Cohere Medicare Advantage Policy - Outpatient Speech Therapy

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Other Notices:

Guideline Information:

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Medical Necessity Criteria

Service: Outpatient Speech Therapy

Benefit Category

Outpatient Speech-Language Pathology Services[1]

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.[1-11]

Related CMS Documents

Please refer to the CMS Medicare Coverage Database for the most current applicable CMS National Coverage.[1-11]

- National Coverage Determination (NCD). Speech-language pathology services for the treatment of dysphagia (170.3)
- Local Coverage Determination (LCD). Speech-language pathology (L33580)
- Local Coverage Determination (LCD). Speech-language pathology (L34046)
- Local Coverage Determination (LCD). Outpatient speech-language pathology (L34429)
- Local Coverage Determination (LCD). Speech-language pathology (SLP) services - communication disorders (L35070)
- Billing and Coding. Speech-language pathology (A52866)
- Billing and Coding. Home health speech language pathology (A53052)
- Billing and Coding. Speech language pathology (SLP) services: communication disorders (A54111)
- Billing and Coding. Outpatient speech language pathology (A56868)
- Billing and Coding. Speech-language pathology (A57040)
- Medicare Benefit Policy Manual. Covered medical and other health services (chapter 15, section §§220 and 230.3)

Recommended Clinical Approach

Speech-language pathology (SLP) services include:

- Diagnosis and treatment of speech, language, and cognitive communication disorders that result in communication disabilities as well as to improve or restore speech and language functioning (communication) following disease, injury, or loss of a body part.[2,4,5]
- Treatment, intervention, and follow-up service for disorders of speech, articulation, fluency, voice, and language skills as well as for impairments of cognition, language, and pragmatics found in cognitive-communication disorders.[4]
- Diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability.[3,4]
- Auditory rehabilitation that focuses on comprehension, and production of language in oral, signed, or written modalities; speech and voice production, auditory training, speech reading, multimodal (e.g., visual, auditory-visual, and tactile) training, communication strategies, education, and counseling.[4]

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.

Skilled procedures and modalities of SLP include[2]:

- Design of a treatment program addressing the patient's disorder;
- Skilled procedures and modalities of SLP include regular assessment and analysis during the implementation of the services;
- Establishment of compensatory skills for communication (e.g., air injection techniques or word-finding strategies);
- Establishment of a hierarchy of speech-language tasks and cueing that directs a beneficiary toward communication goals;
- Analysis of actual progress toward goals;

- Establishment of treatment goals specific to speech dysfunction and designed to specifically address each problem identified in the initial assessment;
- The selection and initial training of a device for augmentative or alternative communication systems;
- Patient and family training to augment restorative treatment or to establish a maintenance program (education of staff and family must begin at the time of evaluation).

Evaluation of Clinical Harms and Benefits

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of outpatient speech therapy. This process helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Feltner et al. (2024) conducted a systematic review of published guidance from the United States Preventive Services Task Force (USPSTF) on screening for speech and language delay and disorders in children aged 5 and younger. There were no identified harms of screening or interventions.[12]
- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Improved communication. Research shows that therapy benefits those with primary and secondary speech and language disorders. This includes hearing or neurological impairment, as well as developmental, behavioral, and emotional difficulties.[13] Expanded vocabulary and grammar and enhanced articulation and phonetics are noted benefits of therapy.
- Social and emotional development. Arts et al. (2022) noted that adolescents with developmental language delay had improved social-emotional functioning. Therapy consisted of “linguistics, social

communication (pragmatic) skills, and cognitive components." The authors noted that skills should be taught through social dialogue with other individuals.[14]
- Improved academic performance and school readiness. The benefits of therapy include aiding the student "to understand and comply with the behavioral demands of school" and developing oral language skills to facilitate a foundation for early reading success.[15]
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

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[16-21]; **OR**

- Acquired apraxia[22]; **OR**
- Cognitive-communication disorders; **OR**
- Developmental language or speech disorders* as evidenced by **ANY** of the following[23,24]:
  - 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[25]; **OR**
- Dysphagia[1,11,26]; **OR**
- Voice disorders including **ANY** of the following[27]:
  - 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[28]:
    - Speech; **OR**
    - Language; **OR**
    - Dysphagia; **OR**
  - Re-evaluation with **ALL** of the following[6]:
    - 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 and **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[4]:
        - 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) and **ANY** of the following[4]:
        - 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; **OR**
    - Group therapy sessions[2]; **OR**
    - **ANY** of the following procedures[2]:

- Non-diagnostic, non-therapeutic, routine, repetitive, and reinforcing (e.g., practicing word drills without skilled feedback); **OR**
- 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**

◆ **ANY** of the following services[2]:

- 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**
- Provided by a non-licensed SLP (e.g., SLP assistant or aide); **OR**
- Provision of practice for use of augmentative or alternative communication systems after being taught their use; **OR**

◆ **ANY** of the following disorders[2,3]:

- 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
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

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

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.[29]

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.[29]

Maintenance Program - Coverage of therapy services, including speech-language pathology services, for a maintenance program based on the patient's need for skilled care in that maintenance program as described in the CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 7, §40.2.1.[29]

Re-evaluation - A re-evaluation would be considered reasonable and necessary for indications described by the CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 7, §40.2.3.[29]

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.[30]

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.[31]

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.[32]

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