

Department: Utilization Management	Policy and Procedure No: LA.CLI.057				
Policy and Procedure Title: Speech Therapy Clinical Coverage Policy					
Process Cycle: Annually	Responsible Departments: Clinical				
American Buy Datricia Japas DN	Issue Date: 1/1/23				
Approved By: Patricia Jones, RN	Revised:				

<u>PURPOSE</u>: The purpose of this policy is to define Speech Therapy and the criteria for medical necessity for Humana Healthy Horizons[®] in Louisiana.

POLICY AND PROCEDURE:

Policy: Speech Therapy Clinical Coverage Policy

Procedure:

Speech therapy involves the diagnosis, study and treatment of verbal communication and language in people of all ages to enable them to communicate to the best of their ability. Speech therapy is also used to evaluate and treat swallowing disorders.

Speech therapy services are provided by, or under the direction of, licensed speech language pathologists. Speech-language pathologists (also referred to as speech therapists) assess, diagnose, help prevent and treat disorders related to fluency (flow of speech), language, speech, swallowing and voice.

Speech therapy services may be considered rehabilitative OR habilitative:

- **Rehabilitative** services refers to speech therapy services that help an individual regain or improve skills and functioning for daily living that have been lost or impaired because an individual was sick, injured or disabled.
- **Habilitative** services refer to speech therapy services that help an individual keep, learn or improve skills and functioning for daily living. An example would include therapy for a child who isn't talking at the expected age.

Melodic intonation therapy (MIT) is a treatment technique that uses melodic and rhythmic components to purportedly assist in speech recovery for individuals with aphasia (eg, loss of the ability to produce or understand language). (Refer to Coverage Limitations section)

Coverage Determination

Rehabilitative Speech Therapy

Most certificates limit the duration or number of visits. Any services for rehabilitative speech therapy that are considered primarily educational or training in nature are generally NOT covered under most Humana benefit Plans.



General Criteria for Rehabilitative Speech Therapy

Humana members may be eligible under the Plan for rehabilitative speech therapy when ALL of the following criteria are met:

- Individual's participating physician or other licensed healthcare professional acting within their state specific licensure has determined that the individual's condition can improve significantly within three months of the date that therapy begins; AND
- Rehabilitative speech therapy may be performed for conditions related to a defect, developmental delay*, functional impairment** or pain as evidenced by supporting documentation recorded in medical records submitted for review; AND
- Rehabilitative speech therapy services must be performed by a duly licensed and certified, if applicable, provider. All services provided must be within the applicable scope of practice for the provider in their licensed jurisdiction where the services are provided; AND
- Rehabilitative speech therapy services provided must be of the complexity and nature to require
 that they are performed by a licensed speech-language pathologist or provided under their direct
 supervision by a licensed ancillary person as permitted under state laws; AND
 Rehabilitative speech therapy services must be provided in accordance with an ongoing, written,
 individualized plan of care that is reviewed with and approved by the treating physician or other
 licensed healthcare professional acting within their state specific licensure. The plan of care
 should be of sufficient detail and include appropriate objective and subjective data to
 demonstrate the medical necessity of the proposed treatment. This information should include
 at least the following:
 - Speech therapy evaluation; AND
 - Frequency and duration of the treatments provided must be reasonable and customary under the generally accepted standards of practice for speech therapy; AND
 - Reasonable estimate as to the time when these goals will be achieved; AND
 - Short- and long-term goals that are specific, quantifiable (measurable) and objective; AND
 - o Specific speech therapy techniques, treatments or exercises to be used; AND
- Signatures, license numbers and professional license designations of the treating speechlanguage pathologist and treating physician or other licensed healthcare professional acting within their state specific licensure must be affixed to the evaluation and/or ongoing treatment reports. The individual must be reevaluated at least monthly and the results of these evaluations recorded in a standard format. The individual's progress towards achieving the stated goals must be assessed and if needed, changes made in the treatment program as a result of the evaluations; AND
- Rehabilitative speech therapy may be appropriate for acute episodes or significant exacerbations of chronic/longstanding/previously known medical or surgical conditions

*Developmental delay describes the condition in which a child is not developing and/or achieving skills according to the expected time frame

**Functional impairment describes a direct and measurable reduction in physical performance of an organ or body part

Rehabilitative speech, language and communication evaluation may be appropriate for the following conditions including, but not limited to:

- Autism spectrum disorders; OR
- Behavioral disabilities; OR
- Intellectual disability/intellectual development disorder (impairments of general mental abilities that impact adaptive functioning from conceptual, social and practical domains); OR



• Learning disabilities

Rehabilitative speech therapy may be medically necessary in the treatment of communication disabilities and/or dysphagia (swallowing disorders) that are the result of the following conditions including, but not limited to:

- Cerebral anoxia/hypoxia including neonatal asphyxia; OR
- Cerebrovascular accident (CVA); OR
- Congenital anomaly; OR
- Head injury; OR
- Neuromuscular disorders (such as Parkinson's disease); OR
- Postoperative conditions; OR
- Surgery of the larynx or vocal cords

Habilitative Speech Therapy

Refer to specific certificate language regarding habilitative speech therapy. Most certificates limit the duration or number of visits.

General Criteria for Habilitative Speech Therapy

Humana members may be eligible under the Plan for habilitative speech therapy when ALL of the following criteria are met:

- Individual's participating physician or other licensed healthcare professional acting within their state specific licensure has determined that the habilitative speech therapy is expected to result in an improvement or stabilization of the individual's condition within a reasonable and generally predictable period of time; AND
- Habilitative speech therapy may be provided for an individual with a congenital anomaly*, defect or developmental delay** as evidenced by supporting documentation recorded in medical records submitted for review; AND
- Habilitative speech therapy services must be performed by a duly licensed and certified, if applicable, provider. All services provided must be within the applicable scope of practice for the provider in their licensed jurisdiction where the services are provided; AND
- Habilitative speech therapy services provided must be of the complexity and nature to require that they are performed by a licensed speech-language pathologist or provided under their direct supervision by a licensed ancillary person as permitted under state laws; AND
- Habilitative speech therapy services must be provided in accordance with an ongoing, written, individualized plan of care that is reviewed with and approved by the treating physician or other licensed healthcare professional acting within their state specific licensure. The plan of care should be of sufficient detail and include appropriate objective and subjective data to demonstrate the medical necessity of the proposed treatment. This information should include at least the following:
 - Speech therapy evaluation; AND
 - Frequency and duration of the treatments provided must be reasonable and customary under the generally accepted standards of practice for speech therapy; AND
 - Reasonable estimate as to the time when these goals will be achieved; AND
 - Short- and long-term goals that are specific, quantifiable (measurable) and objective; AND
 - Specific speech therapy techniques, treatments or exercises to be used; AND
- Signatures, license numbers and professional license designations of the treating speechlanguage pathologist and treating physician or other licensed healthcare professional acting



within their state specific licensure must be affixed to the evaluation and/or ongoing treatment reports. The individual must be reevaluated at least monthly and the results of these evaluations recorded in a standard format. The individual's progress towards achieving the stated goals must be assessed and if needed, changes made in the treatment program as a result of the evaluations; AND

• Habilitative speech therapy may be appropriate for acute episodes or exacerbations of chronic/longstanding/previously known medical or surgical conditions

*Congenital anomaly describes an abnormality of the body that is present from the time of birth **Developmental delay describes the condition in which a child is not developing and/or achieving skills according to the expected time frame

Habilitative speech, language and communication evaluation may be appropriate for the following conditions including, but not limited to:

- Autism spectrum disorders; OR
- Behavioral disabilities; OR
- Intellectual disability/intellectual development disorder (impairments of general mental abilities that impact adaptive functioning from conceptual, social and practical domains); OR
- Learning disabilities Habilitative speech therapy may be medically necessary in the treatment of communication disabilities and/or dysphasia (swallowing disorders) that are the result of the following conditions including, but not limited to:
- Autism spectrum disorders; OR
- Cerebral anoxia/hypoxia including neonatal asphyxia; OR
- Cerebrovascular accident (CVA); OR
- Congenital anomaly; OR
- Head injury; OR
- Neuromuscular disorders (such as Parkinson's disease); OR
- Postoperative conditions; OR
- Surgery of the larynx or vocal cord

Coverage Limitations

Rehabilitative Speech Therapy

Humana members may NOT be eligible under the Plan for rehabilitative speech therapy for any indications other than those listed above including, but not limited to, the following:

- Articulation disorders; OR
- Central processing dysfunction; OR
- Duplicate therapy receiving multiple therapies (physical, occupational and/or speech therapy) for the same clinical condition. When multiple therapies are used, each must have separate written treatment plans and must provide significantly different treatments and not be seen as generally duplicating each other; OR



- Educational purposes, as such services are generally excluded in the certificate (Refer to specific certificate language regarding coverage of treatments for educational purposes); OR
- Functional dysphonia (absence of an anatomic laryngeal abnormality); OR
- Group therapy (as this is not one-on-one and individualized to the specific individual's needs); OR
- Hearing loss related to the aging process; OR
- Maintenance care consists of activities that generally are intended to preserve the individual's present level of function and/or prevent regression of that level of function including, but may not be limited to the following (may be excluded in the certificate):
- Maintenance begins when the therapeutic goals of the treatment program are achieved or when no further significant progress is made or reasonably seen as occurring; AND
 - Individual has achieved generally accepted normal levels of function and/or muscle strength and has reached a plateau (generally a period of 4 weeks or less, depending on the specific condition and/or individual situation); OR
 - Melodic intonation therapy (MIT); OR
 - Noncompliance with therapy program; OR
 - Psychoneurotic or psychotic conditions; OR
 - Self-correcting conditions (eg, hoarseness or natural dysfluency in young children or developmental articulation errors); OR
 - Stuttering or stammering; OR
 - Tongue thrust; OR
 - Treatment of speech, language and/or communication deficits/difficulties for the following conditions:
 - Autism spectrum disorders; OR
 - Behavioral disabilities; OR
 - Intellectual disability/intellectual development disorder; OR
 - Learning disabilities; OR
 - Voice training; OR
- When there is no potential for significant improvement documented in the speech evaluation

All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Habilitative Speech Therapy

Humana members may NOT be eligible under the Plan for habilitative speech therapy for any indications other than those listed above including, but not limited to, the following:

- Duplicate therapy receiving multiple therapies (physical, occupational and/or speech therapy) for the same clinical condition. When multiple therapies are used, each must have separate written treatment plans and must provide significantly different treatments and not be seen as generally duplicating each other; OR
- Group therapy (as this is not one-on-one and individualized to the specific individual's needs); OR
- Hearing loss related to the aging process; OR



- Melodic Intonation Therapy (MIT); OR
- Noncompliance with therapy program; OR
- Psychoneurotic or psychotic conditions; OR
- Self-correcting conditions (eg, hoarseness or natural dysfluency in young children or developmental articulation errors); OR
- Stuttering or stammering; OR
- Tongue thrust; OR
- Voice training

All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition

Background

Additional information about speech disorders (e.g., articulation deficiencies, dysfluencies, voice disorders) may be found from the following websites:

- American Speech-Language Hearing Association
- National Library of Medicine

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ADDITIONAL RESOURCES:

Version. Review. Approval History					
Department:	Purpose of Review:	Reviewed and Approved By:	Date:	Additional Comments:	
Clinical	Policy Development	Tiffany LeBlanc	8/18/2022		
Clinical	Policy Review	Patricia Jones/Cali Brou	8/22/2022		
Clinical	Policy Review	Dr. Ian Nathanson, VP Medicaid Clinical	8/22/2022		
Clinical	Adoption Review	Medicaid Quality Governance Committee	8/25/2022	Committee approved. Ben Thompson, Committee Chair	

VERSION CONTROL:

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.



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Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).