



MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Speech Therapy and Language Disorder Rehabilitation-GA-MCD-MM-0714	11/01/2022-11/30/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Outpatient Speech Therapy and Language Disorder Rehabilitation

B. Background

Speech language pathology services include the diagnosis and treatment of speech and language disorders. These services are provided by speech-language-pathologists within the scope of their practices. Speech language pathologists diagnose and treat swallowing disorders (dysphagia) and communication disabilities. Speech, language, and swallowing disorders can be a result of a variety of causes, such as hearing loss, autism, developmental delay, Parkinson's disease, a cleft palate, stroke or brain injury.

C. Definitions

- **Speech-language pathology (SLP)** – a field in which a clinician specializes in the evaluation and treatment of disorders, cognition, swallowing, voice, and communication disorders. Clinicians are referred to as speech language pathologists, speech and language therapists, or speech therapists.
- **Receptive language** – the ability to understand what is being said, this can involve the understanding the meaning of words and sentences of what is being spoken.
- **Expressive language** – the ability to put thoughts into words and sentences that make sense to others.
- **Language disorder** – these are disorders that involve the processing of linguistic information. They can involve both receptive and expressive language.

D. Policy

- I. CareSource requires outpatient speech language pathology services to meet medical necessity criteria.
- II. Speech language services documentation must include:
 - A. An expectation that the patient's condition will:
 1. Improve significantly within 60 days after the evaluation
 2. Or the services must be for the establishment of a safe and effective maintenance program.
 - B. An order or referral by the referring physician to the SLP, including specific testing in areas of concern.
 - C. SLP documentation of the screening or evaluation, including **evidence of a face to face assessment** supporting medical necessity for speech therapy.
- III. Per MCG criteria: *developmental language disorder rehabilitation may be indicated for 1 or more of the following:*
 - A. *Initial Therapy when **ALL** of the following are present*
 1. *Diagnosed medical condition as indicated by **1** or more of the following:*

- 1.1 Autism spectrum disorder
 - 1.2 Central nervous system infection (eg, herpes encephalitis)
 - 1.3 Cerebral palsy
 - 1.4 Child abuse or neglect
 - 1.5 Developmental language disorder (specific language impairment)
 - 1.6 Dyslexia
 - 1.7 Epilepsy or other seizure disorder
 - 1.8 Fetal alcohol syndrome
 - 1.9 Genetic syndrome, with associated language disorder
 - 1.10 Hearing disorders (eg, auditory processing disorder and hearing loss)
 - 1.11 Inborn error of metabolism (eg, phenylketonuria galactosemia)
 - 1.12 Intellectual or developmental disability
 - 1.13 Language based learning disabilities
 - 1.14 Premature birth or low birth weight
 - 1.15 Receptive-expressive language impairment (also referred to as mixed receptive-expressive language impairment)
 2. Impairment of function (clinically significant) relative to the developmental normative data, as indicated by **1** or more of the following:
 - 2.1 Decreased ability to recall specific content of information read or heard
 - 2.2 Decreased oral and written language comprehension, processing and expression
 - 2.3 Decreased preliteracy of literacy skills
 - 2.4 Decreased sentence or utterance length and complexity
 - 2.5 Decreased social communication skills
 - 2.6 Difficulty organizing, planning and formulation content or oral and written expressive language
 - 2.7 Difficulty with syntax and grammar in oral and written language
 - 2.8 Pragmatic deficits
 - 2.9 Decreased receptive OR expressive language**
 3. Recent change in language status as indicated by **1** or more of the following:
 - 3.1 Recent changes of symptoms or function in patient with previous chronic or stable pediatric or development language disorder
 - 3.2 Recent diagnosis of medical condition or language delay/disorder
- B. Extended therapy when **ALL** of the following are present:**
1. Functional progress has been made during initial therapy, or patient requires maintenance therapy plan to prevent further deterioration or preserve existing function.
 2. Generalization and carryover of targeted skills into natural environment is occurring.
 3. Goals of therapy are not yet met.
 4. Patient is actively participating in treatment sessions.

E. Conditions of Coverage

N/A

F. Related Polices/Rules
N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	07/10/2020	New Policy
Date Revised	05/26/2021	Removed language with PA limits on 2- and under. Bolded 2.8 Decreased receptive OR expressive language.
	07/06/2022	Removed Covid red box; updated references; title Highlighted slight change in MCG from 25 th to 26 th ed.
Date Effective	11/01/2022	
Date Archived	11/30/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. *Introduction to Medicaid* (n.d). Retrieved June 13, 2022 from www.asha.org
2. www.cms.com.
3. *Understanding Language Disorders* (n.d.) Retrieved June 13, 2022 from www.understood.org.
4. MCG. 26th Edition (2022). Developmental Language Disorders Rehabilitation ACG: A-0561 (AC). Retrieved June 13, 2022 from www.careweb.careguidelines.com.
5. Georgia Department of Community Health. CIS/CISS Provider Manual (2022). Retrieved on June 13, 2022 www.georgia.gov/portal.

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

Independent medical review – 06/2019

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