Medical Policy

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting

Policy Number: OCA 3.55  
Version Number: 14  
Version Effective Date: 04/01/17

Product Applicability

<table>
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<tr>
<th>Well Sense Health Plan</th>
<th>Boston Medical Center HealthNet Plan</th>
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<tr>
<td>☐ New Hampshire Medicaid</td>
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<td>☐ NH Health Protection Program</td>
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</table>

*Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan considers speech therapy (which may also include aural or auditory rehabilitation and/or voice therapy), including habilitative services and/or rehabilitative services provided to a member from birth to age three (3) through an Individualized Family Services Plan (IFSP) developed and provided by a certified Department of Public Health (DPH) Early Intervention Program (EIP), to be medically necessary for the treatment of a speech impairment, or a swallowing, feeding, or voice disorder for a member age 20 or younger on the date of service (i.e., until the member’s 21st birthday) when Plan medical criteria are met. Plan prior authorization is required to initiate services after the initial evaluation (but before the requested date of service for the therapy).

The initial evaluation for speech therapy services does NOT require Plan authorization. All speech therapy, language therapy, voice therapy, and/or auditory rehabilitation services (including re-evaluation of the established plan of care) after the initial evaluation do require prior authorization at

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting  
(Boston Medical Center HealthNet Plan Products)

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least five (5) calendar days before the requested date of service. See the Plan policy, *Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 21 or Older in the Outpatient Setting* (policy number OCA 3.551), rather than this policy for a member 21 years of age or older on the date of service.

An additional Plan prior authorization is not required for speech therapy provided in an inpatient setting when the inpatient admission has been authorized by the Plan. See the BMC HealthNet Plan medical policy, *Home Health Care* (policy number OCA 3.719), rather than this Plan policy for prior authorization guidelines for medically necessary speech therapy provided to a member in the home setting.

The Plan considers speech therapy to be medically necessary for a member 20 years of age or younger (i.e., until the member’s 21st birthday) who has a speech impairment, delay, or disorder (“speech impairment”) resulting from documented evidence of disease, trauma, structural malformation, congenital anomaly, or prior therapeutic intervention. However, if a member over age three (3) has a speech impairment likely to impact optimal educational performance, an evaluation is required by the local school system (“System”) to determine if any services are required and the level of services, if required (regardless of setting). The System has the primary responsibility for providing and paying for the needed speech therapy that results from the speech impairment; therefore, the Plan expects the System to work in conjunction with the member’s parent(s) or guardian(s) to develop an Individualized Education Program (IEP) for the member and to provide and pay the expenses for the speech therapy services described in the IEP as legally required by law. The Plan may approve a reasonable period of time of up to three (3) months for speech therapy while an IEP is being developed.

When prior authorization is required, it will be determined during the Plan’s prior authorization process if the service is considered medically necessary for the requested indication. See the Plan’s policy, *Medically Necessary* (policy number OCA 3.14), for the product-specific definitions of medically necessary treatment.

**Description of Item or Service**

**Speech Therapy:** Services include a diagnostic evaluation and treatment designed to improve speech impairments (with regard to the functions of articulation, language, voice, and/or fluency) or a dysfunction of a related impairment such as difficulty in swallowing.

1. Speech impairments include but are not limited to:

   a. **Articulation Disorders (Phonological Disorders):** The inability to produce individual speech sounds clearly, and difficulty in combining sounds correctly for words. Speech sounds are characterized by substitutions, omissions, additions, or distortions. Motor articulation disorders involve damage to the central or peripheral nervous system. Functional articulation disorders do not have any known cause.
b. **Fluency Disorders**: The interruption in the flow of speech or stuttering.

c. **Language Disorders**: The inability to comprehend and/or appropriately use language for communication that can affect listening, talking, reading, and/or writing. Listening and reading are considered parts of receptive language; speaking and writing are components of expressive language.

d. **Swallowing/Feeding Disorders**: Difficulty sucking, chewing, and moving food or liquid into the throat and down the esophagus.

e. **Vocal Cord Dysfunction**: A respiratory disorder caused by the paradoxical closure of the vocal cords during breathing that leads to airway obstruction.

f. **Voice Disorders**: Abnormal quality, pitch, resonance, or duration of voice. The ability to produce speech is present but not effective.

2. Commonly used terms that describe speech impairments include:

a. **Aphagia**: Inability to swallow.

b. **Aphasia (Dysphasia)**: Impairment in language function resulting from brain damage caused by a stroke or trauma. The condition may range from very mild to very severe, but it usually involves some loss in the four (4) modalities of listening, talking, reading, and writing.

c. **Aphonia**: Total loss of voice.

d. **Apraxia/Dyspraxia**: A neurological disorder that describes the inability to form words or speak, despite the ability to use the oral and facial muscles to make sounds.

e. **Cognitive-Linguistic Impairment**: Impairment in cognition (often referred to as executive function or "thinking" impairment) and involves deficits in attention to task, organizational skills, recall/memory, and reduced insight into deficits. These impairments are frequently seen in a patient with a traumatic brain injury and/or a right-sided stroke and can range from mild to severe.

f. **Dysarthria**: Impairments 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.

g. **Dysphagia**: Difficulty in swallowing.
h. **Dysphonia:** Difficulty in speaking; hoarseness.

i. **Perseveration:** Involuntary word or phrase repetition beyond appropriateness of meaning.

j. **Stuttering:** Disruption in the fluency of speech where affected persons repeat letters or syllables, pause or hesitate abnormally, or fragment words when attempting to speak. Stuttering can be mild to severe and can involve secondary characteristics such as rapid eye blinks, tremors of the lips and/or jaw, or other struggle behaviors of the face or upper body that a person who stutters may use in an attempt to speak as a way to get through a block. Stuttering affects individuals of all ages but occurs most frequently in young children between the ages of two (2) and six (6) who are developing language. Persistent, developmental stuttering is developmental stuttering that has not undergone spontaneous or therapy-related remission. Acquired stuttering in a previously fluent individual is uncommon, and may be neurogenic resulting from brain damage, associated traumatic brain injury, or disorders affecting brain function. Psychogenic stuttering may follow emotional trauma.

**Medical Policy Statement**

Coverage for speech therapy, language therapy, swallowing therapy, feeding therapy, or voice therapy for a member 20 years of age or younger on the date of service (i.e., until the member’s 21st birthday) in an outpatient setting includes all medical/psychological assessments; this includes written assessment reports and participation in team meetings conducted to determine a child’s need for special education and treatment services in the context of the child’s physical, developmental, social, and educational history and current circumstances. The Plan will coordinate such covered services with the System and MassHealth when a need for assessment/coordination is identified.

The Plan considers the therapy specified below provided in an outpatient setting to be medically necessary when the following criteria are met and documented in the member’s medical record and may include habilitative services and/or rehabilitative services. Prior authorization is required after the initial evaluation. All speech therapy, language therapy, voice therapy, and/or auditory rehabilitation services (including re-evaluation of the established plan of care) after the initial evaluation do require prior authorization at least five (5) calendar days before the requested date of service. See the Plan medical policy, *Home Health Care* (policy number OCA 3.719), rather than this Plan policy for prior authorization guidelines for medically necessary speech therapy provided to a member in the home setting.

ALL of the following criteria must be met for speech therapy, language therapy, voice therapy, and/or auditory rehabilitation services (including re-evaluation of the established plan of care) after the initial evaluation when provided in an outpatient setting, as specified below in items 1 through 3:

1. Initial evaluation for therapy is completed (without prior authorization required for the initial evaluation); AND

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2. The member is 20 years of age or younger (i.e., until the member’s 21st birthday) on the date of service and has at least ONE (1) of the following qualifying medical conditions (specified below as items 2a-2o) including but not limited to:

   a. Aphagia and dysphagia; OR

   b. Autism spectrum disorder for a Qualified Health Plan, ConnectorCare, Employer Choice Direct, Commonwealth Choice, or Employer Choice member only; OR

   c. Brain injury secondary to trauma, cerebral vascular accident, or brain tumor; OR

   d. Gastrointestinal reflux disease severe enough to cause vocal cord inflammation; OR

   e. Hearing loss resulting from acute or chronic otitis media; OR

   f. Neurological condition such as Parkinson’s disease, multiple sclerosis, amyotrophic lateral sclerosis, Huntington’s disease, myasthenia gravis, or verbal apraxia; OR

   g. Neuromuscular disorder such as cerebral palsy; OR

   h. Oral motor apraxia confirmed by standardized testing; OR

   i. Profound hearing loss and the member is under evaluation for cochlear implantation; OR

   j. Sensorineural hearing loss; OR

   k. Structural anomaly related to cleft palate and cleft lip; OR

   l. Stuttering: For a member who is age 6 or older who stutters for longer than 6 months or for stuttering accompanied by secondary struggle behaviors, a short-term trial of speech therapy of up to 3 months may be appropriate; OR

   m. Vocal cord dysfunction; OR

   n. Vocal cord surgery, laryngectomy, radiation therapy, or ototoxic medication; OR

   o. Voice disorder that include vocal cord dysfunction, nodule, and polyps; AND

3. The requested service meets InterQual® criteria for the member’s condition and location of care or, in the absence of specific InterQual® criteria, meets the medical criteria for at least ONE (1) of the following therapies, as specified below in items a through e:

   Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting (Boston Medical Center HealthNet Plan Products)
a. **Aural or Auditory Rehabilitation:** These services are considered medically necessary for a member 20 years of age or younger on the date of service (i.e., until the member’s 21st birthday) when BOTH of the following criteria are met, as specified below in items (1) and (2):

1. The member’s hearing impairment results from trauma, tumor or disease, or following implantation of a cochlear or auditory device; AND
2. The ordered therapy requires the one-to-one intervention and supervision of a speech-language pathologist or audiologist; OR

b. **Speech Therapy or Language Therapy for Conditions Other than Swallowing or Feeding Disorders:** These services are considered medically necessary for a member 20 years of age or younger on the date of service (i.e., until the member’s 21st birthday) when ALL of the following criteria are met, as specified below in items (1) through (8):

1. The speech impairment is a result of disease, trauma, an underlying structural malformation, an identifiable congenital anomaly, or previous therapeutic process; AND
2. The request for service follows an evaluation of the member’s level of function; AND
3. The member’s communication abilities are not comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background; AND
4. The member’s condition requires treatment of a level of complexity that can only be safely and effectively performed by a licensed speech therapist; AND
5. The treatment program is expected to significantly improve the member’s condition within a reasonable and predictable period of time; AND
6. Services are provided under the care of a licensed physician, licensed physician assistant, or nurse practitioner; AND
7. A written treatment plan has been developed in consultation with a licensed speech therapist; AND
8. The amount, frequency, and duration of services are reasonable by professionally recognized standards of care for speech/language therapy; OR

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*Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting (Boston Medical Center HealthNet Plan Products)*

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c. **Speech Therapy for Swallowing and Feeding Disorders:** These services are considered medically necessary for a member 20 years of age or younger on the date of service (i.e., until the member’s 21st birthday) when ALL of the following criteria are met, as specified below in items (1) through (6):

1. The member’s swallowing or feeding disorder is the result of an underlying medical condition; AND

2. The medical necessity of the therapy has been demonstrated by appropriate testing, such as videofluorographic swallowing study (VFSS), fiberoptic endoscopic examinations of swallowing (FEES), in combination with an evaluation by a certified speech-language pathologist; AND

3. Improvement is expected from the therapy; AND

4. The treatment plan includes specific tests and measures that will be used to document significant progress; AND

5. The treatment plan includes a transition to an individual or caregiver who will provide maintenance therapy on discharge; AND

6. A written treatment plan has been developed in consultation with a licensed speech therapist; OR

d. **Voice Therapy:** These services are considered medically necessary for a member 20 years of age or younger on the date of service (i.e., until the member’s 21st birthday) when ALL of the following criteria are met, as specified below in items (1) through (5):

1. The member has experienced severe chronic hoarseness lasting more than 3 months; AND

2. Medical necessity of the therapy has been demonstrated by testing that may include laryngoscopy, stroboscopy, or radiologic studies; AND

3. The therapy will be provided by a certified and licensed speech-language pathologist with the expertise needed to provide effective treatment for hoarseness; AND

4. The treatment plan includes specific tests and measures that will be used to document significant progress; AND

5. Improvement is expected from the therapy within 3-6 months; OR
e. **Re-evaluation of the Therapy Plan of Care**: Documented clinical indication(s) for the re-evaluation of the therapy established plan of care must be provided to the Plan as part of the prior authorization process (when a re-evaluation is requested for the member) and ALL applicable criteria must be met for the specified service listed above in items B3a through B3d (i.e., criteria must be met for aural or auditory rehabilitation, speech therapy or language therapy for conditions other than swallowing or feeding disorders, speech therapy for swallowing and feeding disorders, or voice therapy).

**Limitations**

The following limitations apply to speech therapy, language therapy, swallowing therapy, feeding therapy, or voice therapy provided in an outpatient setting to a member 20 years of age or younger on the date of service (i.e., until the member’s 21st birthday). See the Plan medical policy, *Home Health Care* (policy number OCA 3.719), rather than this Plan policy for prior authorization guidelines for medically necessary therapy provided to a member in the home setting.

1. **Limitations for All BMC HealthNet Plan Products:**

   a. Speech therapy for the treatment of speech impairments that include attention deficit disorders (ADD, ADHD), behavior problems, conceptual handicaps, mental retardation, psychosocial speech delay, and/or autism spectrum disorders (including infantile autism, pervasive developmental delay, disintegrative disorder, Asperger’s or Rett’s syndrome) are considered educational in nature and are the primary responsibility of the System (inclusive of all IEP related services); OR

   b. The System is responsible for interim summer speech therapy programs and services included in the IEP of members with speech impairments severe enough to necessitate 12 months of structured learning to prevent substantial regression; OR

   c. Speech therapy needs established under Chapter 721 Early Intervention and defined in a child’s Individualized Family Services Plan (IFSP) when provided outside of the Early Intervention program; OR

   d. Maintenance speech therapy that consists of services that preserve the patient’s present level of function and can be performed safely and effectively without the skilled assistance of a qualified therapist. Maintenance begins when the therapeutic goals of the treatment plan have been reached or when additional progress is not expected to occur; OR

   e. Treatment plans that address a self-correcting dysfunction such as natural dysfluency or developmental articulation errors; OR
f. The treatment of speech and language delays that is not associated with a chronic medical condition, neurological disorder, acute illness, injury, or congenital defect.

Review the member’s product-specific benefit documents available at www.bmchp.org for BMC HealthNet Plan members to determine coverage guidelines for speech therapy, language therapy, swallowing therapy, feeding therapy, or voice therapy. See the Plan’s policy, Medically Necessary (policy number OCA 3.14), for the product-specific definitions of medically necessary treatment.

2. Limitations for Qualified Health Plans, ConnectorCare, and Employer Choice Direct:

Speech therapy is considered medically necessary for the treatment of Autism Spectrum Disorders and the limitations do not apply. See Plan policy, Autism Spectrum Disorders (ASD) Medical Diagnosis and Treatment, policy number OCA 3.724, for additional information.

Definitions

Auditory or Aural Rehabilitation: Procedures to assess and treat the impact of a hearing loss on communication, and receptive and expressive communication skills of individuals with hearing loss. Assessment includes evaluation of reception, comprehension, and production of language in oral, signed, or written modalities; speech and voice production; perception of speech and non-speech stimuli in multiple modalities; listening skills; speech reading; and communication strategies. Treatment includes procedures to improve the communication abilities of individuals with hearing loss and facilitate receptive and expressive communication.

Early Intervention Programs (EIP): As defined by the Massachusetts Department of Public Health (DPH) 2013 Early Intervention Services Operational Standards, EIP’s are an integrated developmental service available to children up to age three years old who have developmental concerns due to identified disabilities or whose typical development is at risk due to certain birth or environmental circumstances. The purpose of the DPH-certified services is to provide comprehensive, integrated services to eligible children and their families which are educational, therapeutic, and social in nature. Any individual concerned about a child’s development may refer the child for an evaluation. By law, evaluations must begin within 45 days of a referral.

Habilitation Services: Habilitation refers to health care services that help a person acquire, keep or improve, partially or fully, and at different points in life, skills related to communication and activities of daily living. These services address the competencies and abilities needed for optimal functioning in interaction with their environments. Examples include therapy for a child who isn’t walking or talking at the expected age. Adults, particularly those with intellectual disabilities or disorders such as cerebral palsy, can also benefit from habilitative services. Habilitative services include physical therapy, occupational therapy, speech-language pathology, audiology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting (Boston Medical Center HealthNet Plan Products)
**Individualized Education Plan (IEP):** In the event that a child qualifies for specially designed education or related services, schools are required to develop an IEP that includes an evaluation and care plan, and also determines an appropriate placement based on the child’s unique needs and disability. Types of assessments may include but are not limited to medical assessments, psychological assessments, home assessments, and/or other assessments as may be required in accordance with a child’s diagnosis.

**Individualized Family Services Plan (IFSP):** As defined by the Massachusetts Department of Public Health (DPH) 2013 Early Intervention Services Operational Standards, IFSP’s are working documents produced for children who qualify for Early Intervention (EI). IFSP’s are developed in collaboration with the child’s family and by an EI team that may include speech, occupational and physical therapists, developmental educators, social workers, psychologists, and nurses. In addition, EI teams may also include contracted consultants who specialize in areas such as nutrition, adaptive equipment, and/or behavior management.

**M.G.L. c. 71B:** Alternately referred to as Chapter 766 or The Children with Special Needs Law, designed to (1) define the needs of children requiring special education in a broad and flexible manner; (2) to minimize the possibility of stigmatization; and (3) to maximize the child’s development in the least restrictive environment possible. Pursuant to 603 CMR 28.02, disability includes one or more of the following conditions: autism developmental delay, intellectual impairment, and/or sensory impairment (e.g., hearing, vision, deaf-blind neurological impairment, emotional impairment, communication impairment, physical impairment, health impairment, specific learning impairments). If a child has or is suspected to have a disability, Massachusetts law requires a referral for a Chapter 71B evaluation/assessment to determine whether the disability precludes the child from progressing regularly with the child’s education.

**Rehabilitation Services:** Rehabilitation refers to health care services that help a person keep, restore or improve skills and functioning for daily living and skills related to communication that have been lost or impaired because a person was sick, injured or disabled. These services include physical therapy, occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Voice Therapy:** A program designed to reduce hoarseness through guided change in vocal behaviors and lifestyle changes. Voice therapy consists of a variety of tasks designed to eliminate harmful vocal behavior, shape healthy vocal behavior, and assist in vocal fold wound healing after surgery or injury.

**Applicable Coding**

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and

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adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Because the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member. See Plan reimbursement policies for Plan billing guidelines. Review the following applicable Plan reimbursement policies: Reimbursement Guidelines - Physical, Occupational and Speech Rehabilitation Modalities and Therapeutic Procedures (policy number 4.609 for BMC HealthNet Plan products) and Reimbursement Guidelines - Early and Periodic Screening, Diagnosis and Treatment (policy number 4.3 for BMC HealthNet Plan products).

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Codes Covered When Medically Necessary for BMC HealthNet Plan Products</th>
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<tbody>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
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<td></td>
<td>Plan note: This code is used for individual treatment after the initial evaluation.</td>
</tr>
<tr>
<td>92508</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals</td>
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<tr>
<td></td>
<td>Plan note: This code is used for group treatment after the initial evaluation.</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
</tr>
<tr>
<td>92526</td>
<td>Treatment of swallowing dysfunction and/or oral function for feeding</td>
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<tr>
<td></td>
<td>Plan note: This code is used for treatment after the initial evaluation.</td>
</tr>
<tr>
<td>92630</td>
<td>Auditory rehabilitation; prelingual hearing loss</td>
</tr>
<tr>
<td></td>
<td>Plan notes: This code may be used when billing for treatment after the initial evaluation with a BMC HealthNet Plan member (excluding a Senior Care Options member). This code does not apply to members enrolled in Well Sense Health</td>
</tr>
</tbody>
</table>

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Plan products or the Senior Care Options product.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description: Code Covered When Medically Necessary for BMC HealthNet Plan Products</th>
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<tbody>
<tr>
<td>S9152</td>
<td>Speech therapy, re-evaluation</td>
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Plan note: This code may be used when billing for treatment after the initial evaluation with a BMC HealthNet Plan member (excluding a Senior Care Options member). This code does not apply to members enrolled in Well Sense Health Plan products or the Senior Care Options product.

Clinical Background Information

Speech therapy is the evaluation and treatment of speech impairments (with regard to the functions of articulation, language, voice, and/or fluency) or a dysfunction of a related impairment such as difficulty in swallowing. A comprehensive initial evaluation is recommended before a full treatment plan is developed. All speech therapy treatment plans should contain the treatment techniques, frequency of treatment, short and long term goals, and the duration of treatment.

According to the Executive Office of Health and Human Services (EOHHS), “Early Intervention (EI) in Massachusetts is a statewide, integrated, developmental service available to families of eligible children between birth and three (3) years of age. EI provides family-centered services that facilitate the developmental progress of eligible children, and helps children acquire the skills they will need to continue to grow into happy and healthy members of the community. Services are determined collaboratively with families as integral members of the team based on the individual needs of the child and family. Children and families receive individualized services, in accordance with the functional outcomes identified in the Individualized Family Services Plan (IFSP). A range of options, including home visits, center-based individual visits, community child groups, EI-only child groups (i.e., these child groups may include parents), parent groups, and services of specialty providers is available to all families. Intervention is designed to include the child, staff member(s), and parent or designated caregiver. The parent is encouraged to participate in services. If family circumstances preclude such participation, this is documented in the child's record and alternative communication strategies are developed. Services are provided by a professional and dedicated team, which includes the child's family. Depending on the child's needs, an EI team may also include professionals from the following disciplines: Developmental Specialist, Physical Therapy, Speech-Language Pathology, Psychology, Occupational Therapy, Social Work, Nursing and other specialty service providers.”
According to the EOHHS, “A child is considered eligible for Early Intervention when there is a risk for developmental delays or disorders due to four or more of the following risk factors being present:

<table>
<thead>
<tr>
<th>Child Characteristics</th>
<th>Family Characteristics</th>
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<tbody>
<tr>
<td>• Birth weight less than 1200 grams (2 pounds 10 ½ ounces)</td>
<td>• Maternal age at child's birth less than 17 or maternal history of 3 or more births before age 20</td>
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<tr>
<td>• Gestational age less than 32 weeks</td>
<td>• Maternal education less than or equal to 10 years</td>
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<tr>
<td>• NICU admission more than 5 days</td>
<td>• Parental chronic illness or disability affecting care-giving ability</td>
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<td>• Apgar less than 5 @ 5 minutes</td>
<td>• Family lacking social supports</td>
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<tr>
<td>• Total hospital stay more than 25 days in 6 months</td>
<td>• Inadequate food, clothing or shelter, including homelessness</td>
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<td>• Diagnosis of Intrauterine Growth Retardation (IUGR) or Small for Gestational Age (SGA)</td>
<td>• Open or confirmed protective service investigation, including child in foster care</td>
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<tr>
<td>• Weight for age, or weight for height, below 5th percentile; weight for age dropped more than two major centiles in 3 months (child under 12 months of age) or in 6 months (child 12-36 months of age)</td>
<td>• Substance abuse in the home</td>
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<tr>
<td>• Chronic feeding difficulties</td>
<td>• Violence in the home</td>
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<tr>
<td>• Insecure attachment/interactional difficulties</td>
<td></td>
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<tr>
<td>• Blood lead levels measured at 15 mcg/dl</td>
<td></td>
</tr>
<tr>
<td>• Suspected Central Nervous System abnormality</td>
<td></td>
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<tr>
<td>• Multiple trauma or losses”</td>
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Speech therapy services in an educational setting are health-related services that are provided and funded by the school system to enable the school-aged child to have access to free and appropriate education. Sometime, therapy services in the school setting overlap medically based therapy. In the event that a child qualifies for specially designed education or related services, schools are required to develop an IEP that includes an evaluation and care plan that determines appropriate placement based on the child’s unique needs and disability. When school-based therapists identify therapy needs that exceed the scope of school-based services and there are additional medical needs for speech therapy, the child is referred to their primary care physician with a recommendation for additional medically-based therapy without incurring the school’s responsibility to pay for that therapy. However, when a child’s therapy needs are sufficiently met by school-based therapy, a discontinuation of additional medically based therapy is warranted.
References


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http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-speechtherapy.pdf


Executive Office of Health and Human Services (EOHHS). Early Intervention Program. Accessed at:  


<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Approved by</th>
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<tbody>
<tr>
<td>Regulatory Approval: N/A</td>
<td>08/02/05 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) and member of Quality Improvement Committee (QIC)</td>
<td>Quality and Clinical Management Committee (Q&amp;CMC)</td>
</tr>
</tbody>
</table>

* Effective Date of the BMC HealthNet Plan Commercial Product(s): 01/01/12.
* Effective Date for the Well Sense Health Plan Product(s): 01/01/13 to 01/10/15 (until separate medical policies were developed for the Well Sense Health Plan products effective 01/11/15, policy number OCA 3.531 for functional therapy).
* Policy title changed from Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 21 Years of Age or Younger in the Outpatient Setting to the following effective 04/01/17: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 20 Years of Age or Younger in the Outpatient Setting.

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<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/24/07</td>
<td>Updated clinical criteria and exclusions, added references and coding.</td>
<td>Version 2</td>
<td>05/24/07: Utilization Management Committee (UMC) 06/12/07: QIC</td>
</tr>
<tr>
<td>03/11/08</td>
<td>No changes.</td>
<td>Version 3</td>
<td>03/11/08: MPCTAC 03/25/08: UMC 04/15/08: QIC</td>
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<tr>
<td>02/24/09</td>
<td>No changes.</td>
<td>Version 4</td>
<td>02/24/09: MPCTAC 02/24/09: UMC 03/25/09: QIC</td>
</tr>
<tr>
<td>02/01/10</td>
<td>Added criteria for swallowing/ feeding therapy and voice therapy, added information about EI services, updated references, changed title, clarified limitations.</td>
<td>Version 5</td>
<td>02/22/10: MPCTAC 03/24/10: QIC</td>
</tr>
<tr>
<td>07/01/11</td>
<td>Added Commercial language for autism spectrum disorders.</td>
<td>Version 6</td>
<td>03/16/11: MPCTAC 04/27/11: QIC</td>
</tr>
<tr>
<td>03/12/12</td>
<td>Updated references.</td>
<td>Version 7</td>
<td>03/21/12: MPCTAC 04/25/12: QIC</td>
</tr>
<tr>
<td>08/01/12</td>
<td>Off cycle review. Revised Summary statement, reformatted Description of Item or Service and Medical Policy Statement, revised Applicable Coding introductory statement, updated code list, updated Definitions, and updated references.</td>
<td>Version 8</td>
<td>08/13/12: MPCTAC 09/06/12: QIC</td>
</tr>
<tr>
<td>11/01/12</td>
<td>Review for effective date 03/01/13. Updated references and added language to clarify text in Summary and Limitations sections. Referenced Plan policy 4.609 for therapy reimbursement guidelines. Added definition for Voice Therapy. Reorganized medical criteria in Medical Policy Statement section and referenced InterQual® criteria. Revised applicable code list. Revised title of policy to include members age 21 years or younger (rather than under age 21).</td>
<td>03/01/13 Version 9</td>
<td>11/21/12: MPCTAC 12/20/12: QIC</td>
</tr>
<tr>
<td>08/14/13 and 08/15/13</td>
<td>Off cycle review of Plan policy. Incorporate policy revisions dated 11/01/12 (as specified above) for the Well Sense Health Plan product; these policy revisions were approved by MPCTAC on 11/21/12 and QIC on 12/20/12 for all applicable Plan products. Additional review of policy conducted.</td>
<td>Version 10</td>
<td>08/14/13: MPCTAC (via electronic vote) 08/15/13: QIC</td>
</tr>
</tbody>
</table>

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting (Boston Medical Center HealthNet Plan Products)

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<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
<th>Version</th>
<th>Effective Date</th>
<th>Reviewing Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/13,</td>
<td>Review for effective date 05/01/14. Revised Applicable Coding section by updating code definitions, introductory paragraph, and applicable code lists for all applicable Plan products. Added note to header related to criteria for BMC HealthNet Plan products and Well Sense products. Revised Medical Policy Statement section for BMC HealthNet Plan products and Well Sense product so criteria for speech therapy for conditions other than swallowing or feeding disorders apply to members with an identifiable congenital anomaly (rather than congenital anomaly). Updated Clinical Background, Definitions, Summary, Description of Item or Service, Limitations, and References sections.</td>
<td>05/01/14 Version 11</td>
<td>02/11/14: MPCTAC 02/18/14: QIC</td>
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<tr>
<td>12/01/13,</td>
<td>Review for effective date 01/11/15. Policy reformatted to include BMC HealthNet Plan products only. References and Summary sections updated. Revised review calendar.</td>
<td>01/11/15 Version 12</td>
<td>10/15/14: MPCTAC 11/12/14: QIC 11/19/14: MPCTAC 12/10/14: QIC</td>
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<tr>
<td>01/01/14,</td>
<td>Review for effective date 01/01/16. Updated template with list of applicable products. Administrative changes made to the Medical Policy Statement section and Limitations section without changing criteria. Updated Summary section. Revised language in the Applicable Coding section.</td>
<td>01/01/16 Version 13</td>
<td>11/18/15: MPCTAC 11/25/15: MPCTAC (electronic vote) 12/09/15: QIC</td>
<td></td>
</tr>
<tr>
<td>02/01/16</td>
<td>Review for effective date 02/01/16. Clarified text in the Medical Policy and Limitations section without changing criteria. Updated the Summary and Definitions sections.</td>
<td>02/01/16 Version 14</td>
<td>12/16/15: MPCTAC 01/13/16: QIC</td>
<td></td>
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<tr>
<td>12/01/16</td>
<td>Review for effective date 04/01/17. Updated Summary and References sections. Plan notes added to applicable codes. Revised title and policy guidelines to apply to members 20 years of age or younger (until the member’s 21st birthday).</td>
<td>04/01/17 Version 15</td>
<td>12/21/16: MPCTAC 01/11/17: QIC</td>
<td></td>
</tr>
</tbody>
</table>

**Last Review Date**

12/01/16

**Next Review Date**

12/01/17

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting (Boston Medical Center HealthNet Plan Products)

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**Authorizing Entity**

QIC

**Other Applicable Policies**

Medical Policy - *Autism Spectrum Disorders (ASD) Medical Diagnosis and Treatment*, policy number OCA 3.724
Medical Policy - *Central Auditory Function Evaluation to Diagnose Central Auditory Processing Disorder*, policy number 3.82
Medical Policy - *Home Health Care*, policy number OCA 3.719
Medical Policy - *Medically Necessary*, policy number OCA 3.14
Medical Policy - *Occupational Therapy in the Outpatient Setting*, policy number OCA 3.53
Medical Policy - *Physical Therapy in the Outpatient Setting*, policy number OCA 3.54
Medical Policy - *Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 21 or Older in the Outpatient Setting*, policy number OCA 3.551
Reimbursement Policy - *Early and Periodic Screening, Diagnosis and Treatment*, policy number 4.3
Reimbursement Policy - *Home Health*, policy number 4.7
Reimbursement Policy - *Physical, Occupational and Speech Rehabilitation Modalities and Therapeutic Procedures*, policy number 4.609

**Reference to Applicable Laws and Regulations**


The Commonwealth of Massachusetts. Massachusetts General Laws. Chapter 71B. Children with Special Needs. Accessed at: [https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71B/Section1](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71B/Section1)


Individuals with Disabilities Education Act (IDEA) of 2004.


Disclaimer Information: *

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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