Cohere Medical Policy - Outpatient Speech Therapy

Clinical Guidelines for Medical Necessity Review

Version: 2
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Important Notices

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Policy Information:

Specialty Area: Speech Language Pathology
Policy Name: Cohere Medical Policy - Outpatient Speech Therapy
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Outpatient Speech Therapy

Description

Treatment requires the judgment, knowledge, and skills of a licensed and certified speech-language pathologist who meets generally accepted standards of practice and is targeted and effective in treating the individual's diagnosed impairment or condition. Treatment is expected to produce clinically significant and measurable improvement in the member's level of functioning within a medically reasonable period of time; alternatively, the treatment is part of a medically necessary program to prevent significant functional regression.

Medical Necessity Criteria

Indications

Outpatient speech therapy is considered appropriate if **ALL** of the following are **TRUE**:

- Speech therapy services are provided by a licensed and appropriately credentialed speech/language professional acting within the applicable scope of practice for the jurisdiction where services are provided, allowing for care rendered under the direct supervision of an ancillary speech/language pathologist as permitted under state law(s); **AND**
- Symptoms with **ANY** of the following:
    - Changes following a period of chronic or stable symptoms; **OR**
    - Recent diagnosis; **AND**
- **ANY** of the following:
    - Treatment is for **ANY** of the following:
        - Aphasia[1-6]; **OR**
        - Acquired apraxia[7]; **OR**
        - Cognitive-communication disorders; **OR**
        - Developmental language or speech disorders* as evidenced by **ANY** of the following[8,9]:

- A speech disorder with impairment of **ANY** of the following:
    - Articulation of speech sounds; **OR**
    - Fluency; **OR**
    - Voice; **OR**
- A language disorder with impaired comprehension and/or use of spoken, written and/or other symbol systems (e.g., the form of language [phonology, morphology, syntax], the content of language [semantics], and/or the function of language in communication [pragmatics] in any combination); **OR**

- Dysarthria[10]; **OR**
- Dysphagia[11]; **OR**
- Voice disorders including **ANY** of the following[12]:
    - Physiological voice disorders that result from alterations in respiratory, laryngeal, or vocal tract mechanisms; **OR**
    - Organic voice disorders that result from **ANY** of the following:
        - Physical changes in the vocal mechanism, such as alterations in vocal fold tissues (e.g., edema or vocal nodules) and/or structural changes in the larynx due to aging; **OR**
        - Problems with the central or peripheral nervous system innervation to the larynx that affect the functioning of the vocal mechanism (e.g., vocal tremor, spasmodic dysphonia, or vocal fold paralysis); **OR**
    - Voice disorders that result from inefficient use of the vocal mechanism when the physical structure is normal (e.g., vocal fatigue, muscle tension dysphonia or aphonia, diplophonia, or ventricular phonation); **OR**

- **ANY** of the following services:
    - Screening of **ANY** of the following[13]:
        - Speech; **OR**
        - Language; **OR**
        - Dysphagia; **OR**

- Re-evaluation with **ALL** of the following:
    - Progress is expected if therapy resumes; **AND**
    - Documentation supports the need for further tests and measurements after the initial evaluation; **AND**
    - Indications for a re-evaluation include **ANY** of the following new clinical findings:
        - A significant change in the patient's condition; **OR**
        - Failure to respond to the therapeutic interventions outlined in the plan of care; **OR**
        - The patient is being discharged for **ANY** of the following:
            - To determine whether goals have been met; **OR**
            - For the use of the physician or the treatment setting at which treatment will be continued; **OR**
- Continued coverage when the patient meets **ALL** of the following:
    - Compliant and active in therapy; **AND**
    - Demonstrates significant improvement that will benefit long-term therapy goals; **AND**
    - Functional progress is demonstrated; **AND**
    - Skills are being utilized in the patient's natural environment; **AND**
    - Re-evaluation is completed annually (every 12 months) to confirm progress and level of function to necessitate continuation of therapy; **AND**
    - Deficiencies are identified by comparing results from previous evaluations with more recent results; **AND**
    - Therapy goals are unmet and additional therapy is medically necessary; **OR**
- Therapeutic services related to the use of a non-speech generating device (SGD) for **ANY** of the following:
    - Programming of a device; **OR**
    - Modification of a device; **OR**
    - Services for a patient who is non-verbal or does not have the capacity for verbal communication; **OR**

        - Development of operational competence in using an SGD or aids (e.g., customizing features of the device to meet specific communication needs); **OR**
    - Auditory rehabilitation following cochlear implant (including hearing and therapeutic services with or without speech processor programming performed by an audiologist) with **ANY** of the following:
        - Extensive auditory rehabilitation therapy that focuses on audition, cognition, language, and speech skills (including suprasegmental aspects) to improve the patient's ability to discriminate and exhibit improvements in speech (e.g., manner, place, and voicing); **OR**
        - Family member or caregiver training for auditory-verbal techniques.

Non-Indications

Outpatient speech therapy is not considered appropriate if **ANY** of the following is **TRUE**:

- State-specific criteria do not allow coverage.

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code 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
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
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 services for the use of speech-generating device, including programming and modification
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
97039	Unlisted modality (specify type and time if constant attendance)
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem-solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem-solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
97139	Unlisted therapeutic procedure (specify)
97150	Therapeutic procedure(s), group (2 or more individuals)

S9152	Speech therapy, re-evaluation
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

Definitions

Restorative/Rehabilitative therapy - Skilled therapy must be reasonably expected to improve the patient's functional capacity or adaptation to impairments in order to be covered.

Maintenance Therapy - Even if no improvement is expected, under the skilled nursing facility (SNF), home health (HH), and outpatient (OPT) coverage standards, skilled therapy services are covered when an individualized assessment of the patient's condition demonstrates that skilled care is necessary for the performance of a safe and effective maintenance program to maintain the patient's current condition or prevent or slow further deterioration. Skilled maintenance therapy may be covered when the particular patient's special medical complications or the complexity of the therapy procedures require skilled care.

Maintenance Program - Coverage of therapy services, including speech-language pathology services, for a maintenance program based on the patient's need for skilled care.

Re-evaluation - A re-evaluation would be considered reasonable and necessary for the indications described above.

Medical Evidence

Mormer et al. (2024) analyzed racial disparities and the utilization of speech therapy by individuals diagnosed with oropharyngeal dysphagia. Of 56,198 identified individuals, 60.7% (n = 34,112) received speech therapy (61.5% White, 15.6% Black, 13.1% Other, and 9.8% Hispanic). Racial disparities were noted, particularly among those who were admitted to the hospital with acute stroke or pneumonia. A significant difference was not identified among patients with bacterial pneumonia or sepsis. The study is one of the few that addresses racial disparities - future research is needed with respect to the patient's primary diagnosis, duration of therapy, and location of therapy.[14]

Osman et al. (2023) performed a systematic review on the role of early initiation of speech therapy for autism spectrum disorder (ASD). A total of 501 participants were included (78% male, 22% female). The review demonstrated the benefits of early initiation - these include an increase in self-esteem, social skills, cognitive ability, and effective communication. Anxiety also decreased among the individual and those with whom they interact in daily life (e.g., family, caregivers, teachers). The research also highlights the necessity of educating parents and caregivers on how to identify red flags and effectively overcome challenges.[15]

Sand et al. (2022) conducted a systematic review and meta-analysis of the benefits of speech therapy for individuals born with a cleft palate. Despite reconstructive surgery as a child, 50% of children continue to have speech difficulties that require additional surgery and speech therapy. Of the 34 studies that met the criteria for inclusion, 19 yielded data on 343 individuals. The studies analyzed language ability, speech production measurements, and self-reported outcomes. Overall, the results demonstrate a significant improvement in speech production following speech therapy, especially among younger children.[16]

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Clinical Guideline Revision History/Information

Original Date: September 19, 2024		
Review History		

Version 2	05/01/2025	• Restructured policy to align with the Medicare policy. Condensed sub-bullets for symptoms and services.
		• Expanded indication for provider licensing requirements: "Speech therapy services are provided by a licensed and appropriately credentialed speech/language professional acting within the applicable scope of practice for the jurisdiction where services are provided, allowing for care rendered under the direct supervision of an ancillary speech/language pathologist as permitted under state law(s)."
		• Added indications for:
		  ○ Therapeutic services related to the use of a non-speech-generating device
		  ○ Auditory rehabilitation following a cochlear implant
		• Added "definitions" section (restorative/ rehabilitative therapy, maintenance therapy, maintenance program, and re-evaluation).