



## Speech Therapy

### I. Policy

Speech therapy services include the diagnosis and treatment of communication impairment(s) and swallowing disorders. Services include speech/language therapy, swallowing/feeding therapy (dysphagia), aural rehabilitation therapy and augmentative/alternative communication therapy. University Health Alliance (UHA) will reimburse for speech therapy when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### II. Criteria/Guidelines

- A. Speech therapy for communication impairments and swallowing/feeding disorders is covered (subject to Limitations/Exclusions and Administrative Guidelines) when all of the following criteria are met:
  1. Therapy is necessary to treat function lost or impaired by disease, trauma, congenital anomalies (structural malformation), or prior therapeutic intervention.
  2. Therapy is ordered by a physician, Physician Assistant, or advanced practice registered nurse (APRN) who has established the patient's diagnosis.
  3. Therapy is rendered by and requires the judgment and skill of a speech pathologist certified as clinically competent by the American Speech-Language-Hearing Association (ASHA).
  4. Swallowing therapy can be provided by either a certified speech therapist or an occupational therapist.
  5. Therapy is provided on a one-to-one basis.
  6. Therapy is used to achieve significant, functional improvement through specific diagnosis-related goal(s) documented in an individualized, written treatment plan of care with measurable objectives.
  7. Training is provided to patient, family, and/or caregiver(s) to facilitate participation in and assumption of speech therapy, continued improvement, and a maintenance program.
  8. Therapy is short term, usually provided within a three month period.
- B. Speech therapy services for aural rehabilitation are covered (subject to Limitations and Administrative Guidelines) following implantation of a cochlear or auditory brainstem device when the following are met:
  1. Therapy is ordered by a physician, Physician Assistant, or APRN who has established the patient's diagnosis.
  2. Therapy is rendered by and requires the judgment and skill of a speech language pathologist certified as clinically competent by the American Speech-Language-Hearing Association (ASHA).
  3. Therapy is provided on a one-to-one basis.
  4. Therapy is used to achieve significant, functional improvement through specific diagnosis-related goal(s) documented in an individualized, written treatment plan of care that includes measurable objectives.
  5. Training is provided to patient, family and/or caregiver(s) to facilitate their participation in and assumption of speech therapy, continued improvement and a maintenance program.
  6. Therapy is covered when provided within the following limits:

- a. For pre-lingually deaf members age 4 and younger, the number of covered visits is 24 the first year after surgery and 8 per year through age 10.
  - b. For post-lingually deaf members age 10 and younger, the number of covered visits is 10 the first year after surgery and 4 per year after the first year.
  - c. For both pre- and post-lingually deaf members age 11 and older, 4 visits per year will be covered.
- C. Speech therapy services for augmentative and alternative communication therapy are covered (subject to Limitations and Administrative Guidelines) only for restorative services in conjunction with speech generating devices (SGD) when the following are met:
1. Therapy is necessary to treat function lost or impaired by disease, trauma, congenital anomalies (structural malformation), or prior therapeutic intervention.
  2. Therapy is ordered by a physician, Physician Assistant, or APRN who has established the patient's diagnosis.
  3. Therapy is rendered by and requires the judgment and skill of an appropriately licensed speech pathologist because of the member's condition and the complexity of treatment.
  4. Therapy is provided on a one-to-one basis.
  5. Therapy is used to achieve significant, functional improvement through specific diagnosis-related goal(s) documented in an individualized, written treatment plan of care that includes measurable objectives.
  6. Training is provided to patient, family, and/or caregiver(s) to facilitate their participation in and assumption of speech therapy, continued improvement, and a maintenance program.

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problem may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

### **III. Limitations/Exclusions**

- A. Speech therapy is not covered for the following conditions which would not benefit from short-term therapy. (Speech therapy is short-term, usually provided within a three month period.) If Habilitative Services are available, plan benefits may apply:
1. Psychosocial speech delay
  2. Behavioral problems
  3. Attention disorders
  4. Congenital or acquired neurologic deficits or disorders.
  5. Psychoneurotic or psychotic conditions

6. Dysfunctions that are self-correcting including, but not limited to:
    - a. Language therapy for young children with natural dysfluency; or
    - b. Developmental articulation errors that are self-correcting
  7. Educational and occupational deficits to include learning disabilities and dyslexia
  8. Developmental delay defined as any significant lag in a child's physical, cognitive, behavioral, emotional, or social development, in comparison with norms
  9. Fluency disorders including lisping or stuttering
  10. Speech problems complicated by bronchitis and laryngitis
  11. Untreated conductive hearing loss
- B. The following services are not covered:
1. Duplicate therapy: When patients receive occupational and speech therapy, therapies should provide different treatments and not duplicate the same treatment. They must include separate treatment plans and goals with treatment occurring in separate treatment sessions and visits. This includes:
    - a. For members up to age 22 years, duplicate services are available through schools and government programs. Speech therapy services up until age 3 are available through the Department of Health (DOH) under a child's Individualized Family Support Plan (IFSP). Speech therapy services for members aged 3 to 22 are available through the Department of Education (DOE) under an Individualized Education Program (IEP). An IFSP or IEP must be completed and included in the documentation when requesting coverage through UHA.
      - i. If the state has issued a Prior Written Notice (PWN) denying services, the PWN must be submitted before any request can be reviewed.
      - ii. If a child has been discharged from DOH or DOE services, supporting documentation should be submitted to UHA for review.

Note: The DOE does not cover services related to medical issues (e.g., swallowing, cleft palate, oral aversion, hydrocephaly, etc.)
  2. Non-skilled services which do not require the intervention of a qualified provider of speech therapy services, such as:
    - a. Treatments that maintain function by using routine, repetitious, and reinforcing procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation disorders); or
    - b. Procedures that may be carried out effectively by the patient, family, or caregivers.
  3. Maintenance therapy: Maintenance begins when the treatment goals have been achieved and when no further functional progress is apparent or expected to occur. A maintenance program consists of drills, techniques, and exercises to preserve the patient's present level of function and prevent regression of that function.
  4. Group speech therapy
  5. Electrical stimulation (E-stim/NMES) for swallowing/feeding disorders as it is not known to improve health outcomes.
  6. Swallowing/feeding therapy for food aversions because this is considered behavioral training and does not meet payment determination criteria.
  7. Any computer-based learning program for speech training purposes is not covered (e.g., Fast ForWord or other programs).

8. Treatment for central auditory processing disorder as it is not known to be effective based on scientific evidence. Only an initial evaluation is covered.

#### IV. Administrative Guidelines

- A. Evaluation services do not require prior authorization.
- B. Prior authorization for treatment is required
  1. For children and young adults between the ages of zero to 22 years of age, documentation showing the IFSP or IEP treatment plan is required. See section on Duplicative Services in this policy for additional documentation requirements for members eligible for DOH or DOE services.
- C. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- D. Documentation submitted must include an individualized, written treatment plan appropriate for the diagnosis, symptoms, and findings of the speech therapy evaluation which clearly documents the medical necessity of the treatment:
  1. Specific statements of goals including a transition from one-to-one supervision to a patient, family member, or caregiver upon discharge to a home maintenance program;
  2. Measurable objectives intended to facilitate meaningful functional improvement;
  3. A reasonable estimate of when the goals will be reached;
  4. The specific treatment techniques and/or exercises to be used in treatment including those for use in a home maintenance program;
  5. The frequency and duration of the treatment; and
  6. A treatment plan should be appropriately revised as the patient's condition changes.
- E. A request for continuation of services must be submitted with an updated plan of care which documents measurable, significant improvement, and clearly indicates a reduction in functional impairment when compared to normal or average function in the same or similar demographic.
- F. Patients who want services that are not a covered benefit should be informed that they will be responsible to pay for the services. To prevent misunderstandings about financial responsibility, the provider may ask the patient to sign an **Agreement of Financial Responsibility** prior to performing the services.

CPT Code	Description
92511	Nasopharyngoscopy with endoscope (separate procedure)
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
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
92597	Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent programming
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent programming
92605	Evaluation for prescription of non-speech generating augmentative and alternative communication

	device
92607	Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary service)
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
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	Flexible fiberoptic endoscopic evaluation, of swallowing and laryngeal sensory testing by cine or video recording
92617	Flexible fiberoptic endoscopic evaluation, of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
92625	Assessment of tinnitus (includes pitch, loudness matching and masking)
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes
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
S9152	Speech Therapy, Re-evaluation
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92606	Therapeutic service(s) for the use of non-speech generating device, including programming and modification
92609	Therapeutic service(s) for the use of speech-generating device, including programming and modification
92630	Auditory rehabilitation; pre-lingual hearing loss
92633	Auditory rehabilitation; post-lingual hearing loss

**Non-covered procedure code(s):**

CPT Code	Description
92508	Speech, language or hearing therapy, with continuing medical supervision; group

**V. Definitions**

- A. Anomia - Word finding and word fluency disorders; inability to name or retrieve the appropriate word upon confrontation
- B. Aphasia - Loss of language
- C. Aphonia - Total loss of voice
- D. Apraxia/dyspraxia - Inability to form words or speak, despite the ability to use the oral and facial muscles to make sounds

- E. Aural rehabilitation - Services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairment
- F. Dysarthria literalis - Stuttering, also known as dysarthria syllbaria spasmodic
- G. Dysphagia - Inability to swallow or difficulty with swallowing
- H. Dysphasia - Impairment of speech resulting from a brain lesion, stroke or neurodevelopmental disorder
- I. Dysphonia - Difficulty in vocal sounds; partial loss of voice
- J. Fluency disorder - The abnormal flow of verbal expression; interruption of smooth flow of speech
- K. Language impairment - Inability to comprehend and/or appropriately use language
- L. Neurosensory hearing loss - A decreased ability to perceive sounds as compared to normal

## **VI. Policy History**

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