically necessary services. Treatment includes services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, and social worker when the policy generally provides such coverage. Therapeutic treatment must include care that is deemed habilitative or non-restorative.

As of January 1, 2014, the Patient Protection and Affordable Care Act (PPACA) required all health insurers to provide essential health benefits, including habilitative services. According to the PPACA, habilitative services are health care services that help a person keep, learn or improve skills and functioning for daily living and include the management of

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limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function.

RATIONALE

In the 2018 PD COMM pilot trial, Sackley et al. assessed the feasibility and acceptability of a large-scale RCT to assess the clinical and cost effectiveness of Lee Silverman Voice Treatment (LSVT LOUD) versus standard speech and language therapy (SLT) versus no intervention in dysarthria associated with Parkinson’s Disease (PD). The trial design consisted of multicenter, three-arm parallel group randomized controlled pilot trial with a blinded assessor. Therapists and patients were not blinded to treatment allocation, however assessors of the vocal assessment outcomes data were all blinded. A total of 89 patients were included in this trial with 30 patients randomized to LSVT LOUD (27 completed the trial), 30 to SLT (27 completed the trial), and 29 to the control group (all 29 completed the trial). Data was collected at baseline, 3, 6, and 12 months. Voice Handicap Index (VHI) was selected as the primary outcome measure for the larger RCT. The differences in VHI total score at 3 months between LSVT LOUD® and SLT versus control were -12.5 and -9.8 points, respectively. No adverse events were reported. The authors report concerns that high intensity LSVT LOUD might lead to a high withdrawal rate. In total, 7 patients in the LSVT LOUD arm either did not start therapy or stopped early compared to 1 patient in the SLT arm who did not start therapy. The authors concluded based on the PD COMM pilot trial that both LSVT LOUD® and SLT may be effective in improving communication in PD, although this needs to be confirmed in an adequately powered trial.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
92507	Treatment of speech, language, voice, communication, and/ or auditory processing disorder; individual
92508	group, two or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	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
92610	Evaluation of oral and pharyngeal swallowing function
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

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HCPCS Codes

Code	Description
S9128	Speech therapy; in the home, per diem

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Code	Description
S9152	Speech therapy, re-evaluation

Modifier Code

Code	Description
96	Habilitative Services
97	Rehabilitative Services

ICD10 Codes

Code	Description
Several	

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*Key Article

KEY WORDS

Fast ForWord®, Language Therapy, Lee Silverman Voice Therapy (LSVT-Loud™), Speech Evaluation, Speech Therapy, Vocal Cord Dysfunction, Voice Therapy.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination addressing Speech-Language Pathology Service for Treatment of Dysphagia and a Local Coverage Determination (LCD) and a supplemental article addressing Speech-Language Pathology. Please refer to the following websites for Medicare Members:

NCD:

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=192&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=speech&KeyWordLookUp=Title&KeyWordSearchType=And&FriendlyError=NoLCDIDVersion&bc=gAAAABAAAAAAAA%3d%3d&>

LCD:

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33580&ver=34&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=speech&KeyWordLookUp=Title&KeyWordSearchType=And&FriendlyError=NoLCDIDVersion&bc=gAAAABABAAAA&>

Local Coverage Article:

<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52866&ver=15&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=41&KeyWord=speech+therapy&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAA&>