

<b>BSC8.02</b>	<b>Speech Therapy</b>		
<b>Original Policy Date:</b>	January 11, 2008	<b>Effective Date:</b>	June 1, 2021
<b>Section:</b>	2.0 Medicine	<b>Page:</b>	Page 1 of 10

## Policy Statement

This policy includes criteria for coverage approval for both **rehabilitative** speech therapy and **habilitative** speech therapy.

### Rehabilitative Speech Therapy

Rehabilitative services are defined as specialized treatments provided to individuals who suffer from either temporary or permanent loss of physical functions due to trauma, illness, congenital or developmental anomalies, therapeutic interventions, or loss of a body part, and which are designed to improve or restore the ability to perform Activities of Daily Living (see Policy Guidelines section). These therapeutic services must always have defined goals which can be reached in a reasonable period of time. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both.

Rehabilitative speech therapy may be considered **medically necessary** when **all** of the following are met:

- I. Diagnosis is made of **any** of the following:
  - A. Communication impairment
  - B. Swallowing disorder
  - C. Expressive or receptive language disorder
  - D. Abnormal delay in speech development
  - E. Gender dysphoria for voice retraining (hormonal therapy for 1-2 years is recommended prior to Female to Male (FtM); hormonal therapy is not needed prior to retraining for Male to Female (MtF) as it is unlikely to be of benefit)
- II. A physician prescription or referral is provided documenting the medical necessity for speech therapy
- III. Clinical documentation is provided of speech or swallowing impairment, as evidenced by **one** of the following:
  - A. Below-average scores on standardized objective testing, indicative of a moderate-significant deficit generally defined as a score below 85 (for most standardized tests with average score of 100) or one standard deviation below the mean
  - B. If the child's clinical condition precludes reliable objective standardized testing, as judged by a speech-language pathologist, then a professional evaluation by a speech-language pathologist that moderate-significant deficit is present and treatment is medically necessary, is required
  - C. Clinical evidence of impaired swallowing – a professional evaluation by a speech-language pathologist or results of a swallowing study
  - D. DSM V diagnosis of gender dysphoria
- IV. Services are delivered by a licensed speech-language pathologist or other appropriately licensed or certified health care provider and are based on a written treatment plan

Speech therapy is considered **not medically necessary** when therapeutic goals of the treatment plan have been achieved or when no further functional progress is expected to occur.

### Habilitative Speech Therapy

Per California Senate Bill (SB) 43 (Health and Safety Code 1367.005 and Insurance Code Section 10112.27), "habilitative services" are defined as health care services and devices that help a person keep, learn, or improve skills and functioning for Activities of Daily Living or Instrumental Activities of Daily Living (see Policy Guidelines section). These include common human skills and function that never or only marginally developed because of congenital defect, trauma, illness,

therapeutic intervention, or loss of a body part, or skills and functions that are in peril of loss for these reasons. Also, these disabilities are so profound that therapeutic goal setting is not possible and the time to achievement of full or potential function is not predictable.

Habilitative speech therapy may be considered **medically necessary** when **all** of the following are met:

- I. Diagnosis is made of **any** of the following:
  - A. Communication impairment
  - B. Swallowing disorder
  - C. Expressive or receptive language disorder
  - D. Abnormal delay in speech development
- II. A physician prescription or referral is provided documenting the medical necessity for speech therapy
- III. There is a formal speech therapy evaluation with specific and functional diagnosis-related goals that can be objectively measured
- IV. Clinical documentation is provided of speech or swallowing impairment, as evidenced by **one** of the following:
  - A. Below-average scores on standardized objective testing, indicative of a moderate-significant deficit generally defined as a score below 85 (for most standardized tests with average score of 100) or one standard deviation below the mean
  - B. If the child's clinical condition precludes reliable objective standardized testing, as judged by a speech-language pathologist, then a professional evaluation by a speech-language pathologist that moderate-significant deficit is present and treatment is medically necessary, is required
  - C. Clinical evidence of impaired swallowing – a professional evaluation by a speech-language pathologist or results of a swallowing study
- V. There is a written expectation that the therapy will maintain function that is present or will assist in the development of new capabilities, and that discontinuation of therapy will result in loss of capability
- VI. Specific, effective, and reasonable treatment is provided for the diagnosis and physical condition of the patient
- VII. Services are delivered by a licensed speech-language pathologist or other appropriately licensed or certified health care provider and are based on a written treatment plan
- VIII. Treatment is resulting in documented improvement, maintenance of capabilities or development of new functions, and is reassessed every six months for continued medical necessity

Habilitative speech therapy is considered **not medically necessary** for **any** of the following:

- I. Member achieves intended normal functioning
- II. Documentation fails to show at least maintenance of original or acquired function
- III. Member can no longer participate in minimal therapy or declines to do so

**NOTE:** Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

## Policy Guidelines

Note: For speech therapy related to gender reassignment, see Blue Shield of California Medical Policy: Gender Reassignment Surgery

### Activities of Daily Living

According to the definition provided by the Centers for Medicare and Medicaid Services, "activities of daily living" are defined as:

"...activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. If a sample person has difficulty performing an activity by himself/herself and without special equipment, or does not perform the activity at all because of health problems, the person is deemed to have a

limitation in that activity. The limitation may be temporary or chronic at the time of the survey.”

### **Instrumental Activities of Daily Living**

According to the definition provided by the Centers for Medicare and Medicaid Services, “instrumental activities of daily living” are defined as:

“...activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person has any difficulty performing an activity by himself/herself, or does not perform the activity at all, because of health problems, the person is deemed to have a limitation in that activity. The limitation may be temporary or chronic at the time of the survey.”

### **Coding**

The following CPT codes are specific to speech therapy:

- **92507:** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- **92508:** Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
- **92521:** Evaluation of speech fluency (e.g., stuttering, cluttering)
- **92522:** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- **92523:** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
- **92524:** Behavioral and qualitative analysis of voice and resonance

## **Description**

Speech therapy is the treatment of communication impairment, including delay in speech development, and swallowing disorder. Speech therapy services facilitate the development of human communication and swallowing through assessment, diagnosis, habilitation, and rehabilitation.

## **Related Policies**

- Gender Reassignment Surgery
- Sensory Integration Therapy and Auditory Integration Therapy

## **Benefit Application**

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

## **Regulatory Status**

- N/A

## Rationale

- N/A

## References

1. California Health and Safety Code Section 1367.005. 2017. Accessed May 17, 2021 from [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=1367.005.&lawCode=HSC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1367.005.&lawCode=HSC).
2. California Insurance Code Section 10112.27. 2017. Accessed May 17, 2021 from [http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=10112.27.&lawCode=INS](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=10112.27.&lawCode=INS).

## Documentation for Clinical Review

### Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Reason for speech therapy including documentation of the issue needing treatment
  - Diagnoses related to the need for speech therapy
  - Any applicable test results related to the need for speech therapy
- Physician prescription for speech therapy
- Standardized test score
- Treatment plan including:
  - Frequency and duration of treatment (e.g., 2 times per week for 6 months)
  - Functional, measurable, objective time-bound long- and short-term goals
  - Specific treatment techniques and/or activities to be used in treatment sessions

## Coding

*This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.*

*The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.*

Type	Code	Description
CPT®	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
	92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
	92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
	92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)

Type	Code	Description
	92524	Behavioral and qualitative analysis of voice and resonance
	92526	Treatment of swallowing dysfunction and/or oral function for feeding
	92610	Evaluation of oral and pharyngeal swallowing function
HCPCS	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
	S9128	Speech therapy, in the home, per diem
	S9152	Speech therapy, re-evaluation

### Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
01/11/2008	New Policy
05/08/2008	Policy Revision Added Prior Authorization Requirement for specific procedures
10/28/2009	Coding Update
12/18/2009	Criteria Revised
01/12/2010	Criteria Revised
04/18/2011	Coding Update
02/03/2012	Policy expired
06/30/2015	Policy renewed and revised Policy revision with position change
02/01/2016	Policy statement clarification
06/01/2016	Policy revision without position change
06/01/2017	Policy revision without position change
12/01/2017	Policy revision without position change
07/01/2018	Policy revision without position change
06/01/2019	Policy revision without position change
06/01/2020	Annual review. No change to policy statement. Policy guidelines updated.
06/01/2021	Annual review. Policy statement updated.

### Definitions of Decision Determinations

**Medically Necessary:** Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

**Investigational/Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance

with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

### **Prior Authorization Requirements (as applicable to your plan)**

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

*Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.*

**Appendix A**

POLICY STATEMENT	
BEFORE	AFTER <span style="color: blue;">Blue font: Verbiage Changes/Additions</span>
<p><b>Speech Therapy BSC8.02</b></p> <p><b>Policy Statement:</b> This policy includes criteria for coverage approval for both <b>rehabilitative</b> speech therapy and <b>habilitative</b> speech therapy.</p> <p><b>Rehabilitative Speech Therapy</b> Rehabilitative services are defined as specialized treatments provided to individuals who suffer from either temporary or permanent loss of physical functions due to trauma, illness, congenital anomalies, therapeutic interventions, or loss of a body part, and which are designed to improve or restore the ability to perform Activities of Daily Living (see Policy Guidelines section). These therapeutic services must always have defined goals which can be reached in a reasonable period of time. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both.</p> <p>Rehabilitative speech therapy may be considered <b>medically necessary</b> when <b>all</b> of the following are met:</p> <ul style="list-style-type: none"> <li>• Diagnosis is made of <b>any</b> of the following: <ul style="list-style-type: none"> <li>○ Communication impairment</li> <li>○ Swallowing disorder</li> <li>○ Expressive or receptive language disorder</li> <li>○ Abnormal delay in speech development</li> </ul> </li> <li>• A physician prescription or referral is provided documenting the medical necessity for speech therapy</li> <li>• Clinical documentation is provided of speech or swallowing impairment, as evidenced by <b>one</b> of the following: <ul style="list-style-type: none"> <li>○ Below-average scores on standardized objective testing, indicative of a moderate-significant deficit generally defined as a score below 85 (for most standardized tests with average score of 100) or one standard deviation below the mean</li> </ul> </li> </ul>	<p><b>Speech Therapy BSC8.02</b></p> <p><b>Policy Statement:</b> This policy includes criteria for coverage approval for both <b>rehabilitative</b> speech therapy and <b>habilitative</b> speech therapy.</p> <p><b>Rehabilitative Speech Therapy</b> Rehabilitative services are defined as specialized treatments provided to individuals who suffer from either temporary or permanent loss of physical functions due to trauma, illness, congenital <span style="color: blue;">or developmental</span> anomalies, therapeutic interventions, or loss of a body part, and which are designed to improve or restore the ability to perform Activities of Daily Living (see Policy Guidelines section). These therapeutic services must always have defined goals which can be reached in a reasonable period of time. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both.</p> <p>Rehabilitative speech therapy may be considered <b>medically necessary</b> when <b>all</b> of the following are met:</p> <ol style="list-style-type: none"> <li>I. Diagnosis is made of <b>any</b> of the following: <ol style="list-style-type: none"> <li>A. Communication impairment</li> <li>B. Swallowing disorder</li> <li>C. Expressive or receptive language disorder</li> <li>D. Abnormal delay in speech development</li> <li>E. <span style="color: blue;">Gender dysphoria for voice retraining (hormonal therapy for 1-2 years is recommended prior to Female to Male (FtM); hormonal therapy is not needed prior to retraining for Male to Female (MtF) as it is unlikely to be of benefit)</span></li> </ol> </li> <li>II. A physician prescription or referral is provided documenting the medical necessity for speech therapy</li> <li>III. Clinical documentation is provided of speech or swallowing impairment, as evidenced by <b>one</b> of the following:</li> </ol>



POLICY STATEMENT

BEFORE

- o If the child’s clinical condition precludes reliable objective standardized testing, as judged by a speech-language pathologist, then a professional evaluation by a speech-language pathologist that moderate-significant deficit is present and treatment is medically necessary, is required
- o Clinical evidence of impaired swallowing – a professional evaluation by a speech-language pathologist or results of a swallowing study
- Services are delivered by a licensed speech-language pathologist or other appropriately licensed or certified health care provider and are based on a written treatment plan

Speech therapy is considered **not medically necessary** when therapeutic goals of the treatment plan have been achieved or when no further functional progress is expected to occur.

**Habilitative Speech Therapy**

Per California Senate Bill (SB) 43 (Health and Safety Code 1367.005 and Insurance Code Section 10112.27), “habilitative services” are defined as health care services and devices that help a person keep, learn, or improve skills and functioning for Activities of Daily Living or Instrumental Activities of Daily Living (see Policy Guidelines section). These include common human skills and function that never or only marginally developed because of congenital defect, trauma, illness, therapeutic intervention, or loss of a body part, or skills and functions that are in peril of loss for these reasons. Also, these disabilities are so profound that therapeutic goal setting is not possible and the time to achievement of full or potential function is not predictable.

Habilitative speech therapy may be considered **medically necessary** when **all** of the following are met:

- Diagnosis is made of **any** of the following:
  - o Communication impairment

AFTER

**Blue font: Verbiage Changes/Additions**

- A. Below-average scores on standardized objective testing, indicative of a moderate-significant deficit generally defined as a score below 85 (for most standardized tests with average score of 100) or one standard deviation below the mean
- B. If the child’s clinical condition precludes reliable objective standardized testing, as judged by a speech-language pathologist, then a professional evaluation by a speech-language pathologist that moderate-significant deficit is present and treatment is medically necessary, is required
- C. Clinical evidence of impaired swallowing – a professional evaluation by a speech-language pathologist or results of a swallowing study
- D. DSM V diagnosis of gender dysphoria**
- IV. Services are delivered by a licensed speech-language pathologist or other appropriately licensed or certified health care provider and are based on a written treatment plan

Speech therapy is considered **not medically necessary** when therapeutic goals of the treatment plan have been achieved or when no further functional progress is expected to occur.

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Habilitative speech therapy may be considered **medically necessary** when **all** of the following are met:

- I. Diagnosis is made of **any** of the following:



POLICY STATEMENT

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