



# Utilization Management Policy

## Speech–Language Pathology

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### Policy Statement

#### Indications – Coverage

1. Speech therapy is indicated in the treatment of communication disabilities and/or swallowing disorders (dysphagia) that are the result of a non-chronic disease or acute injury.
2. Speech therapy may be for deficits as a result of injury, illness, post-operative condition, or congenital abnormality. Speech therapy may be medically necessary for the acute phase of chronic conditions and/or for the acute exacerbation of an ongoing illness or disability. Therapy may be appropriate and necessary for exacerbations of chronic conditions or reassessments. Traumatic injury does not include infections.
3. A patient is required to be under the care of a physician and a periodic review and continued approval of the plan of treatment by the treating physician must occur. Routine re-evaluations are considered not medically necessary.
4. Measurable restorative potential should be documented. Therapy must be based on a plan of care. Therapy sessions should achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable, significant functional improvement in a reasonable and predictable period of time [i.e., medical necessity continues until progress is no longer being made (in a two- to three-month period) or the patient has attained his/her previous level of function].
5. The patient’s health plan evidence of coverage governs specific benefits available to each individual. For non-Medicare patients, some health plans cover speech therapy only for acute illnesses and injuries or those disorders with a congenital etiology (e.g., cleft palate). Specific benefits must be confirmed prior to review for every request.
6. Frequently, the evaluation and treatment of many developmental-related speech and language disorders are covered only by school and community organizations, not health plans. *[Only skilled speech therapy services are a covered benefit.]*

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7. The services require the judgment, knowledge, and skills of a qualified provider of speech therapy services due to the complexity and sophistication of the therapy and the medical condition of the patient.

### Not Medically Necessary

Speech-language pathology (SLP) services are considered not medically necessary if any of the following is determined:

- The therapy is for the correction of speech, language, or swallowing impairment other than that resulting from *acute illness, injury, surgery, or congenital abnormality*. (**Note:** Developmental delay is not considered an illness or injury.)
- The therapy is considered primarily educational.
- The expectation does not exist that the speech therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time. [i.e., progress is no longer being made (in a two- to three-month period) or the patient has attained his/her previous level of function].
- Services that do not require the skills of a qualified provider of SLP services are considered not medically necessary, including, but not limited to, the following:
  - Treatments that maintain function using routine, repetitious, and/or reinforced procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation errors)
  - Procedures that may be carried out effectively by a non-professional (e.g., patient, family, or caregivers).
- The therapy is for impairments that are self-correcting with time such as natural dysfluency in young children or developmental articulation errors.
- Treatments that are not supported as effective in peer-reviewed literature.
- Group treatment sessions.
- Psychoneurotic or psychotic conditions, self-correcting conditions (e.g., late developing speech sounds), developmental disfluency without concomitant behaviors, voice therapy, or functional dysphonia (absent of nodules or nodes).
- Duplicate therapy i.e., when patients receive concurrent physical, occupational, and/or speech therapy, the therapists should provide different treatments that reflect each therapy discipline's unique perspective on the patient's disabilities and functional deficits and not duplicate the same treatment. They must each have separate evaluations, treatment plans, and goals.
- Maintenance therapy

### Purpose

This policy describes the clinical criteria used by Optum regarding the conditions of coverage and non-coverage for speech-language pathology (SLP) services, when rendered by qualified health care providers.

### Scope

This policy applies to all in and out of network programs where utilization review (UR) determinations are rendered.

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## Definitions/Descriptions

A **maintenance therapy program** consists of drills, techniques, and exercises that preserve the patient's present level of communication/swallowing function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and/or when no further significant functional progress is apparent or expected to occur. In certain circumstances, the specialized knowledge and judgment of a qualified therapist may be required to establish a maintenance program; however, the repetitive SLP services to maintain a level would be considered *not medically necessary*.

**Speech-language pathology (SLP)** provides for the identification, assessment, and treatment of speech, language, and swallowing disorders in children and adults. These services are provided by a licensed speech-language pathologist.

**Speech-language pathology services** are also provided within the scope of practice of speech-language pathologists and are necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities, and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability. (See CMS Pub. 100-03, chapter 1, §170.3.)

## Background

Speech therapy covers a wide range of services for all ages in a variety of in- and outpatient settings. Speech-language pathologists (SLPs) work with individuals who have physical and/or cognitive deficits/disorders resulting in difficulty communicating. SLPs also provide services for individuals with dysphagia (difficulty swallowing).

Speech Therapy treatments should facilitate the development and/or restoration of functional communication and/or swallowing. Therapy for swallowing disorders is independent of any communication disability. Treatments are expected to result in significant improvements in the patient's function in a reasonable and predictable period of time or are necessary to establish a safe and effective home maintenance program. The improvement potential must be significant in relation to the resources and duration of therapy required.

The services are delivered by a qualified provider who holds the appropriate credentials in speech-language pathology; has pertinent training and experience; and is certified, licensed, or otherwise regulated by the State or Federal governments. Assistants may provide services under the direction and supervision of a speech language pathologist in accordance with appropriate State or Federal regulations. A qualified provider is one who is licensed, where required, or holds the Certificate of Clinical Competence (CCC) granted by the American Speech-Language-Hearing Association (ASHA) and performs within the scope of licensure. These qualified professionals are also regulated by the State and Federal governments.

Aides, athletic trainers, exercise physiologists, life skills trainers, and rehabilitation technicians do not meet the definition of a qualified practitioner regardless of the level of supervision. Aides and other non-qualified personnel, as listed above, are limited to non-skilled services such as preparing the patient, treatment area, equipment, or supplies; assisting a qualified therapist or assistant; and transporting patients. They may not provide any direct patient treatments, modalities, or procedures.

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### Application of Medicare Guidelines to Speech-Language Pathology Services

Speech-language pathology evaluation services are covered if they are reasonable and necessary and not excluded as routine screening by §1862(a)(7) of the Act. The speech-language pathologist employs a variety of formal and informal speech, language, and dysphagia assessment tests to ascertain the type, causal factor(s), and severity of the speech and language or swallowing disorders. Re-evaluation of patients for whom speech, language, and swallowing were previously contraindicated is covered only if the patient exhibits a change in medical condition. However, monthly re-evaluations; e.g., a Western Aphasia Battery, for a patient undergoing a rehabilitative speech-language pathology program, are considered a part of the treatment session and shall not be covered as a separate evaluation for billing purposes. Although hearing screening by the speech-language pathologist may be part of an evaluation, it is not billable as a separate service.

### Duration of Speech-Language Pathology Services

Indications for the discontinuance of SLP services include:

1. Patient has achieved the goals of therapy
2. Patient has reached maximum medical improvement
3. Patient has not shown evidence of measurable improvement
4. Patient is not compliant with therapy program
5. The therapy program is contraindicated
6. The maximum allowable benefit has been exhausted

### Speech-Language Pathology Coding

The following are codes for treatments and procedures applicable to speech-language pathology evaluation of services. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Optum will refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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**CPT**

92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function
92611	Motion fluoroscopic evaluation of swallowing function by cine or video
92626- 92627	Evaluation of auditory rehabilitation status (codes effective 01/01/2006)

**HCPCS**

S9128	Speech therapy, in the home, per diem
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

**Revenue**

0440-0449 Speech pathology

**ICD-10 Diagnosis**

Dependent upon the condition, illness, or injury

**References**

Speech-Language Pathology Medical Review Guidelines (2015). American Speech-Language-Hearing Association. Accessed: 3/2023; <https://www.asha.org/practice/reimbursement/slp-medical-review-guidelines/>.



# Utilization Management Policy

## Policy History/Revision Information

Date	Action/Description
4/27/23	Quality Improvement Committee approved the policy

## Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: [phpolicy.inquiry@optum.com](mailto:phpolicy.inquiry@optum.com) with the word “Policy” in the subject line.

The services described in Optum\* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum’s administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member’s SPD or COC, the member’s SPD or COC will govern.

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