



MEDICAL POLICY STATEMENT OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Pediatric Speech-Language Therapy	MM-1244	07/01/2022-09/30/2022
Policy Type		
Administrative	Pharmacy	Reimbursement

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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NOTICE: Due to the COVID-19 pandemic, the requirement for “evidence of face to face assessments by the SLP for speech therapy” will be waived, until such time when the pandemic is declared over. Telehealth may be utilized in place of the face to face assessments.



A. Subject

Pediatric Speech-Language Therapy

B. Background

Speech-language therapy services include the diagnosis and treatment of speech and language disorders. These services are provided by speech-language-pathologists (SLPs) within the scope of their practices. Speech-language pathologists diagnose and treat swallowing disorders (dysphagia) cognitive and communication impairments. Speech, language, and swallowing disorders can be a result of a variety of causes, such as hearing loss, autism, developmental delay, craniofacial disorders (e.g., cleft lip or palate), stroke, or brain injury.

C. Definitions

- **Speech-language pathology (SLP)** - a field specializing in the evaluation and treatment of disorders, cognition, swallowing, voice, and communication disorders. Clinicians can be known as speech language pathologists, speech and language therapists, or speech therapists.
- **Receptive language** - the ability to understand what is being said, involving the understanding the meaning of words and sentences of what is being spoken or written.
- **Expressive language** - the ability to put thoughts into words and sentences that make sense to others, via speaking, writing, signing, and/or augmentative and alternative communication (AAC) systems.
- **Language disorder** - disorders that involve the procession of linguistic information, involving both receptive and expressive language. An impairment in comprehension and/or expression across modalities (e.g., understanding, speaking, reading, writing).
- **Cognitive communication disorder** - impairment of cognition, attention, memory and/or executive function related to the ability to engage in expressive or receptive communication.
- **Swallowing disorder (dysphagia)** - occurs in one or more of the four phases of swallowing and can result in aspiration—the passage of food, liquid, or saliva into the trachea - and retrograde flow of food into the nasal cavity.
- **Voice disorder** - impairment of voice quality, pitch, loudness resulting in dysphonia or aphonia. Can include vocal cord cysts, polyps, nodules, vocal cord paresis or paralysis, congenital or acquired laryngeal web.

D. Policy

- I. CareSource requires outpatient speech language pathology services to meet medical necessity criteria for members under the age of 21 years.
- 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, or
 2. Improve within 6 months after the evaluation because of the delivery of developmental skilled therapy services, and the patient is expected to attain



- full functionality or make significant progress toward expected developmental milestones within 12 months, or
3. Be maintained, as part of a safe and effective maintenance program
- B. SLP documentation of the screening or evaluation, including evidence of a face to face assessment either face-to-face or via telemedicine, supporting medical necessity for speech therapy.
- III. Habilitative and rehabilitative speech language and cognitive services 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:
 - a. Autism spectrum disorder or other pervasive developmental disorder
 - b. Attention deficit hyperactivity disorder
 - c. Cerebral palsy
 - d. Childhood apraxia of speech
 - e. Craniofacial disorders, including cleft lip or palate
 - f. Dental malocclusion with functional symptoms (eg., difficulty biting or chewing)
 - g. Epilepsy
 - h. Fetal alcohol syndrome
 - i. Genetic syndrome associated language disorder
 - j. Hearing disorders
 - k. Macroglossia or microglossia
 - l. Premature birth or low birth weight
 - m. Primary developmental speech delay (i.e., articulation or phonologic delay)
 - n. Velopharyngeal incompetence (i.e., nasal quality to speech)
 2. Impairment (clinically significant) of function relative to developmental normative milestones, as indicated by **1 or more** of the following:
 - a. Decreased speech intelligibility
 - b. Difficulty imitating speech or speech sounds
 - c. Hypernasality or hyponasality of speech
 - d. Hypotonic or hypertonic oral musculature
 - e. Incorrect placement of articulators (lips, teeth, tongue, soft and hard palate)
 - f. Limited consonant or vowel sound repertoire
 - g. Patterns of immature speech errors or simplification patterns continue significantly past developmental age norms
 - h. Problems with oral-sensory perception
 - i. Sound errors that are not result of immaturity
 - j. Speech production not commensurate with ability to understand language
 - k. Uncoordinated patterns of lips, tongue, and jaw
 - l. Fluency disorders
 - m. Weakness or uncoordinated movements of lips, tongue, or jaw
 - n. Decreased language comprehension, including phonology, morphology, syntax, semantics and pragmatic deficits



- o. Decreased language expression including phonology, morphology, syntax, semantics and pragmatic deficits
- p. Late acquisition of words and word combinations, diminished vocabulary development
- q. Traumatic brain injury
- 3. Initial therapy may be also indicated for a recent change in speech-language or hearing status, as indicated by **1 or more** of the following:
 - a. Change of symptoms or function in patient with previous chronic or stable pediatric or developmental speech-language disorder
 - b. Prior to surgery (e.g., for cleft palate)
 - c. Recent diagnosis of medical condition or speech-language delay/disorder
 - d. Cochlear implantation (CI) - a surgically implanted, electronic prosthetic device that provides electric stimulation directly to auditory nerve fibers in the cochlea.
- 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 Policies/Rules
N/A

G. Review/Revision History

DATE		ACTION
Date Issued	02/16/2022	New Policy
Date Revised		
Date Effective	07/01/2022	
Date Archived	09/30/2022	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 February 9, 2022 from www.asha.org.
2. MCG. 25th Edition (2021). ACG: A-0561 (AC). Developmental Language Disorders Rehabilitation. Retrieved February 9, 2022 from www.careweb.careguidelines.com.
3. Ohio Administrative Code (OAC). Rule 3301-51-01 - Applicability of requirements and definitions. Retrieved February 9, 2022 from www.codes.ohio.gov.
4. *Understanding Language Disorders* (n.d.) Retrieved February 9, 2022 from www.understood.org.



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.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 06/2019

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