Cohere Medicare Advantage Policy - Home Health Speech Therapy

Clinical Guidelines for Medical Necessity Review

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Important Notices

Notices & Disclaimers:

GUIDELINES ARE SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION-MAKING OF END USERS.

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Other Notices:

Guideline Information:

Specialty Area: Home Health
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Medical Necessity Criteria

Service: Home Health Speech Therapy

Benefit Category

None.

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

Related CMS Documents

Please refer to the CMS Medicare Coverage Database for the most current applicable CMS National Coverage.[1-4]

- Local Coverage Determination (LCD). Home health speech-language pathology (L34563)
- Local Coverage Determination (LCD). Home health-surface electrical stimulation in the treatment of dysphagia (L34565)
- Billing and Coding. Speech-Language Pathology (A52866)
- Billing and Coding. Home health speech-language pathology (A53052)

Recommended Clinical Approach

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.

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 home health 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:

- Speech therapy provided in the home setting allows those who live in rural areas to access care when traveling far distances is difficult.
- 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.[5]
- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Patients who receive speech therapy in a home setting report improved patient outcomes due to being in a familiar environment.
- 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.[6] 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.[7]
- 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.[8]
- 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

- ➔ **Home speech therapy** is considered appropriate if **ALL** of the following are **TRUE**:
  - ◆ **ANY** of the following[9-12]:
    - In order to leave the home, the patient requires the help of another person or medical equipment such as crutches, a walker, or a wheelchair; **OR**
    - Receiving medical services outside the home would expose the patient to substantial medical risk; **AND**
  - ◆ It is difficult for the patient to leave the home and they typically cannot do so (e.g., the patient is considered homebound)*; **AND**
  - ◆ After the patient begins receiving home healthcare, a physician evaluates and recertifies the plan of care (POC) every 60 days including **ALL** of the following[13,14]:
    - Short- and long-term goals with documentation on how goals will be obtained; **AND**
    - An estimated time of when goals will be attained; **AND**
    - Measurable objectives; **AND**
    - The number of visits requested is appropriate for the diagnosis; **AND**
    - Therapy interventions to be used; **AND**
  - ◆ The service is inherently complex such that it can only be safely and effectively performed by a qualified technical or professional health personnel such as a registered nurse, a licensed practical

(vocational) nurse, a respiratory therapist, or other skilled staff acting within the applicable scope of practice for the jurisdiction where services are provided, allowing for care rendered under the direct supervision of 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[1,15-20]; **OR**
    - Acquired apraxia[21]; **OR**
    - Cognitive-communication disorders; **OR**
    - Developmental language or speech disorders* as evidenced by **ANY** of the following[1,22,23]:
      - A speech disorder with impairment of **ANY** of the following:
        - Sound production (e.g., articulation, phonological process, apraxia, dysarthria); **OR**
        - Fluency (e.g., stuttering, cluttering); **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[24]; **OR**
    - Dysphagia[1,13,25]; **OR**
    - Voice disorders including **ANY** of the following[26]:
      - 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[27]:
    - ◆ Speech; **OR**
    - ◆ Language; **OR**
    - ◆ Dysphagia; **OR**
  - Re-evaluation with **ALL** of the following[3]:
    - ◆ 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[1]:
        - 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[1]:
        - 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; **OR**
- **ANY** of the following services:
    - Speech/hearing treatment and follow-up include **ALL** of the following[1]:
        - The patient has **ANY** of the following:
            - Speech disorder; **OR**
            - Articulation disorder; **OR**
            - Fluency and voice disorders; **OR**
            - Language skills disorder; **OR**
            - Cognitive aspects of communication; **AND**
        - Service(s) requested include **ANY** of the following:
            - Consulting or counseling, including necessary referrals; **OR**
            - Training and support to family members/caregivers and other communication partners of the patient; **OR**
            - Developing and establishing effective augmentative and alternative communication techniques and strategies as indicated by the patient's State for selecting, prescribing, and dispensing aids and devices; **OR**
            - Selecting, fitting, and establishing effective use of appropriate prosthetic/adaptive devices for speaking; **OR**
            - Providing aural rehabilitation and related counseling services to patients with hearing loss and to their family members/caregivers; **OR**
            - Providing interventions for central auditory processing disorders; **OR**
    - Re-evaluation for **ALL** of the following[3]:
        - 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**
- SGDs or aids for **ANY** of the following[1]:
    - To supplement oral speech; **OR**
    - To assess the need for continued use; **OR**
    - To identify the need for changes in objectives; **OR**
- As indicated by State regulations where the patient is receiving care when the professional assessment of a clinician indicates a significant improvement, decline, or change in the patient's condition or functional status that

was not anticipated in the plan of care for **ANY** of the following:
    - Speech fluency; **OR**
    - Sound production; **OR**
    - Speech sound production with evaluation of language comprehension and expression; **OR**
    - Behavioral and qualitative analysis of voice and resonance; **OR**
- Evaluation of abilities of cognitive (executive) function (e.g., assessment of learning abilities, memory and working memory, abstract thought, language, and attention) using standardized cognitive performance testing[1]; **OR**
- Behavioral and qualitative analysis of voice and resonance disorders (e.g., dysphonia, aphonia, laryngospasm, dystonia, hypernasality, hyponasality)[1]; **OR**
- Developmental testing (including assessment, interpretation, and a report of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments)[1]; **OR**
- Neurobehavioral status exam (including assessment, interpretation, and a report) to assess thinking, reasoning and judgment[1]; **OR**
- Speech/aural rehabilitation following cochlear ear implant (with or without speech processor programming**) when therapy includes **ANY** of the following[1]:
    - Focus on audition, cognition, language, and speech skills; **OR**
    - Training of auditory verbal techniques for family members or caregivers; **OR**
    - Expected improvement of auditory skills pertaining to the suprasegmental aspects; **OR**
    - Expected improvement of the patient's ability to discriminate and exhibit improvements in speech (e.g., manner, place, and voicing); **OR**
- Oral function therapy[1]; **OR**
- Voice prosthetic modification and training (including programming or reprogramming the device to meet the patient's needs)[1]; **OR**

- Therapeutic exercises and activities to strengthen muscles (e.g., jaw, tongue, facial) and improve functional performance[1]; **OR**
- Cognitive skills development including informal assessment/observation of cognitive abilities necessary for performing daily activities (e.g., alertness, orientation, attention, memory, problem-solving, recall, affect, reasoning, judgment, organization, and retention)[1]; **OR**
- Sensory integrative techniques for oral sensory stimulation to develop adaptive skills for sensory processing[1]; **OR**
- Self-care/home management training (e.g., compensatory training, meal preparation, safety procedures, and instructions in the use of assistive technology devices/adaptive equipment).[1]

* NOTE: Even if a patient is homebound, they can still leave the home for medical treatment, religious services, or to attend an adult day care center without putting their homebound status at risk. Leaving home for short periods of time or for special non-medical events, such as a family reunion, funeral, or graduation, should also not affect homebound status. The patient may also take occasional trips to the barber or beauty parlor.

** NOTE: Speech processor programming is usually performed by an audiologist.

Non-Indications

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

- State-specific criteria do not allow coverage; **OR**
- Aphasia, excluding disorders associated with primary sensory, general mental deterioration or psychiatric disorders by standardized or informal measures[1]; **OR**
- Services are custodial in nature (i.e., nonmedical services to assist with daily living and independence)[28]; **OR**

- Services are solely requested for the comfort or convenience of the caregiver or family member versus the medical necessity of the patient[29]; **OR**
- **ANY** of the following procedures:
  - Non-diagnostic, non-therapeutic, routine, repetitive, and reinforcing (e.g., practicing word drills without skilled feedback)[30]; **OR**
  - Repetitive and/or that reinforce previously learned material[30]; **OR**
  - Procedures which may be effectively carried out with the patient by a non-professional (e.g., family, restorative aide) after instruction is completed[30]; **OR**
  - Laryngoscopy for medical diagnostic purposes performed by a non-physician[30]; **OR**
- **ANY** of the following services[30]:
  - 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[30,31]:
  - 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

G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, 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

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.[1]

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.[1]

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.[1]

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.[1]

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.[32]

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.[33]

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.[34]

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