



Cohere Medical Policy – Speech Therapy

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Medical Necessity Criteria

Service: Speech Therapy

General Guidelines

Treatment requires the judgment, knowledge, and skills of a licensed and certified speech-language pathologist (SLP) and cannot be reasonably learned and implemented by non-professional or lay caregivers. Treatment 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

→ **Speech therapy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ Therapy services are provided or supervised by a qualified speech therapist, SLP assistant, or SLP aide; **AND**
- ◆ The number of visits requested is appropriate for the diagnosis; **AND**
- ◆ Treatment is for **ANY** of the following:
 - **For aphasia** when **ALL** of the following are **TRUE**:
 - Difficulty with **ANY** of the following³⁻⁴:
 - ◆ Verbal language comprehension⁵; **OR**
 - ◆ Written language comprehension⁵; **OR**
 - ◆ Expression of wants, needs, thoughts, or ideas; **OR**
 - ◆ Following directions; **OR**
 - ◆ Word finding; **OR**
 - ◆ Retrieval of single words⁶; **AND**
 - A diagnosis as evidenced by **ANY** of the following:
 - ◆ Brain infection; **OR**
 - ◆ Brain tumor; **OR**

- ◆ Neurodegenerative disorder (e.g., primary progressive aphasia)^{3-4,7}; **OR**
- ◆ Stroke^{5,8}; **OR**
- ◆ Traumatic brain injury; **AND**
- Symptoms when **ANY** of the following is **TRUE**:
 - ◆ Changes following a period of chronic or stable aphasia³⁻⁴; **OR**
 - ◆ Recent diagnosis of aphasia (e.g., secondary to stroke)⁵; **OR**
- **For acquired apraxia** when **ALL** of the following are **TRUE**:
 - **ANY** of the following⁹⁻¹⁰:
 - ◆ The patient is aware of errors; **OR**
 - ◆ Decreased speech intelligibility; **OR**
 - ◆ Difficulty beginning speech or speech sounds; **OR**
 - ◆ Difficulty with spontaneous speech (can produce automatic speech); **OR**
 - ◆ Speech patterns are uncoordinated, with groping of the jaw, lips, or tongue for sounds/words; **OR**
 - ◆ Impaired speech intonation; **OR**
 - ◆ Speech is slow and effortful; **OR**
 - ◆ Speech includes **ANY** of the following¹¹⁻¹²:
 - Additions; **OR**
 - Distortions; **OR**
 - Final consonant deletion; **OR**
 - Fronting; **OR**
 - Inconsistent speech errors; **OR**
 - Omissions; **OR**
 - Stopping; **OR**
 - Substitutions; **OR**
 - Use of wrong or nonsensical words; **AND**
 - ◆ Vowel production is prolonged when articulating whole words; **AND**
 - Symptoms when **ANY** of the following is **TRUE**¹³:
 - ◆ Changes following a period of chronic or stable apraxia of speech; **OR**
 - ◆ Recent diagnosis of apraxia of speech; **OR**

- **For cognitive–communication disorders** when **ALL** of the following are **TRUE**¹⁴:
 - The patient has difficulty with **ANY** of the following:
 - ◆ Attention, focus, or concentration; **OR**
 - ◆ Executive functioning (e.g., reasoning, problem–solving); **OR**
 - ◆ Expression of wants, needs, thoughts, or ideas; **OR**
 - ◆ Instrumental Activities of Daily Living (IADL); **OR**
 - ◆ Interpersonal communication skills; **OR**
 - ◆ Memory¹⁵; **OR**
 - ◆ Pragmatic language skills (e.g., eye contact, affect, body language); **OR**
 - ◆ Verbal language comprehension; **OR**
 - ◆ Written language comprehension; **AND**
 - Symptoms when **ANY** of the following is **TRUE**:
 - ◆ Changes following a period of chronic or stable cognitive impairment; **OR**
 - ◆ Recent diagnosis of cognitive impairment; **OR**
- **For developmental language disorders** when **ALL** of the following are **TRUE**¹⁶:
 - **ANY** of the following:
 - ◆ Autism spectrum disorder or pervasive developmental disorder¹⁷⁻¹⁸; **OR**
 - ◆ Central nervous system infection (e.g., herpes encephalitis)¹⁹; **OR**
 - ◆ Cerebral palsy²⁰; **OR**
 - ◆ Developmental language disorder²¹; **OR**
 - ◆ Dyslexia; **OR**
 - ◆ Epilepsy; **OR**
 - ◆ Fetal alcohol spectrum disorder²²; **OR**
 - ◆ Hearing disorder²³; **OR**
 - ◆ Inborn error of metabolism (e.g., phenylketonuria, galactosemia)¹⁹; **OR**
 - ◆ Intellectual or developmental disability; **OR**
 - ◆ Language disorder that is associated with a genetic syndrome²⁴⁻²⁵; **OR**
 - ◆ Learning disabilities that are language–based²⁶; **OR**

- ◆ Low birth weight²⁷⁻²⁸; **OR**
- ◆ Premature birth²⁷; **OR**
- ◆ Receptive-expressive language impairment (e.g., mixed receptive-expressive language impairment)²⁹; **OR**
- ◆ Seizure disorder¹⁹; **AND**
- Impairment of function as evidenced by **ANY** of the following²⁶:
 - ◆ Decreased ability to recall specific information read or heard; **OR**
 - ◆ Decreased complexity and length of sentences or utterances; **OR**
 - ◆ Reduced expressive and receptive vocabulary; **OR**
 - ◆ Reduced preliteracy and/or literacy skills; **OR**
 - ◆ Challenges in organizing, planning, and articulating the content of spoken and written expressive language; **OR**
 - ◆ Impairments in pragmatic skills¹⁹; **OR**
 - ◆ Reduced social communication abilities³⁰; **OR**
 - ◆ Challenges with syntax and grammar in verbal and written language¹⁹; **OR**
 - ◆ Reduced verbal language comprehension/processing/expression; **OR**
 - ◆ Reduced written language comprehension/processing/expression; **AND**
- Symptoms when **ANY** of the following is **TRUE**:
 - ◆ Changes following a period of chronic or stable developmental language disorder; **OR**
 - ◆ Recent diagnosis of a language delay; **OR**
 - ◆ Recent diagnosis of a language disorder; **OR**
- **For developmental speech disorders** when **ALL** of the following are **TRUE**:
 - **ANY** of the following³¹:
 - ◆ Cerebral palsy²⁰; **OR**
 - ◆ Childhood apraxia of speech³²; **OR**
 - ◆ Craniofacial disorders (e.g., cleft lip, cleft palate); **OR**

- ◆ Dental malocclusion with functional symptoms (e.g., difficulty biting, chewing); **OR**
- ◆ Epilepsy³³; **OR**
- ◆ Fetal alcohol spectrum disorder²²; **OR**
- ◆ Hearing disorder²³; **OR**
- ◆ Language disorder that is associated with a genetic syndrome; **OR**
- ◆ Low birth weight²⁷; **OR**
- ◆ Macroglossia; **OR**
- ◆ Microglossia; **OR**
- ◆ Premature birth²⁷; **OR**
- ◆ Primary developmental speech delay (e.g., articulation, phonological delay); **OR**
- ◆ Velopharyngeal incompetence (e.g., nasal quality to speech); **OR**
- ◆ Speech includes signs of a phonological disorder, including **ANY** of the following¹¹⁻¹²:
 - Additions; **OR**
 - Distortions; **OR**
 - Final consonant deletion; **OR**
 - Fronting; **OR**
 - Inconsistent speech errors; **OR**
 - Omissions; **OR**
 - Stopping; **OR**
 - Substitutions; **OR**
 - Use of wrong or nonsensical words; **AND**
- Impairment of function as evidenced by **ANY** of the following:
 - ◆ Articulators (lips, teeth, tongue, soft and hard palate) are not placed correctly; **OR**
 - ◆ Difficulty imitating speech/speech sounds; **OR**
 - ◆ Hypernasality of speech; **OR**
 - ◆ Hyponasality of speech; **OR**
 - ◆ Hypotonic oral musculature; **OR**
 - ◆ Hypertonic oral musculature; **OR**
 - ◆ Sound repertoire is limited (e.g., consonants, vowels); **OR**

- ◆ Patterns of immature speech errors (including simplification patterns) continue beyond norms according to the child’s developmental age; **OR**
- ◆ Challenges in oral-sensory perception; **OR**
- ◆ Sound errors (not related to immaturity); **OR**
- ◆ Speech intelligibility that is decreased; **OR**
- ◆ Speech production is not equivalent to the ability to understand language; **OR**
- ◆ Uncoordinated patterns of lips, tongue, and jaw; **OR**
- ◆ Uncoordinated movements of lips, tongue, or jaw; **AND**
- Symptoms when **ANY** of the following is **TRUE**:
 - ◆ Changes following a period of chronic or stable developmental speech disorder; **OR**
 - ◆ Before surgery (e.g., cleft palate, tongue tie); **OR**
 - ◆ Recent diagnosis of a speech delay; **OR**
 - ◆ Recent diagnosis of a speech disorder; **OR**
- **For dysarthria** when **ALL** of the following are **TRUE**:
 - **ANY** of the following³⁴:
 - ◆ Stimulability for improved speech production; **OR**
 - ◆ Presence of **ANY** of the following:
 - Hypernasal resonance; **OR**
 - Audible nasal emission; **OR**
 - Loudness (as possibly diminished by damping effects of the nasal cavity); **OR**
 - Weak consonants (e.g., function of velopharyngeal closure); **OR**
 - ◆ Phonation; **OR**
 - ◆ Performance on articulation tests indicate differences in the accurate production of nasals and pressure consonants; **OR**
 - ◆ Difference in **ANY** of the following:
 - Intelligibility; **OR**
 - Pressure consonants; **OR**
 - Speaking effort; **OR**
 - Syllables per breath group; **OR**

- Resonance with nares occluded versus unoccluded; **AND**
 - Symptoms when **ANY** of the following is **TRUE**:
 - ◆ Changes following a period of chronic or stable dysarthria; **OR**
 - ◆ Recent diagnosis of dysarthria; **OR**
 - ◆ The patient had **ANY** of the following for head and neck cancer:
 - Surgery; **OR**
 - Radiation therapy; **OR**
 - Chemotherapy; **OR**
- **For dysphagia** when **ALL** of the following are **TRUE**:
 - Initial therapy with **ALL** of the following:
 - ◆ Dysphagia as evidenced by **ANY** of the following:
 - Craniofacial disorder, including cleft lip and/or palate³⁵; **OR**
 - Swallowing difficulty associated with **ANY** of the following:
 - Neurologic disease (e.g., stroke, Parkinson's disease)³⁶; **OR**
 - Weight loss or evidence of malnutrition³⁷; **OR**
 - Xerostomia³⁸; **OR**
 - **ANY** of the following³⁹:
 - Aspiration of liquids or food^{37,38,40}; **OR**
 - Aspiration pneumonia; **OR**
 - Recurrent pneumonias; **OR**
 - Difficulty initiating swallow; **OR**
 - Difficulty managing and controlling food, liquid, or saliva in the oral cavity; **OR**
 - Drooling or excessive secretions; **OR**
 - Eating time is prolonged³⁸; **OR**
 - Food becomes stuck in the patient's throat; **OR**
 - Penetration of liquids or food^{38,40}; **OR**
 - **ANY** of the following³⁸:
 - ◆ Congestion; **OR**

- ◆ Coughing; **OR**
- ◆ Throat clearing; **OR**
- ◆ Nasal regurgitation; **OR**
- ◆ Wet-sounding voice; **OR**
- ◆ Choking; **OR**
- The oral cavity has a decreased sensation; **OR**
- Swallow reflex is delayed; **OR**
- Infant with **ANY** of the following:
 - ◆ Abnormal suckling, sucking, rooting, or phasic bite reflex; **OR**
 - ◆ Decreased jaw, head, or trunk control; **OR**
 - ◆ Diminished suck, swallow, and breath patterns or rhythm; **OR**
 - ◆ Gag, choke, cough, or biting during intake; **OR**
 - ◆ History of extended nonoral feeding methods or tracheostomy; **OR**
 - ◆ Impaired tone, posture, and quality of movement of oral musculature; **OR**
- Multiple swallows to clear oral cavity; **OR**
- Nasal regurgitation; **OR**
- Pocketing food in buccal cavity³⁸; **OR**
- Signs of silent aspiration include **ANY** of the following:
 - ◆ Weak or absent cough; **OR**
 - ◆ Change in body temperature after eating; **OR**
 - ◆ Wet or hoarse voice when eating or drinking⁴⁰; **AND**
- ◆ Symptoms when **ANY** of the following is **TRUE**:

- Change following a period of chronic or stable dysphagia; **OR**
- Recent diagnosis of dysphagia; **OR**
- Recent head and neck surgery (e.g., thyroidectomy, head and neck cancer)⁴¹; **OR**
- Recent insertion of implant or prosthesis, radiation therapy, or chemotherapy for head and neck cancer⁴¹; **OR**
- **For voice disorders** when **ANY** of the following is **TRUE**:
 - The patient requires an assessment before **ANY** of the following that relate to head or neck cancer:
 - ◆ Surgery; **OR**
 - ◆ Radiation therapy; **OR**
 - ◆ Chemotherapy; **OR**
 - For initial therapy when **ALL** of the following are **TRUE**:
 - ◆ A voice disorder with **ANY** of the following:
 - **ANY** of the following speech abnormalities:
 - Loudness; **OR**
 - Pitch; **OR**
 - Quality; **OR**
 - Alaryngeal speech⁴²; **OR**
 - Aphonia⁴³; **OR**
 - Dysphonia⁴³; **OR**
 - Chronic laryngitis; **OR**
 - Functional dysphonia; **OR**
 - Hoarseness (dysphonia)⁴³; **OR**
 - Hypernasality; **OR**
 - Hyponasality; **OR**
 - Laryngeal trauma; **OR**
 - Mechanical ventilator-dependent patient; **OR**
 - Mutational falsetto; **OR**
 - Paradoxical vocal cord movement; **OR**
 - Spasmodic dysphonia⁴⁴; **OR**
 - **ANY** of the following vocal cord abnormalities:
 - Nodules; **OR**

- Ulcers; **OR**
- Polyps; **OR**
- Thickening; **OR**
- Granulomas; **OR**
- Vocal cord paresis; **OR**
- Vocal cord paralysis; **OR**
- Voice-gender incongruence (when services are related to gender-affirming care unless limited by payor)⁴⁵; **OR**
- Voice tremor; **OR**
- Xerostomia (dry mouth); **AND**
- ◆ Symptoms when **ANY** of the following is **TRUE**:
 - Changes following a period of chronic or stable voice disorder; **OR**
 - Recent diagnosis of voice disorder; **OR**
 - Symptoms that reoccur after **ANY** of the following for head and neck cancer:
 - Surgery; **OR**
 - Insertion of implant or prosthesis; **OR**
 - Radiation therapy; **OR**
 - Chemotherapy⁴²; **OR**
- **For re-evaluation** when **ALL** of the following are **TRUE**:
 - Documentation of progress from previous speech therapy; **AND**
 - Progress is expected if therapy resumes; **OR**
- **For extended therapy**, as evidenced by **ALL** of the following⁴⁶:
 - **ANY** of the following:
 - ◆ Functional progress was achieved during initial therapy, but additional therapy is needed; **OR**
 - ◆ Maintenance therapy is needed for **ANY** of the following:
 - To prevent additional deterioration; **OR**
 - To preserve existing function; **AND**
 - Targeted skills are crossing into the natural environment; **AND**
 - The patient is actively participating in therapy; **AND**
 - Therapy goals not yet achieved; **AND**

- If applicable, before surgery, radiation therapy, or chemotherapy for head and neck cancer; **AND**
- If applicable, the patient has an active home regimen.

Non-Indications

→ **Speech therapy** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ State-specific criteria regarding educational diagnoses may not allow coverage; **OR**
- ◆ Non-diagnostic, non-therapeutic, routine, repetitive, and reinforcing procedures (e.g., practicing word drills without skilled feedback); **OR**
- ◆ Procedures that are repetitive and/or that reinforce previously learned material; **OR**
- ◆ Procedures which may be effectively carried out with the individual by a non-professional (e.g., family, restorative aide) after instruction is completed; **OR**
- ◆ Laryngoscopy for medical diagnostic purposes performed by a non-physician; **OR**
- ◆ Group therapy sessions; **OR**
- ◆ Services for chronic disorders of memory and orientation without significant functional progress; **OR**
- ◆ Supervision of the use of memory aids (e.g., memory books, memory boards, or communication books); **OR**
- ◆ Services provided by a non-licensed SLP (e.g., SLP assistant or aide); **OR**
- ◆ Services and treatment for **ANY** of the following disorders:
 - Fluency disorder; **OR**
 - Conceptual handicap; **OR**
 - Dysprosody; **OR**
 - Stuttering and cluttering (except neurogenic stuttering caused by acquired brain damage); **OR**
 - Myofunctional disorders, e.g., tongue thrust.

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
92610	Evaluation of oral and pharyngeal swallowing function
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
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)
S9152	Speech therapy, re-evaluation
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

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 only that addresses racial disparities – future research is needed with respect to the patient’s primary diagnosis, duration of therapy, and location of therapy.⁴⁷

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.⁴⁸

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.⁴⁹

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