

# BENEFIT COVERAGE POLICY

**Title:** BCP-57 Outpatient Rehabilitation/Habilitation Services:  
Speech Therapy

**Effective Date:** 7/01/2023



Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials, including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

Health Plan covers outpatient speech therapy (ST), also called speech-language pathology (SLP), as medically necessary when referred by a physician or other qualified health care provider. Therapy is covered under the medical benefit for identification, assessment, and treatment of speech, language, and swallowing disorders. ST rehabilitation/habilitation services require prior approval after the initial evaluation visit, for all fully-insured plans and most ASO plans, in advance of the health service being provided.

Please refer to the member's benefit plan coverage guidelines for outpatient speech rehabilitation therapy services. Benefit plans may include a maximum allowable benefit, either in the duration of treatment or the number of visits, for example. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

### 2.0 Background:

This document addresses ST/SLP skilled services, which may be delivered by a speech and language pathologist (SLP) acting within the scope of a professional license. Speech therapy is used for both rehabilitation and habilitation.

SLP rehabilitative services are intended to improve, adapt, or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality involving goals an individual can reach in a reasonable period of time. Benefits end when treatment is no longer medically necessary, and the individual stops progressing toward those goals.

SLP habilitative services are intended to maintain, develop or improve skills that have not (but normally would have) developed or are at risk of being lost due to illness, injury, or loss of a body part,

or congenital abnormality. Examples include therapy for a child who is not speaking at the expected age.

Speech therapy covers a wide range of services for all ages, without age limitation, and is provided in schools, hospitals, home care, rehabilitation centers, and nursing homes. SLPs work with individuals who have physical or cognitive deficits/disorders resulting in difficulty communicating. Communication includes speech (articulation, voice, linguistics) and language (phonology, morphology, syntax, semantics, pragmatics, both receptive and expressive language, including reading and writing). SLPs treat acquired reading and writing impairments in adults and children who have previously learned how to read and write and are diagnosed with neurologic impairments. SLPs also provide services for individuals with dysphagia (difficulty swallowing).

Note: The availability of rehabilitative and/or habilitative benefits for these services, state and federal mandates, and regulatory requirements should be verified prior to application of criteria listed below. Benefit plans may include a maximum allowable speech therapy benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria described below are met.

### **3.0 Clinical Determination Guidelines:**

#### **A. Conditions for coverage and payment:**

1. Initial request after evaluation must include copies of the physician's order and initial evaluation with the home treatment plan.
2. Continued visit requests must include assessment of progress toward goals and the Plan of Care (POC).
3. A physician signed POC or a new physician's order is required for all visits after the initial physician order has expired.
4. Services are started within 90 calendar days of the date of referral.
5. A re-evaluation is done every 30 calendar days by each therapy discipline.
6. Services provided outside of the POC are considered not medically necessary and can be denied for payment.

#### **B. Extension of therapy services are approved when 3.0.A.1-6 and ALL the following are met:**

1. Pre-morbid functional status has not been achieved.
2. Measurable progress being made toward goals.
3. Patient is actively participating in treatment sessions.
4. Patient demonstrates potential to achieve pre-morbid level of function.

#### **C. The following services are not covered as they are specially excluded under many benefit plans (list is not all inclusive):**

1. Maintenance therapy (see Terms & Definitions below) or programs of routine, repetitive drills/exercises that do not require the skills of a SLP and can be reinforced by an individual or caregiver.
2. Any computer-based learning program for speech or voice training purposes.
3. Speech, voice therapy, or swallowing/feeding therapy that duplicates services already being provided as part of an authorized therapy program through another therapy discipline (e.g., occupational therapy or behavioral health).
4. All devices to assist in communication, speech and Telemedicine Services, (including the evaluation and training) except for speech aid prosthetics and tracheo-esophageal voice prosthetics

5. Vocational rehabilitation programs and any programs with the primary goal of returning an individual to work.
5. Therapy or treatment provided to prevent or slow deterioration in function or prevent reoccurrences.
6. Therapy or treatment intended to improve or maintain general physical condition.
7. Therapy or treatment provided to improve or enhance job, school or recreational performance.
8. Coverage is not available for services provided by school districts, as stipulated in a child's Individualized Education Program (IEP).
9. Long-term rehabilitative services when significant therapeutic improvement is not expected.
10. Swallowing/feeding therapy for food aversions as this is considered a behavioral problem and so not covered under the speech/swallowing therapy benefit.

D. The following are considered experimental/investigational or unproven:

1. Electrical stimulation for swallowing/feeding disorders (VitalStim).
2. Auditory feedback devices for stuttering (e.g., SpeechEasy, SmallTalk).
3. Auditory Verbal Therapy

#### 4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237, 10 = ASO group L0002193.

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Y	Outpatient rehabilitation/habilitation therapy visit
92508	Treatment of speech, language, voice communication, and/or auditory processing disorder; 2 or more individuals	Y	Outpatient rehabilitation/habilitation therapy visit
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)	Y	Outpatient rehabilitation/habilitation therapy visit
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	Y	Outpatient rehabilitation/habilitation therapy visit
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	Y	Outpatient rehabilitation/habilitation therapy visit
92524	Behavioral and qualitative analysis of voice and resonance	Y	Outpatient rehabilitation/habilitation therapy visit
92526	Treatment of swallowing dysfunction and/or oral function for feeding  *See Sec. 3.0 C. 10 above for treatment	Y	Outpatient rehabilitation/habilitation therapy visit

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
	of food aversions. Not covered when billed with ICD-10 diagnosis codes listed below.		
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Y	Outpatient rehabilitation/habilitation therapy visit
92610	Evaluation of oral and pharyngeal swallowing function	N	Outpatient diagnostic services
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or post-operative status of a surgically implant device(s); first hour	Y	Outpatient rehabilitation/habilitation therapy visit
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or post-operative status of a surgically implant device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	Y	Outpatient rehabilitation/habilitation therapy visit
92630	Auditory rehabilitation; pre-lingual hearing loss	Y	Outpatient rehabilitation/habilitation therapy visit
92633	Auditory rehabilitation; post-lingual hearing loss	Y	Outpatient rehabilitation/habilitation therapy visit
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.  Covered when billed with ICD-10 diagnosis codes listed below.	Y	Professional Fees for Surgical and Medical Services OR Behavioral Health Services/Mental Health Services OR Physician's Office Services for Sickness or Injury OR Outpatient Diagnostic Tests and Procedure
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  Covered when billed with ICD-10 diagnosis codes listed below.	Y	Outpatient rehabilitation/habilitation therapy visit
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic	Y	Outpatient rehabilitation/habilitation therapy visit

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
	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)  Covered when billed with ICD-10 diagnosis codes listed below.		
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Y	Outpatient rehabilitation/habilitation therapy visit
G0161	Services performed by a qualified speech-language pathologist in the home health or hospice setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes	Y	Outpatient rehabilitation/habilitation therapy visit
S9128	Speech therapy, in the home, per diem	Y	Outpatient rehabilitation/habilitation therapy visit
S9152	Speech therapy, re-evaluation	Y	Outpatient rehabilitation/habilitation therapy visit

<b>COVERED ICD-10 DIAGNOSIS CODES FOR COVERED CODES 96125, 97129 and 97130</b>	
<b>Code series</b>	<b>Description</b>
I69.00- I69.998	Sequelae of cerebrovascular disease
R41.840- R41.844	Sequelae of Traumatic Brain Injury (TBI)
S06.0X0A- S06.A1XS	Sequelae of TBI descriptor

<b>NON COVERED ICD-10 DIAGNOSIS CODES FOR COVERED CODE 92526</b> <b>*See Section 3.0, C, #10 for treatment of food aversions</b>	
<b>Code</b>	<b>Description</b>
F50.82	Avoidant/restrictive food intake disorder
F98.29	Other feeding disorders of infancy and early childhood
R63.30- R63.39	Feeding difficulties
Z72.4	Inappropriate diet and eating habits

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	Benefit plan exclusion
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	Benefit plan exclusion
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Benefit plan exclusion
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes	Benefit plan exclusion
92609	Therapeutic services for use of speech-generating device, including programming and modification	Benefit plan exclusion
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure (92605))	Benefit plan exclusion
E1902	Communication board, nonelectronic augmentative or alternative communication device	Benefit plan exclusion
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Benefit plan exclusion
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes of recording time	Benefit plan exclusion
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes of recording time	Benefit plan exclusion
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes of recording time	Benefit plan exclusion
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Benefit plan exclusion
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Benefit plan exclusion
E2511	Speech generating software program, for personal computer or personal digital assistant	Benefit plan exclusion
E2512	Accessory for speech generating device, mounting system	Benefit plan exclusion
E2599	Accessory for speech generating device, not otherwise specified	Benefit plan exclusion
E3000	Speech volume modulation system, any type, including all components and accessories *This code is a new code, effective 1/1/2024	Benefit plan exclusion
K1009	Speech volume modulation system, any type, including all components and accessories *This code is a deleted code as of 12/31/2023	Benefit plan exclusion
L8505	Artificial larynx replacement battery/ accessory, any	Benefit plan exclusion

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
	type	
L8510	Voice amplifier	Benefit plan exclusion
L8512	Gelatin capsules or equivalent, for use with trachea-esophageal voice prosthesis, replacement only, per 10	Benefit plan exclusion
L8515	Gelatin capsule, application device for use with trachea-esophageal voice prosthesis, each	Benefit plan exclusion
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	Benefit plan exclusion

### **5.0 Unique Configuration/Prior Approval/Coverage Details:**

Self-funded group L0002184 Benefits for any combination of physical therapy, occupational therapy, and speech:

- Therapy is limited to combined total of 60 visits per condition per calendar year.
- Once a member uses their 60 visits, any additional visits will be reviewed by MRM to ensure they are for a different condition.
- This benefit policy does not cover speech therapy for chronic conditions or congenital speech abnormalities; learning disabilities; deviant swallow or tongue thrust; gender dysphoria; or mild and moderate developmental speech or language disorders.

Prior approval is required for evaluation for ASO groups L0002184 and L0002237.

### **6.0 Terms & Definitions:**

Aphasia - Disorder involving the expression and/or the comprehension of language.

Aphonia - The total loss of speech sounds.

Apraxia / dyspraxia -The inability or difficulty to form words or speak, despite the ability to use the oral and facial muscles to make sounds.

Auditory-Verbal Therapy (AVT) - A parent centered approach that encourages the use of naturalistic conversation and the use of spoken language to communicate. AVT emphasizes the use or residual hearing to help children learn to listen, process verbal language, and to speak.

Daily Treatment Notes - Documentation of every therapy visit to include:

1. Date of treatment.
2. Patient attendance for appointments.
3. Treatment or skilled interventions provided.
4. Total treatment time.
5. Observations made during treatment session including:
  - Response to treatment.
  - Ongoing skilled reassessment of individual progress toward goals.
  - Any problems or changes to the POC.
6. Name and credentials of the treating clinician.

Documentation is required for every treatment day and every therapy service.

Standard outpatient treatment sessions can vary from fifteen minutes to an hour per day. (Treatment sessions lasting more than one hour per day may be medically appropriate for acute inpatient settings.)

Discharge Summary - Documentation of discharge or discontinuation shall include the following elements:

1. Current physical/functional status.
2. Degree of goals achieved and reasons for goals not being achieved.
3. Discharge/discontinuation plan related to the patient's continuing care. Examples include:
  - Home program
  - Referrals for additional services
  - Recommendation for follow-up therapy
  - Family and caregiver training
  - Equipment provided

Dysarthria - An impairment or clumsiness in the uttering of words due to diseases that affect the oral, lingual or pharyngeal muscles; speech may be difficult to understand, but the ability to communicate is present.

Dysphagia - Difficulty swallowing, usually caused by nerve or muscle problems

Dysphasia - Impairment of speech resulting from a brain lesion, stroke or neurodevelopmental disorder.

Evaluation and Re-evaluation - A comprehensive evaluation is essential to determine if therapy services are medically necessary to gather baseline data, establish a treatment plan, and develop goals based on the data. The initial evaluation is usually completed in a single visit and is needed before implementing any therapy treatment. The evaluation must include:

1. Medical diagnosis – should be specific and as relevant to the problem to be treated as possible.
2. Impairment or dysfunction to be treated.
3. Subjective observation.
4. Objective observation (e.g., identified impairments and severity or complexity).
5. Assessment (includes rehab potential, long-term and short-term goals, and discharge plan).
6. Re-evaluation is done at least every 30 days.
7. Plan of care should be updated as the individual's condition changes or at least every 90 calendar days.

Habilitative Services - Health care services that help a person keep, learn, or improve skills and functioning for daily living (e.g., therapy for a child who isn't walking or talking at the expected age). The Patient Protection and Affordable Care Act (PPACA) requires coverage for essential health benefits, including coverage for Habilitative Services in individual and small group products. These services may include PT, OT, ST and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Includes Applied Behavioral Analysis (ABA) for the treatment of Autism Spectrum Disorder as required by the State of Michigan.

Maintenance therapy - Services intended to preserve functional status or to prevent or slow further deterioration in function.

Plan of Care (POC) - POC is based on the evaluation/re-evaluation, which includes details of treatment, estimated time frame for treatment, and anticipated results. At minimum, the POC is to include:

1. Medical diagnosis.
2. Specific long and short-term treatment goals.



3. Measurable objectives.
4. Type of services or interventions.
5. For a child, the treatment plan includes active participation/involvement of a parent or guardian.
6. Amount (number of times per day the therapist provides treatment; if not specified, it is assumed one treatment session per day).
7. Frequency (number of times per week; do not use ranges).
8. Duration (number of weeks or treatment sessions; do not use ranges).
9. Discharge plan.
10. Dated signature of referring physician within 30 calendar days (A physician signed POC is then considered a Certification or Recertification).

When a patient is receiving multiple therapy services (PT, OT, ST), there must be a POC for each discipline. Each therapist must independently establish what impairment or dysfunction is being treated and goals for therapy treatment.

Recertification is required if additional therapy is medically necessary beyond the specified frequency and duration or at least every 90 calendar days of treatment.

Prescription (script), Order or Referral - Written by a Medical Doctor (MD), Doctor of Osteopathy (DO), Podiatrist (DPM), Dentist (DDS), Physician Assistant (PA), or a Nurse Practitioner (NP) on behalf of a physician. A chiropractor cannot order physical therapy in the state of Michigan.

1. Signed scripts must specify "Eval and Treat" or a frequency and duration
2. For scripts that are written for a future start of care date related to post-op treatment, treatment to start within 30 days of the start of care date specified.
3. Scripts are valid for the frequency and/or duration specified OR up to 90 days.
4. Progress Reports, at minimum, must be completed every tenth visit (dates of service) or less and include:
  - Start of care date and time period covered by the report.
  - Diagnoses for which therapy is being provided.
  - Evaluation of progress (or lack thereof) toward each goal.
  - Changes in prognosis and why.
  - Changes in goals and why.
  - Terminate services, if necessary (see Discharge Note below).
  - Signature and title of qualified clinician responsible for therapy services.

Rehabilitation - Treatment designed to facilitate the process of recovery from injury, illness, or disease to normal or near-normal functional capabilities.

Speech Therapy - Treatment consisting of a prescribed program for individuals with severe speech/language/voice impairment or swallowing/feeding disorder. Voice therapies include indirect and direct treatment. Swallowing therapy strategies may include dietary modifications and swallow therapies that include compensatory techniques, indirect and direct swallow therapy.

Stuttering - The disruption in the fluency of speech; affected persons repeat letters or syllables, pause or hesitate abnormally, or fragment words when attempting to speak.

Voice Therapy - A form of speech therapy used for treatment of voice or vocal disorders, which affect voice quality, pitch, resonance or duration and can impede effective communication. Organic voice disorder may be caused by congenital or acquired anatomic abnormalities. Functional voice disorders may be caused by emotional or psychological problems that may lead to anatomic alterations. Dysphonia and hoarseness are often listed as conditions requiring voice therapy. However, hoarseness is a symptom of altered voice quality and dysphonia is a diagnosis.

**6.0 References, Citations & Resources:**

1. Speech-Language Pathology Medical Review Guidelines, American Speech-Language-Hearing Association. 2015. Available at: <http://www.asha.org/uploadedFiles/SLP-Medical-Review-Guidelines.pdf>.
3. PubMed.gov Efficacy of auditory-verbal therapy in children with hearing impairment: A systematic review from 1993 to 2015. May 3, 2016. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/27260595>.

**7.0 Associated Documents [For internal use only]:**

Standard Operating Procedure (SOP) - MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Policies & Procedure (P&P) - MMP-09 Benefit Determinations MMP-02 Transition and Continuity of Care

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization.

**8.0 Revision History**

Original Effective Date: 08/01/16

Next Revision Date:

<b>Revision Date</b>	<b>Reason for Revision</b>
7/16	Policy created
7/17	Annual review with several codes added.
4/18	Annual review: QI/MRM Aug. 2018. Codes and references updated.
8/19	Annual renewal; approved by QI/MRM.
1/20	Off-cycle review to add clarifying language, update new and deleted 1/1/20 codes.
11/20	References to mcg replaced with InterQual
10/20	References to mcg replaced with InterQual, unique language for L0002184 added
1/22	Annual review: references to InterQual criteria removed. Benefit coverage based on COC coverage and specific exclusions
6/23	Off-cycle review: Non-Covered Codes table title updated, COC sections updated for 96125, ICD-10 codes added for coverage purposes. Removal of group L0002237- from section 5.0, added LOB L0002193 to coding section in 4.0, updated section 7 associated documents. Policy approved 5/2023 for a 7/1/2023 effective date,
12/23	Off-cycle review: Removed F840 Autistic Disorder diagnosis from “NON COVERED ICD-10 DIAGNOSIS CODES FOR COVERED CODE 92526” table; moved 92597 from Non-covered section to Covered section – not all plans exclude this service. 2/19/24 Per Gap analysis: In Non-Covered Code table: Labeled K1009 as a deleted code as of 12/31/2023. Added E3000 as a new 1/1/2024 code. 2/29/2024 per Gap Analysis: ASO group L0002237 added to Section 5.0 as requiring PA for ST evaluation.