

**Speech Therapy & Electronic Speech Aids**  
**Policy Number: AH0775**

**Definition:**

Speech therapy is the treatment of communication disabilities and swallowing disorders. Speech therapy services facilitate the development and maintenance of human communication and swallowing through assessment, diagnosis, and rehabilitation.

Speech therapists treat disorders resulting from disease, trauma, congenital anomaly or prior therapeutic process including:

1. language, speech articulation and voice disorders;

2. oral-pharyngeal dysfunction and related disorders.

Medically necessary speech therapy defined as skilled services that can only be rendered under state law or regulation by licensed health professionals, such as a certified speech therapist, will generally involve the mechanics of phonation or deglutition (process of vocal sound or the act of swallowing).

Speech therapists are also known as speech pathologists, speech-language pathologists and speech clinicians.

**Coverage:**

1. Initial speech, language and/or hearing evaluations are covered.

2. Benefits are limited to one hour of speech therapy services on any given day.

3. To be considered eligible for coverage, speech therapy services must meet all the following criteria:

- a. Be performed to meet the functional needs of a patient who suffers from a communication disability and/or swallowing disorder due to illness, injury, congenital anomaly, or prior therapeutic intervention.
- b. Be performed to achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time.
- c. Be considered by the Plan to be specific, effective and reasonable treatment for the patient's diagnosis and physical condition.
- d. Be delivered by a qualified provider of speech therapy services. A qualified provider is one who is licensed and certified where required and is performing within the scope of license.
- e. Require the judgment, knowledge and skills of a qualified provider of speech therapy services because of the complexity and sophistication of the therapy and the physical condition of the patient.
- f. Documentation must be supplied that demonstrates the ability of the patient to respond in a positive manner to therapy, i.e. visual and hearing acuity, cognitive ability - the ability to learn and retain information, etc.

4. Up to three sessions are considered eligible for coverage to establish a speech therapy maintenance program. A maintenance therapy program consists of drills, techniques and exercises that preserve the patient's present level of function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no further functional progress is apparent or expected to occur. The maintenance program itself is not eligible for coverage.

**Approval Procedures:**

1. Prior approval is not required for initial speech, language, and/or hearing evaluations.

2. Prior approval is required for speech therapy and electronic speech aids (such as Electrolarynx). Approval periods are based on 12-week segments pending documentation of the progress and justification for continuation of skilled services.

3. A letter of medical necessity signed and dated by the speech therapist must be submitted to the Medical Review section prior to rendering the service.

4. Documentation must include:
  - a. Member identification number
  - b. Patient's mailing address
  - c. Patient's date of birth
  - d. Diagnosis, relevant medical history, comprehensive diagnostic assessment/clinical assessment.
  - e. The treatment plan should be appropriate for the diagnosis, presenting symptoms and findings of the speech therapy evaluation.

The treatment plan should include:

- (i) specific statements of long and short-term goals;
  - (ii) quantitative objectives;
  - (iii) a reasonable estimate of when the goals will be reached;
  - (iv) the specific treatment techniques and/or exercises to be used in treatment;
  - (v) the frequency and duration of treatment.
5. In evaluating requests for communication aids, the Medical Review section will apply the following criteria:
    - a. The communication aid must be ordered by the physician.
    - b. The patient must be severely handicapped to the extent that vocal or other communication without an aid is clearly unsatisfactory.
    - c. The patient must have experienced little or no improvement in communicative ability as a result of traditional therapy.
    - d. The patient must possess the cognitive ability to use language.
    - e. The patient must possess the physical capacity to use language, and to use the aid in question.
    - f. The apparent desire to communicate must be present.
    - g. The patient must have access to an adequate local support system.
    - h. The aid selected must represent an appropriate, cost-effective response to the patient's needs.
    - i. The prognosis with regard to quality of life must be decidedly improved with the introduction of the communication aid.

#### **Limitations and Exclusions:**

1. Speech therapy services are considered medically necessary only if there is a reasonable expectation that speech therapy will achieve measurable improvement in the patient's condition in a reasonable and predictable period of time. Speech therapy is not medically necessary when services can be rendered under State law by individuals other than licensed health professionals such as a certified speech therapist.
2. Speech therapy services will be considered medically necessary only when results of speech and/or language testing indicates performance at least 1.5 standard deviation below the mean (scores at or below the 7th percentile, a language quotient or standard score 78 or less, or at least a 25% delay on instruments that determine scores in months). Additional documentation that the child exhibits functional impairment in one or more language components (syntax, morphology, semantics, or pragmatics) will be considered on an individual basis. If a patient improves with therapy such that standardized testing indicates that their performance is within the normal range (i.e. less than 1.5 standard deviation below the mean, above the 7th percentile, or a language quotient or standard score greater than 78, or less than a 25% delay on instruments that determine scores in months), then continued speech therapy will be considered not medically necessary. Standardized testing should be repeated when clinically indicated, or at a minimum of every 12 months. A comprehensive speech and /or language evaluation is considered to include hearing screening, oral peripheral examination, expressive and receptive language, articulation, phonological analysis, etc. A non-standard assessment in conjunction with a standardized assessment is a necessary part of a comprehensive assessment and is used to determine the need for therapeutic intervention.
3. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that speech therapy services are contributing to the patient's measured improvement.
4. Speech therapy services are not considered medically necessary for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that are self-correcting.

5. Duplicate therapy is not considered medically necessary. For example, some patients may receive both speech and occupational therapy. In such cases, the two therapies should provide different treatments and not duplicate the same treatment.

6. The following treatments are not considered to be a skilled level of treatment:

Services which maintain function by using routine, repetitive and reinforced procedures that are neither diagnostic nor therapeutic (e.g., the practicing of word drills without skilled feedback); drills for developmental articulation errors which are self-correcting; or other procedures that may be carried out effectively by the patient, family or caregivers.

7. Benefits are limited to speech, language, voice and swallowing disorders with underlying organic etiology:

A. Speech

1. velopharyngeal inadequacy (hypernasality)
  - a. cleft lip and/or cleft palate
  - b. Submucous cleft palate
  - c. congenital short palate
  - d. palatopharyngeal paresis/paralysis (neuropraxia of palate)
  - e. neuromuscular (myasthenia gravis, multiple sclerosis, ALS, etc.)
2. hyponasality
  - a. adenoidal hypertrophy
  - b. choanal atresia
3. speech disturbance secondary to dysarthria
4. speech disturbance secondary to apraxia/dyspraxia (confirmed by complete, standardized speech motor exam).
5. central auditory processing disorder (when confirmed by speech pathology and audiology examination).
6. speech disturbance secondary to ankyloglossia or macroglossia.
7. all speech disorders related to hearing loss.
8. laryngectomy (alaryngeal)
9. stuttering
10. speech disorder secondary to structural (orthognathic, dental) anomaly.

B. Language

1. aphasia/dysphasia (CVA, TBI)
2. cognitive dysfunction (CVA, TBI)
3. language disorders related to hearing loss

C. Voice (Dysphonia) any voice disturbance related to:

(generally limited to 5 sessions)

1. vocal cord pathology
  - a. nodules
  - b. polyps
  - c. web
  - d. mucosal edema
  - e. granulomatosis
2. vocal cord dysfunction
  - a. paralysis/paresis
  - b. hyperkinesis (muscle tension dysphonia)
  - c. hypokinesis (vocal fold bowing); aphonia
  - d. laryngeal dystonia (spasmodic dysphonia)
  - e. paradoxical vocal fold dysfunction

D. Swallowing (Dysphagia) all are considered acquired and medically necessary.

8. The following are not covered:

- a. Group or family therapy.
- b. Home health speech therapy unless the individual is homebound.
- c. Communication disabilities solely associated with behavioral, learning, and/or psychological disorders.
- d. Dysfunctions which are self-correcting related to natural dysfluency or developmental articulation errors that are self-correcting.

9. Communication equipment such as telephone answering machines are not covered.

**Authority:**

G.S. 135-40.1(17a)  
G.S. 135-40.6(8)k  
G.S. 135-40.6A(b)3  
G.S. 135-40.7(5)  
G.S. 135-40.7(16)

**Reference:**

Division of Medical Assistance Medical Policies (for definition of mild language impairment)  
External Consultant Review

**Reviewed:**

December 1989  
March 1995  
August 2007

**Revised:**

June 1997  
January 1998  
September 1999  
March 2003  
April 2004  
November 2007