Medical Policy

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 22 Years of Age or Older in the Outpatient Setting

Policy Number: OCA 3.551
Version Number: 14
Version Effective Date: 02/01/16

Product Applicability

- All Plan+ Products

Well Sense Health Plan
- New Hampshire Medicaid
- NH Health Protection Program

Boston Medical Center HealthNet Plan
- MassHealth
- Qualified Health Plans/ConnectorCare/Employer Choice Direct
- Senior Care Options ◊

Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

The Plan considers speech and language therapy, voice therapy, and/or auditory rehabilitation to be medically necessary for the treatment of a speech impairment or a swallowing, feeding, voice, and/or hearing disorder for a member 22 years of age or older (on the date of service) when Plan medical criteria are met for habilitative services and/or rehabilitative services. Plan prior authorization is required to initiate services after the initial evaluation (but before the requested date of service for the therapy). Treatment requires prior authorization at least five (5) calendar days before the requested service.

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 22 Years of Age or Older in the Outpatient Setting

(Boston Medical Center HealthNet Plan Products)

+ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 22 Years of Age or Older in the Outpatient Setting (policy number OCA 3.55) for a member 22 years of age or older on the date of service (i.e., until the member’s 22nd birthday).

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.

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 (as defined below) with regard to the functions of articulation, language, voice, and 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.

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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 involving deficits in attention to task, organizational skills, recall/memory, and reduced insight into deficits. These impairments are frequently seen in traumatic brain injury and 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; affected persons repeat letters or syllables, pause or hesitate abnormally, or fragment words when attempting to speak. 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.

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**Medical Policy Statement**

The Plan considers the therapy specified below provided in an outpatient setting to be medically necessary when Plan applicable medical criteria are met and documented in the member’s medical record and may include habilitative services and/or rehabilitative services. **Prior authorization is required.**

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required after the initial evaluation. 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.

BOTH of the following criteria must be met, as specified below in item 1 and item 2:

1. The member is 22 years of age or older on the date of service and has at least ONE (1) of the following qualifying medical conditions, including but not limited to conditions specified in items a through o:
   a. Aphagia and dysphagia; OR
   b. Aphasia; OR
   c. Autism spectrum disorder for a Qualified Health Plan, ConnectorCare, Employer Choice Direct, Commonwealth Choice, or Employer Choice member only; OR
   d. Brain injury secondary to trauma, cerebral vascular accident, or brain tumor; OR
   e. Dysphonia; OR
   f. Gastrointestinal reflux disease severe enough to cause vocal cord inflammation; OR
   g. Laryngeal or oral cancer; OR
   h. Neurological conditions such as Parkinson’s disease, multiple sclerosis, amyotrophic lateral sclerosis, Huntington’s disease, myasthenia gravis or verbal apraxia; OR
   i. Neuromuscular disorders such as cerebral palsy; OR
   j. Oral motor apraxia confirmed by standardized testing; OR
   k. Sensorineural hearing loss; OR
   l. Structural anomalies related to cleft palate and cleft lip; OR
   m. Stuttering: For members who stutter 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
   n. Vocal cord surgery, laryngectomy, radiation therapy, or ototoxic medication; OR
Voice disorders that include vocal cord dysfunction, nodule and polyps; AND

2. 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 applicable medical criteria for at least ONE (1) of the following therapies, as specified below in items a through d:

a. **Aural or auditory rehabilitation** for a member 22 years of age or older is considered medically necessary when BOTH of the following criteria are met, as specified below in item (1) and item (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** for a member 22 years of age or older is considered medically necessary 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, 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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(Boston Medical Center HealthNet Plan Products)
c. **Speech therapy for swallowing and feeding disorders** for a member 22 years of age or older is considered medically necessary 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** for a member 22 years of age or older is considered medically necessary 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.
Limitations

The following limitations apply to speech therapy, language therapy, voice therapy, and/or auditory rehabilitation provided in an outpatient setting to a member 22 years of age or older on the 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 therapy provided to a member in the home setting.

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

   a. Educational-related services are excluded: examinations, evaluations, or services for educational or developmental purposes, including physical therapy, speech therapy and occupational therapy. Also excluded are services to treat learning disabilities, behavior problems, and developmental delays and/or services to treat speech, hearing, and language disorders in a school-based setting; OR

   b. 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

   c. Treatment plans that address a self-correcting dysfunction such as natural dysfluency or developmental articulation errors; OR

   d. The treatment of speech and language delays that is not associated with a chronic medical condition, neurological disorder, acute illness, injury, or congenital defect.

2. **Guidelines Related to Qualified Health Plan, ConnectorCare, and Employer Choice Direct Members:**


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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.

**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.

**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 adapted in the United Stated 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>
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<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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<td></td>
<td>Plan note: This code is used for group treatment after the initial evaluation.</td>
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<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
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<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>
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<tr>
<td>92630</td>
<td>Auditory rehabilitation; prelingual hearing loss</td>
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<td>Plan note: CPT code 92630 is an applicable code for the BMC HealthNet Plan products only; this code does not apply to members enrolled in Well Sense Health Plan products. This code is used for treatment after the initial evaluation with a BMC HealthNet Plan member.</td>
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</table>
92633  |  Auditory rehabilitation; postlingual hearing loss

Plan note: CPT code 92633 is an applicable code for the BMC HealthNet Plan products only; this code does not apply to members enrolled in Well Sense Health Plan products. This code is used for treatment after the initial evaluation with a BMC HealthNet Plan member.

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<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: HCPCS code S9152 is an applicable code for the BMC HealthNet Plan products only; this re-evaluation code does not apply to members enrolled in Well Sense Health Plan products.

**Clinical Background Information**

Speech therapy is the evaluation and treatment of speech impairments with regard to the functions of articulation, language, voice, 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.

**References**


<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>07/01/11 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>MPCTAC and QIC</td>
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<tr>
<td>Internal Approval: 03/16/11: MPCTAC 04/27/11: QIC</td>
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* Effective Date for 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 3.542, for Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 21 Years of Age or Older in the Outpatient Setting for Well Sense Health Plan products).

Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 22 Years of Age or Older in the Outpatient Setting (Boston Medical Center HealthNet Plan Products)

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## Policy Revisions History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
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<tr>
<td>03/19/12</td>
<td>Updated references.</td>
<td>Version 2</td>
<td>03/21/12: MPCTAC</td>
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<td>04/25/12: QIC</td>
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<tr>
<td>08/01/12</td>
<td>Off cycle review. Revised Summary statement, reformatted Medical Policy Statement, revised Applicable Coding introductory paragraph, updated code list, revised Limitations, and updated references.</td>
<td>Version 3</td>
<td>08/13/12: MPCTAC</td>
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<td>09/06/12: QIC</td>
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<tr>
<td>11/01/12</td>
<td>Review for effective date 03/01/13. Updated references. Revised title so policy applies to members age 22 or older (rather than members over the age of 21). Added language in Summary section to clarify text. Referenced Plan reimbursement policy 4.609 for therapy reimbursement guidelines. Reorganized clinical criteria in Medical Policy Statement section and referenced InterQual® criteria. Revised applicable code list.</td>
<td>03/01/13 Version 4</td>
<td>11/21/12: MPCTAC</td>
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<td>12/20/12: QIC</td>
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<tr>
<td>08/14/13 and 08/15/13</td>
<td>Off cycle review. 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 applicable Plan products. Additional review of policy conducted.</td>
<td>08/14/13: MPCTAC (via electronic vote) 08/15/13: QIC</td>
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<td>11/01/13, 12/01/13, 01/01/14, and 02/01/14</td>
<td>Review for effective date 05/01/14. Revised Applicable Coding section by updating code definitions and Plan notes, introductory paragraph, and applicable codes for the BMC HealthNet Plan products and the Well Sense product. Reformatted Limitations section without changing criteria. Updated references.</td>
<td>05/01/14 Version 5</td>
<td>02/11/14: MPCTAC</td>
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<td>02/18/14: QIC</td>
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<tr>
<td>10/01/14 and 11/19/14</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</td>
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<td>11/12/14: QIC</td>
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<tr>
<td>11/19/14</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>11/19/14: MPCTAC</td>
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<td>12/10/14: QIC</td>
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<tr>
<td>11/25/15</td>
<td>Review for effective date 01/01/16. Updated template with list of applicable products and notes. Administrative changes made to the Medical Policy Statement section and</td>
<td>01/01/16 Version 13</td>
<td>11/18/15: MPCTAC</td>
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Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member 22 Years of Age or Older in the Outpatient Setting

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Policy Revisions History

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<th>Description</th>
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<th>Version</th>
<th>Notes</th>
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<tr>
<td>12/01/15</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</td>
<td>Version 14</td>
<td>12/16/15: MPCTAC 01/13/16: QIC</td>
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<tr>
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<td>Limitations section without changing criteria. Updated Summary section. Revised language in the Applicable Coding section.</td>
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Last Review Date

12/01/15

Next Review Date

12/01/16

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, Swallowing Therapy, Feeding Therapy, or Voice Therapy for a Member Age 21 Years or Younger in the Outpatient Setting, policy number OCA 3.55
Reimbursement Policy - Outpatient Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), policy number SCO 4.609
Reimbursement Guidelines - Physical, Occupational and Speech Rehabilitation Modalities and Therapeutic Procedures, policy number 4.609 for BMC HealthNet Plan products

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

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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.