 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire consistently and correctly administers speech therapy benefits to all members according to their policy benefits.

POLICY: It is the policy of the Cooperative to review requests for speech therapy according to member policy and evidence-based medical criteria through the prior authorization process.

PROCEDURE: Prior Authorization Required: YES

Commercial: Check individual policy because some groups exclude speech therapy coverage or have a limited number of visits.


Small Group:

Coverage Criteria:

****Check the individual policy for coverage limitations. Some policies have a 20 visit limit per year and some have a contract exclusion for speech therapy****


For plans that have a speech therapy benefit, an initial speech therapy evaluation is covered without prior authorization when medically necessary. After the first visit, continued speech therapy rehabilitative and habilitative services are subject to the individual terms and policy specifics as listed in the schedule of benefits. Speech therapy coverage is limited to treatment of speech disorders only when the disorder results from accident or injury, stroke, cancer, and/or congenital defect/abnormality, or as otherwise related to covered autism treatment services. Medically necessary services must meet the following criteria:

1. Prescribed by a physician, **AND**
2. Provided by a certified speech and language pathologist, **AND**
3. Must be of the complexity and nature to require a certified speech and language pathologist, **AND**
4. Must have a diagnosis of an expressive or receptive language disorder, **AND**
5. Disorder must be caused by a new disease, injury, or medical condition, **AND**
6. Member's loss of functional ability must be 20% below the normal range, **AND**
7. Member must display the potential to re-achieve their previous skill level, **AND**
8. Therapy is expected to result in a significant improvement in the member's condition within a reasonable and generally predictable period of time, **AND**
9. Must not be duplicative (If member's needs are met through school based services or another therapy discipline, then non-school based services or the other discipline would be denied.)

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024

Exclusions:

1. Services primarily aimed at restoring vocational or work-related skills or abilities such as:
 - a. Vocational services or conditioning
 - b. Work hardening programs
 - c. Functional capacity evaluations
 - d. Vocational rehab or therapy
2. Therapy considered non-medical whereby the purpose is for:
 - a. Self-care or self-help training
 - b. Acquisition or restoration of incidental activities of daily living (IADL's)
 - c. Recreational therapy
 - d. Education
 - e. Academic or school related
 - f. Physical fitness or exercise programs
3. Biofeedback
4. Hypnotherapy
5. Developmental Delay
6. Sensory deficit or sensory integration issues
7. Multiple handicap
8. Motor dysfunction
9. Minimal brain dysfunction or cognitive issues
10. Cognitive rehabilitation
11. Learning or intellectual disabilities
12. Neurological delays
13. Communication delays or disorders such as articulation disorders, fluency disorders, receptive disorders
14. Voice therapy for:
 - a. Essential voice tremor
 - b. Improvement of voice quality
 - c. Laryngeal hyperadduction
 - d. Laryngitis
 - e. Muscle tension dysphonia (functional dysphonia)
 - f. Occupational or recreational purposes (e.g., public speaking, singing, etc.)
 - g. Supraglottic vocal hyperfunction
15. Perceptual disorders
16. Behavioral disorders, hyperactivity and/or attention deficit disorders
17. Maintenance therapies of any kind

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024

Large Group:

Coverage Criteria:

****Check the individual policy for coverage limitations. Some policies have a 20 visit limit per year and some have a contract exclusion for speech therapy****


For plans that have a speech therapy benefit, an initial speech therapy evaluation is covered without prior authorization when medically necessary. After the first visit, continued speech therapy rehabilitative and habilitative services are subject to the individual terms and policy specifics as listed in the schedule of benefits. Speech therapy coverage is limited to treatment of disorders of speech only when the disorder results from accident or injury, stroke, cancer, and/or congenital defect/abnormality, or as otherwise related to covered autism treatment services. Medically necessary services need to meet the following criteria:

1. Prescribed by a physician, **AND**
2. Provided by a certified speech and language pathologist, **AND**
3. Must be of the complexity and nature to require a certified speech and language pathologist, **AND**
4. Must have a diagnosis of an expressive or receptive language disorder, **AND**
5. Disorder must be caused by a new disease, injury, or medical condition, **AND**
6. Member's loss of functional ability must be 20% below the normal range, **AND**
7. Member must display the potential to re-achieve their previous skill level, **AND**
8. Therapy is expected to result in a significant improvement in the member's condition within a reasonable and generally predictable period of time, **AND**
9. Must not be duplicative (If member's needs are met through school based services or another therapy discipline, then non-school based services or the other discipline would be denied.)

Exclusions:

Speech therapy is **NOT** considered medically necessary in the following circumstances:

1. Services primarily aimed at restoring vocational or work-related skills or abilities such as:
 - a. Vocational services or conditioning
 - b. Work hardening programs
 - c. Functional capacity evaluations
 - d. Vocational rehab or therapy
2. Therapy considered non-medical whereby the purpose is for:
 - a. Self-care or self-help training
 - b. Acquisition or restoration of activities of daily living (ADL)

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024


- c. Acquisition or restoration of incidental activities of daily living (IADL's)
- d. Recreational therapy
- e. Education
- f. Academic or school related
- g. Physical fitness or exercise programs
3. Biofeedback
4. Hypnotherapy
5. Developmental delay
6. Sensory deficit or sensory integration issues
7. Multiple handicap
8. Motor dysfunction
9. Minimal brain dysfunction or cognitive issues
10. Cognitive rehabilitation
11. Learning or intellectual disabilities
12. Neurological delays
13. Communication delays or disorders such as articulation disorders, fluency disorders, receptive disorders
14. Voice therapy for:
 - a. Essential voice tremor
 - b. Improvement of voice quality
 - c. Laryngeal hyperadduction
 - d. Laryngitis
 - e. Muscle tension dysphonia (functional dysphonia)
 - f. Occupational or recreational purposes (e.g., public speaking, singing, etc.)
 - g. Supraglottic vocal hyperfunction
15. Perceptual disorders
16. Behavioral disorders, hyperactivity and/or attention deficit disorders
17. Maintenance therapies of any kind
18. All habilitative services and related treatment

State of Wisconsin:

Coverage Criteria:

Speech therapy is medically necessary to treat disorders of speech only when the disorder results from illness or injury, or as otherwise related to covered autism treatment services. Coverage limits apply: 50 visits per year. Medically necessary rehabilitative and habilitative services need to meet the following criteria:

1. Prescribed by a physician, **AND**
2. Provided by a certified speech and language pathologist, **AND**
3. Must be of the complexity and nature to require a certified speech and language pathologist, **AND**


 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024

4. Must have a diagnosis of an expressive or receptive language disorder, **AND**
5. Disorder must be caused by a new disease, injury, or medical condition, **AND**
6. Member's loss of functional ability must be 20% below the normal range, **AND**
7. Member must display the potential to re-achieve their previous skill level, **AND**
8. Therapy is expected to result in a significant improvement in the member's condition within a reasonable and generally predictable period of time, **AND**
9. Must not be duplicative (If member's needs are met through school based services or another therapy discipline, then non-school based services or the other discipline would be denied.)

Exclusions:

Speech therapy is **NOT** considered medically necessary in the following circumstances:

1. Services primarily aimed at restoring vocational or work-related skills or abilities such as:
 - a. Vocational services or conditioning
 - b. Work hardening programs
 - c. Functional capacity evaluations
 - d. Vocational rehab or therapy
2. Therapy considered non-medical whereby the purpose is for:
 - a. Self-care or self-help training
 - b. Acquisition or restoration of incidental activities of daily living (IADL's)
 - c. Recreational therapy
 - d. Education
 - e. Academic or school related
 - f. Physical fitness or exercise programs
3. Services for the evaluation, diagnosis, or treatment of cognitive, neurological and/or developmental problems, and/or delays that are **NOT** a result of illness or injury, which includes but is not limited to:
 - a. Learning disabilities
 - b. Communication delays or disorders such as articulation disorders, fluency disorders, receptive disorders, and/or resonance or voice disorders
 - c. Perceptual disorders
 - d. Intellectual disability, behavioral disorders, hyperactivity and/or attention deficit disorders
 - e. Minimal brain dysfunctions or cognitive issues
 - f. Cognitive rehabilitation
 - g. Sensory deficit
 - h. Sensory integration
 - i. Multiple handicap
 - j. Motor dysfunction
 - g. developmental delays
4. Voice therapy is **NOT** medically necessary for any of the following indications:
 - a. Essential voice tremor

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024

- b. Improvement of voice quality
- c. Laryngeal hyperadduction
- d. Laryngitis
- e. Muscle tension dysphonia (functional dysphonia)
- f. Occupational or recreational purposes (e.g., public speaking, singing, etc.)
- g. Supraglottic vocal hyperfunction
5. Maintenance therapies of any kind
6. Acupuncture or treatment associated with acupuncture
7. Biofeedback, except that provided by a physical therapist for treatment of headaches and spastic torticollis
8. Hypnotherapy

Medicaid

Coverage Criteria:


Speech therapy is a covered benefit when it is determined to be medically necessary. Medically necessary services must meet the following criteria (according to HFS 107.18):

1. Prescribed by a physician, **AND**
2. Provided by a certified speech and language pathologist, **AND**
3. Must be of the complexity and nature to require a certified speech and language pathologist, **AND**
4. Must have a diagnosis of an expressive or receptive language disorder, **AND**
5. Disorder must be caused by a new disease, injury, or medical condition, **AND**
6. Must be a loss of functional ability to perform ADLs, **AND**
7. Member's functional ability/delay must be 20% below the normal range, **AND**
8. Member must display the potential to re-achieve their previous skill level, **AND**
9. Therapy is expected to result in a significant improvement in the member's condition within a reasonable and generally predictable period of time, **AND**
10. Must not be duplicative (If member's needs are met through school based services, then non-school based services would be denied.)

Exclusions:

Speech therapy is **NOT** considered medically necessary in the following circumstances:

1. Duplicative: when other therapies (disciplines or facilities) are providing sufficient services to meet the member's functioning needs
2. Services that do not require the skills of a qualified provider of speech therapy services, such as treatments that maintain function by using routine, repetitious, and reinforced procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation errors) or procedures that may be carried out effectively by the member, family, or caregivers at home on their own
3. When the member does not show motivation, interest, or desire to participate in therapy

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024

4. The evaluation indicates that the member’s abilities are functional for their present way of life
5. Member has achieved independence in daily activities
6. Member has shown no progress toward meeting or maintaining established treatment goals
7. Member has shown no ability to carry over abilities gained from treatment in a facility to home
8. Member’s chronological or developmental age, way of life or home situation indicates that the stated therapy goals are not appropriate for member or serve no functional or maintenance purpose
9. Voice therapy for any of the following:
 - a. Essential voice tremor
 - b. Improvement of voice quality
 - c. Laryngeal hyperadduction
 - d. Laryngitis
 - e. Muscle tension dysphonia (functional dysphonia)
 - f. Occupational or recreational purposes (e.g., public speaking, singing, etc.)
 - g. Supraglottic vocal hyperfunction
10. Services primarily aimed at restoring vocational or work-related skills or abilities such as:
 - a. Vocational services or conditioning
 - b. Work hardening programs
 - c. Functional capacity evaluations
 - d. Vocational rehab or therapy
11. Therapy considered non-medical whereby the purpose is for:
 - a. Self help training
 - b. Recreational therapy
 - c. Educational in nature
 - d. Academic or school related
 - e. Physical fitness or exercise programs
12. Biofeedback
13. Hypnotherapy
14. Acupuncture or treatment associated with acupuncture


Medicare Advantage

Follow NCD and LCD outlined in references.

References

National Coverage Determination (NCD)
 Speech-Language Pathology Services for the Treatment of Dysphagia
 170.3

Local Coverage Determination (LCD)
 Speech-Language Pathology
 L33580

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Speech Therapy
	PRODUCT LINE:	All
	POLICY NUMBER:	086
	ORIGINAL POLICY EFFECTIVE DATE:	01/30/2017
	LAST REVISED DATE:	11/11/2024
	LAST REVIEWED DATE:	11/11/2024

Wisconsin Administrative Code related to Speech Therapy

Member Handbook/Certificate of Coverage

APPROVED: 

DATE: 11/11/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/23/2018	Michele Bauer, MD	No changes
04/17/2019	Michele Bauer, MD, CMO	Reviewed with no changes
11/15/2020	Michele Bauer, MD, CMO	Clarified language
11/15/2021	Michele Bauer, MD, CMO	Reviewed with no changes
11/10/2022	Michele Bauer, MD, CMO	Added Medicare Advantage product line.
11/20/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
11/11/2024	Michele Bauer, MD, CMO	Updated references and added coverage criteria for DSNP