Molina Healthcare of South Carolina

South Carolina Clinical Policy Speech Therapy

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DISCLAIMER

This South Carolina Molina Clinical Policy (SC-MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment, and clinical recommendations for the Member. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (e.g., will be paid for by Molina) for a particular Member. The Member's benefit plan determines coverage – each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their Providers will need to consult the Member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid Members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this SC-MCP and provide the directive for all Medicare members.[1] References included were accurate at the time of policy approval and publication.

OVERVIEW

According to the American Speech-Language-Hearing Association Speech-language pathology services are defined as "those services necessary for the diagnosis and treatment of swallowing (dysphagia), speechlanguage, and cognitive-communication disorders that result in communication disabilities. Speech-language pathologists treat disorders of speech sound production (e.g., articulation, apraxia, dysarthria), resonance (e.g., hypernasality, hyponasality), voice (e.g., phonation quality, pitch, respiration), fluency (e.g., stuttering), language (e.g., comprehension, expression, pragmatics, semantics, syntax), cognition (e.g., attention, memory, problem solving, executive functioning), and feeding and swallowing (e.g., oral, pharyngeal, and esophageal stages)." Speech-language pathology covers a wide range of services for all ages and is provided in schools, hospitals, home care, in and out-patient rehabilitation facilities, and nursing homes. Speech therapy is performed by speech-language pathologists (SLPs) who specialize in the evaluation and treatment of communication and swallowing disorders and work with individuals who have physical or cognitive deficits/disorders resulting in difficulty communicating. In general speech therapy services can be classified as rehabilitative or habilitative. Rehabilitative services help restore or improve abilities lost or impaired as a result of illness. Habilitative services are intended to maintain, develop or improve skills which have not (but normally would have) developed or which are at risk of being lost as a result of illness, injury, loss of a body part, or congenital abnormality.

SOUTH CAROLINA COVERAGE POLICY

State Resources Each state has special programs available for special education and related services. The Individuals with Disabilities Act (IDEA) is a federally mandated program that provides free and appropriate public education for children with diagnosed learning disabilities. Public school districts pay for the necessary services. These services include social workers, speech therapists, occupational therapists, school nurse, aide and school psychologist. An individualized Education Program (IEP) is a list of goals agreed upon by the family and the school. An annual meeting is scheduled with the family to review progress and to adjust the plan. Early intervention is the process of providing services, education and support to young children who are deemed to have an established condition, those who are evaluated and deemed to have a diagnosed physical or mental condition (with a high probability of resulting in a developmental delay), an existing delay or a child who is at-risk of developing a delay or special need that may affect their development or impede their education. The purpose of early intervention is to lessen the effects of the disability or delay. Services are designed to identify and meet a child's needs in five developmental areas, including: physical development, cognitive development, communication, social or emotional development, and adaptive development. An early intervention program is available within each state for children under the age of three. These services are typically provided by a state contracted program for toddlers with disabilities. Services may be provided in the home or at another designated place. The plan of care is reviewed every 6 months.

South Carolina Department of Health and Human Services (SCDHHS) regulations on speech therapy are defined below.

Please review individual State and Federal mandates and applicable health plan regulations before applying the criteria below. Please refer to requirements, criteria, and guidance from the State in which the Member is receiving treatment as the State's documents will supersede this Molina Clinical Policy.

1. **Speech-language pathology (SLP)** services may be considered medically necessary in speech sound production disorders (e.g., articulation, apraxia, dysarthria); language disorders (e.g., comprehension, expression, pragmatics, semantics and syntax); when ALL of the following criteria are met: **[ALL]**

   - Prescriber is the member's primary care physician or their physician designee and provides a written order; AND
   - Based on a plan of care, the therapy sessions achieve a specific diagnosis-related goal with a Reasonable expectation of achieving measurable significant functional improvement in a reasonable and predictable period of time; AND
   - The therapy sessions provide specific, effective, and reasonable treatment for the individual's diagnosis and physical condition; AND
   - 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, (such as: Speech-Language Pathology (CCC-SLP).
   - Speech therapy assistants may provide services under the direction and supervision of a speech language pathologist; AND o The services require the judgment, knowledge, and skills of a qualified provider of SLP services due to the complexity of the therapy and the medical condition of the individual; AND
   - Documentation that physician referral to an Early Intervention program (EIP) for children who qualify and are up to age 3 years or a school-based therapy program for children and adolescents ages 3 to 21 years is required to be tried as a first option.
   - Individualized speech therapy is considered not medically necessary if the services are being provided concurrently by any state or federal agency such as EIP, or local school district.

2. **Swallowing and Feeding Services may be considered medically necessary when the following criteria are met:**

   - Swallowing therapy is ordered for the treatment of an **organic** medical condition; OR
   - In the immediate postoperative or convalescent state of the patient's illness; OR
   - Documented evidence of Failure to Thrive / Weight Loss:
     - Unresponsive to standard age-appropriate interventions over four (4) weeks with clinical signs and symptoms of nutritional risk from failure to thrive as indicated by the following for neonates, infants and children < 18 years of age:
       - Weight for height or BMI for age ≤ 10 percent (≤10%); **OR**
       - Crossed (downward) at least 2 percentile lines of weight for age on growth chart.
   - Poor weight gain or abnormal swallow studies related to a feeding or swallowing disorder.

   Swallowing/feeding therapy for food aversion is **not covered** because this is considered a behavioral problem.
   Note: treatment for behavioral problems is not covered under the speech therapy benefit.

3. Developmental Language Delay: Speech therapy may be authorized in patients with developmental language delay when ALL of the following criteria are met: **[ALL]**

Developmental language delay diagnosis in members who are 12 months of age or older when one of the following criteria are met: **[ONE]**

- There is a State Mandate specifically for coverage of "developmental delay"; **or**
- There is a severe speech delay, AND o Documentation that developmental SCREENING 46 47 test has been completed and the results, **AND**

- Indicate a speech delay or communication deficit that validates a referral to a speech language pathologist. These screening tests identify a child who is at risk of developmental delay. (It is not necessary to spell out specific test used.)

4. Documentation review includes the following: [ALL]

A. Evaluation: A comprehensive evaluation is essential to determine if SLP services are medically necessary, gather baseline data, establish a treatment plan, and develop goals based on the data. An evaluation is needed before implementing any SLP treatment. Evaluation begins with the administration of appropriate and relevant assessments using standardized assessments and tools. The evaluation must include:

- Prior functional level, or baseline condition.
- Specific standardized and non-standardized tests, assessments, and tools that are scored to assess the individual's level of functional communication and or swallowing. The results of testing must show standardized scores as well as scaled scores when applicable and must include the following:
  - A **Total Score** of 70 or below on tests where a Total standard score is based on 100; or
  - A Total score of at least 2 standard deviations from the mean; and
  - Analytic interpretation and synthesis of all data, including a summary of the baseline findings in written report(s) of the individual's current communication and or swallowing skills; and Objective, measurable, and functional descriptions of an individual's deficits using comparable, consistent and standard methods;
  - The results of testing must show standardized scores as well as scaled scores when applicable.
  - Summary of clinical findings with recommendations
  - Articulation disorders may be authorized when there is:
    - Standardized Total scoring for articulation language of 70 or below; **and**
    - A speech sample of a minimum of 50 utterances to validate the speech disorder
- Treatment plan including the frequency and duration;
- Functional, measurable, and time-framed long-term and short-term goals based on appropriate and relevant evaluation data;
- Rehabilitation prognosis;
- Discharge plan that is initiated at the start of SLP treatment

B. Treatment Sessions: A speech language pathology treatment session is usually thirty minutes to one hour of speech therapy on any given day, depending on the age and diagnosis and ability to sustain attention for therapy. Documentation of treatment sessions must include: **[ALL]**

- Date of treatment;
- Specific treatment(s) provided that match the CPT codes billed;
- Total treatment time;
- The individual's response to treatment;
- Skilled ongoing reassessment of the individual's progress toward the goals in objective, measurable terms using consistent and comparable methods;
- Reasonable estimate of when goals will be reached
- Level and complexity of services requested can only be rendered safely and effectively by a licensed speech-language pathologist;
- Objective, measurable, and functional descriptions of an individual's deficits including any problems or changes to the plan of care;
- Feasibility of training parent(s) or caregiver(s) based on outlined goals; strategy to transition care to patient or

caregiver maintenance program

- Name and credentials of the treating clinician

C. Progress Reports: Intermittent progress reports need to demonstrate that the individual is making functional progress and must include all of the following: **[ALL]**

- Start of care date;
- Time period covered by the report;
- Communication and or swallowing diagnosis;
- Statement of the individual's functional communication/swallowing at the beginning of the progress report period;
- Statement of the individual's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of member communication/swallowing performance in functional terms that relate to the treatment goals;
- Changes in prognosis, plan of care and goals and reason for the change;
- Consultations with other professionals or coordination of services, if applicable;
- Signature and title of qualified professional responsible for the therapy services.

D. Re-evaluation: A re-evaluation is usually indicated when there are new significant clinical findings, a rapid change in the individual's status, failure to respond to SLP interventions or after every 6 months of treatment. Re- evaluation is a more comprehensive assessment that includes all the components of the initial evaluation.

- **To continue speech therapy after 6 months a re-evaluation must be done** that includes documentation of scores from specific standardized and non-standardized tests, assessments, and tools to assess the individual's level of functional communication and or swallowing.
- If the re-evaluation and submitted clinicals support treatment is needed beyond 6 months, the review nurse may approve up to an additional 3 months of therapy at a given time for a total of 6 additional months, provided services meet medical necessary as found in this MCR.
    - Member must also show consistent attendance at treatment visits
- Member must show progress for additional therapy to be approved (e.g. consistent attendance, making progress toward goals, compliance with treatment plan). Clinicals that fail to show progress require the request to be referred to the medical director for review.
- Ongoing therapy requests beyond a duration of 12 months require mandatory medical director referral and review.
- Formal re-evaluation is required after every 6 months of treatment.

Discontinuation of Services: Indications for discontinuation of services include one or more of the following criteria: [ONE]

- Goals have been achieved
- Treatment is refused or the member is non-compliant
- The speech, language, communication disorder is within normal limits or consistent with the individual's premorbid status.
- Maximum potential for improvement has been achieved
- Development of a maintenance program once the member has completed the speech/language therapy initial goals and/or the skills of a therapist are not required
- Medical condition develops that precludes treatment
- Measurable improvements/no change in status have not been demonstrated as indicated by the treatment plan

after 3 consecutive sessions

- Feeding and/or swallowing skills no longer adversely affect the individual's health status
- Individual state benefit coverage limitations have been exhausted

5. Amount, frequency and duration of speech therapy services is reasonable, necessary, specific, effective and skilled, as consistent with accepted clinical practice standards:

Reasonable: appropriate amount, frequency, and duration of treatment in accordance with accepted standards of practice.

Necessary: appropriate treatment for the patient's diagnosis and condition.

Specific: targeted to particular treatment goals.

Effective: expected to yield improvement within a reasonable time.

Skilled: requiring the knowledge, skills, and judgment of a speech-language pathologist, that is, complex and sophisticated.

6. School based therapy: Speech therapy provided by the member's school district may be considered medically necessary for all of the following:

- During the summer months in order to maintain the therapy services provided in the school are considered a continuation of therapy services when there is no change in patient's diagnosis or function; and
- If a school-aged patient receives medically necessary therapy services in both a school setting (as part of an Individualized Education Plan (IEP) and in an outpatient setting, coordination of therapy between the providers is required. Providers are to maintain documentation of coordination in the member's file.

7. Medical Director Referral: the following scenarios require mandatory MD review:

A. Requests for ongoing speech therapy beyond 12 months duration;
B. Request for group therapy (CPT 92508) AND individual therapy (CPT 92507) during the same treatment period.

Note: State Education codes allow for speech therapy services for children aged 3 and older who demonstrate significant speech/language deficits interfering with the child' education potential to be obtained through the school system following an evaluation process. In addition, each state has an early intervention process to address the needs associated with children ages 0-3.

COVERAGE EXCLUSIONS

All other requests for treatment that do not meet the above section above are excluded because they are considered not medically necessary or experimental/investigational and unproven. These include all of the following**: [ALL]**

- Self-correcting dysfunctions such as language therapy for normal non-fluency
  - Children between the ages of 2 and 5 years may experience normal non-fluency and speech therapy may not be authorized for this condition
- Computer-based learning programs for speech training such as Fast-For-Word
- Duplicate therapies of the same treatment from two different rehabilitative providers
  - (Occupational or Physical Therapy in conjunction with Speech Therapy)
- Education services, testing and school performance tests (e.g. SIPT, praxis testing)
- Facilitated Communication (FC), auditory integration training (AIT), and sensory integration
- (SI) therapy
- Long term rehabilitative services when significant therapeutic improvement is not expected
- Maintenance therapy in which no additional functional progress is being made or unless a change in status occurs

that would require a reevaluation.

- Speech therapy for all of the following conditions: Note: check if specific regulations or mandates apply:
  - Developmental, neurogenic, or psychogenic stuttering
  - Learning disabilities, behavioral problems, attention disorders
  - Mental retardation
- Therapy to improve or enhance school, recreational, or job performance
- Therapy when intended to improve communication skills beyond premorbid levels (e.g., beyond the functional communication status prior to the onset of a new diagnosis or change in medical status).
- If continuation is maintenance in nature
- If Medicare does not consider the service medically necessary
- Therapy that does not require the skills of a qualified provider of speech therapy services, such as treatments which maintain function and are neither diagnostic nor therapeutic or procedures that may be carried out efficiently by the patient, family or caregivers in the home
- Therapy that is considered primarily for the enhancement of educational purposes whereas services are provided by public or private educational agencies (e.g. developmental delay)
- If services are required to be provided by another public agency including the patient's school district
- Swallowing/feeding therapy for food aversion is not covered because this is considered a behavioral problem. *Note: treatment for behavioral problems is not covered under the speech therapy benefit.*

END South Carolina Department of Health and Human Services (SCDHHS) regulations on Speech Therapy

DOCUMENTATION REQUIREMENTS. *Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

SUMMARY OF MEDICAL EVIDENCE

There is an abundance of published peer reviewed literature about the efficacy of speech therapy for many conditions. The published evidence consists of systematic reviews, randomized controlled trials, controlled clinical trials and retrospective comparison studies that compare speech and language therapy to placebo, no intervention and other communication interventions for speech problems. However, there are no universal guidelines on the number of speech therapy treatments for any diagnosis nor is there consistent evidence based on any diagnosis to base a treatment decision. Sources used in the creation of this policy are listed in the References section below.

The **American Speech Language Hearing Association (ASHA)** has published the following – links can be found below in the Reference section:

- Speech-Language Pathology Medical Review Guidelines
- Preferred Practice Patterns for the Profession of Speech-Language Pathology
- Scope of Practice in Speech-Language Pathology
- Speech-Language Pathology Assistant Scope of Practice
- Clinical Topics

The **American College of Radiology (ACR)** published *ACR Appropriateness Criteria Dysphagia* which summarizes the literature for the initial imaging of patients with symptoms of dysphagia. The *ACR Appropriateness Criteria* are evidence-based guidelines for specific clinical conditions; review is conducted annually by a multidisciplinary expert panel. The appropriateness of imaging and treatment procedures for specific clinical scenarios are graded; where evidence is lacking, expert opinion may supplement the available evidence to recommend imaging or treatment.

The **American Society for Gastrointestinal Endoscopy (ASGE)** published the *Guideline for the Role of Endoscopy in the Evaluation and Management of Dysphagia*. The guideline includes eight recommendations on the various types of available treatment including various types of dilation, conjunction antisecretory treatment, adjunctive treatment, esophageal stent placement and botulinum toxin injection for achalasia; endoscopic and surgical treatment options for achalasia is also included.

The **American College of Gastroenterology (ACG)** *Clinical Guidelines: Clinical Use of Esophageal Physiologic Testing*. The ACG guideline includes discussion of the clinical value of esophageal physiologic tests and provides recommendations for utilization in routine clinical practice.

A **Choosing Wisely** and the **American Academy of Nursing (AAN)** published guidance for dysphagia occurs in 50-60% of patients who have had a stroke. Swallow screening is important in the rapid identification of risk of aspiration. While this evaluation is not necessary for all patients with acute stroke, a swallowing screen may identify patients who do not need a formal evaluation and who can safely take food and medication by mouth. The AAN also provides 25 things that both nurses and patients should be aware of regarding formal swallow evaluations.

SUPPLEMENTAL INFORMATION

Individuals with Disabilities Act (IDEA) and State Resources for Children and Adolescents

The Individuals with Disabilities Act (IDEA) is a federally mandated program that provides free and appropriate public education for children with diagnosed learning disabilities throughout the nation and ensures special education and related services to those children.** Funding is governed by IDEA and determines how states and public agencies (such as schools) provide early intervention, special education, and related services to over 7.5 million eligible infants, toddlers, children, and youth with disabilities.

- Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.
- Infants and toddlers (birth through age 2) with disabilities and their families receive early intervention services under IDEA Part C.
- Formula grants are awarded to States to support special education and related services and early intervention services.
- Discretionary grants are awarded to State educational agencies, institutions of higher education, and other non-profit organizations to support research, demonstrations, technical assistance and dissemination, technology development, personnel development, and parent-training and -information centers.

Services provided include, but are not limited to social workers, speech therapists, occupational therapists, school nurses, school psychologists, and/or health or other support staff (e.g., aides). Congress reauthorized the IDEA in 2004 and amended the IDEA through the Every Student Succeeds Act in December 2015.

** Refer to State guidance regarding coverage of speech therapy for the conditions noted above.

CODING & BILLING INFORMATION

CPT Codes

CPT	Description
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

Covered HCPCS Codes

HCPCS	Description
G0153	Services of a speech and language pathologist in home health or hospice settings, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
S9128	Speech therapy, in the home, per diem

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*

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Government Agencies

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3. Individuals with Disabilities Education Act (IDEA). About IDEA. Available at IDEA. Accessed September 13, 2021.

Other Evidence Based Reviews and Publications

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National and Specialty Organizations

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Peer Reviewed Publications

1. Barkmeier-Kraemer JM, Clark HM. Speech-language pathology evaluation and management of hyperkinetic disorders affecting speech and swallowing function. Tremor Other Hyperkinet Mov (N Y). 2017 Sep 21;7:489. doi: 10.7916/D8Z32B30. Accessed Sept. 13, 2021.
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APPENDIX State Specific Resources

Reserved for State specific information (to be provided by the individual States, not Corporate). Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.

- Report (Vertical) (scdhhs.gov) – Physicians Services Provider Manual July 1, 2022 South Carolina Department of Health and Human Services Page 3, 8-9, 105-106, 118, 174,

- Medicaid Contract State of South Carolina page 285-287

APPROVAL HISTORY

Review	Revision	MCP-Committee Approval Date	Comments
9/11/2023		9/11/2023	HCS Committee reviewed and approved
9/19/2022	9/19/2022	9/19/2022	Reviewed against MHI, SC Providers Plan, Medicaid Contract. Approved by CMO, Medical Directors and VP HCS, D Enigl and Dr. Shrouds
12/8/2021	12/8/2021	12/8/2021	MHI Policy reviewed, reorganized Coverage Policy section, updated Summary of Medical Evidence and References.
9/15/2021	9/15/2021	9/15/2021	State specific policy updates
4/5/2021	4/5/2021	4/5/2021	MHI Policy reviewed, no changes to criteria. References updated.
4/23/2020	4/23/2020	4/23/2020	MHI Policy reviewed, no changes to criteria. References updated.
6/19/2019	6/19/2019	6/19/2019	MHI Policy reviewed, no changes to criteria. References updated.
1/22/2019	1/22/2019	1/22/2019	State specific policy updates
3/8/2018			MHI Policy reviewed, no changes to criteria. References updated
6/22/2016	6/22/2016	6/22/2016	State specific policy updates