

Coverage and medical indications of Speech therapy

Adjudication Guideline

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Abstract

For Members

The treatment of speech and communication disorders. The approach used varies depending on the disorder

For Medical Professionals

Speech therapy is an intervention service that focuses on improving speech and abilities to understand and express language, including nonverbal language.

Speech-language pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.

Treatment approach and methods vary according to the patient's condition or the therapist's preference for example cycles, multiple oppositions, core vocabulary therapy, stimulability approach, phonological processing etc.

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Scope

This Adjudication Rule (AR) highlights the coverage and payment requirements of Speech Therapy by Daman as per policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria

Speech therapy is considered medically necessary for the treatment of speech, voice, language and communication disabilities when all of the following criteria are met:

I. The member's physician has determined that the member's condition can improve significantly with speech therapy

II. Referral physician ID is limited to ENT surgery/ otolaryngology, Neurosurgery, Plastic surgery, General surgery, Pediatric surgery, Oral Maxillofacial surgery, Surgical oncology, Traumatology, Pediatrician, Internal medicine , Neurologist, psychiatrist,

III. The speech therapy services provided must be performed by (treating physician) a licensed speech-language pathologist / therapist

IV. The speech therapy is expected to result in a significant improvement in the individual's condition within a reasonable and generally predictable period of time

V. Speech therapy services must be provided in accordance with an ongoing, written plan of care that is reviewed with and approved by the treating physician. 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.

VI. Speech therapy services must be performed by a duly licensed provider.

VII. Speech therapy for idiopathic delays in speech development is considered experimental and investigational for infants and children younger than 18 months of age because idiopathic delays in speech development cannot be reliably diagnosed or treated in the prelingual developmental stage

Requirements for Coverage

Documentation requirements
Speech therapy should be provided in accordance with an ongoing, written plan of care to assist in determining medical necessity. The following care plan documentation is required to justify the medical necessity of speech therapy:

I. The plan of care should be specific to the diagnosis, presenting symptoms, and findings of the speech therapy evaluation.

II. The plan of care must be signed by the member's attending physician and speech therapist.

III. The plan of care should include:

A. The date of onset or exacerbation of the disorder/diagnosis;
B. The speech therapy evaluation;
C. Specific statements of long-term and short-term goals that are specific, quantifiable (measurable) and objective;
D. A reasonable estimate of when the goals will be reached;
E. The specific treatment techniques and/or exercises to be used in treatment; and
F. The frequency and duration of treatment, which must be medically necessary and consistent with generally accepted standards of practice for speech therapy.

IV. The plan of care should be ongoing (i.e., updated as the member's condition changes) and treatment should demonstrate reasonable expectation of improvement (as defined below):

A. Speech therapy services are considered medically necessary only if there is a reasonable expectation that speech therapy will achieve measurable improvement in the member's condition in a reasonable and predictable period of time.
B. The member should be re-evaluated regularly (i.e., monthly) and the results of these evaluations recorded in a standard format.
C. There should be documentation of progress made toward the goals of speech therapy, and if needed, changes made in the treatment program as a result of the evaluations.
D. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that speech therapy services are contributing to such improvement.

Speech generating devices

Speech generating devices are defined as durable medical equipment that provides an individual who has a severe speech impairment with the ability to meet his or her functional speaking needs. Speech generating devices are speech aids consisting of devices or software that generate speech and are used solely by the individual who has a severe speech impairment.

Documentation requirements

DAMAN considers speech generating devices (SGDs) as medically necessary durable medical equipment (DME) for members who meet all of the following criteria:

1. The member's physician has determined that the patient suffers from severe speech impairment and that the medical condition warrants the use of a device.

2. The member has had a formal evaluation of their cognitive and language abilities by a speech-language pathologist (SLP). The formal, written evaluation must include all of the following elements:

- Evaluation of current communication impairment, including the type, severity, language skills, cognitive ability and anticipated course of the impairment.
- A description of the functional communication goals expected to be achieved and treatment options; *and*
- A treatment plan that includes a training schedule for the selected device; *and*
- Demonstration that the member possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
- For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the member of the upgrade compared to the initially provided SGD

- The member's speaking needs cannot be met using natural communication methods and other forms of treatment have been considered and ruled out.
- Name of the device, model number of the device

3. Only 1 SGD or speech generating software program at a time is considered medically necessary per member. Software that enables a laptop computer, desktop computer, or PDA to function as a SGD is considered an SGD; however, installation of the program or technical support cannot be claimed separately. There should be no separate billing of any interfaces, cables, adapters, interconnects, and switches necessary for the accessory to interface with the SGD.

Non-Coverage

A. Non Coverage for speech therapy:

1. Patient's policy does not have Rehabilitation Benefit

2. Maintenance programs and exercises that preserve the member's present level of function and prevent regression of that function do not meet Daman's contractual definition of medical necessity. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur. Specifically, these include continued activities for individuals who have achieved generally accepted levels of function and are at a plateau or have reached "normal" levels. A plateau is a period of four weeks or dependent on the specific condition and/or individual situation, a lesser period of time that is seen as generally accepted;

3. Treatments are not considered medically necessary if they do not require the skills of a qualified provider of speech therapy services, such as treatments or procedures that may be carried out effectively by the member, family, or caregivers at home on their own.

B. Non-Covered Indications for Speech Therapy for Children:

1. Speech therapy is considered not medically necessary for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that are self-correcting

2. Speech therapy for idiopathic delays in speech development is considered experimental and investigational for infants and children younger than 18 months of age because idiopathic delays in speech development cannot be reliably diagnosed or treated in the prelingual developmental stage

C. Non coverage for speech generating device:

1. Member's policy does not cover durable medical equipment

2. Desktop computers, laptop computers, pagers, personal digital assistants (PDAs), portable multi-media players (e.g. iPod), smart phones, and tablet devices (e.g., iPads), or other devices that are not dedicated SGDs are not covered because they do not meet the definition of DME because they are useful in the absence of illness and injury.

3. Internet or phone services or any modification to a member's home to allow use of the speech generating device are not covered because such services or modifications could be used for non-medical equipment such as standard phones or personal computers.

4. Daman considers altered auditory feedback devices and auditory verbal therapy experimental and investigational for stuttering and all other indications because of lack of evidence in published medical literature on the effectiveness of these devices.

Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service /supply may be appropriate , but too frequent
Service(s) is (are) not covered

Appendices

A. References

1. American Speech Language Hearing Association, https://www.asha.org/public/speech/disorders/AAC/

2. American Academy of Pediatrics (AAP), Committee on Children with Disabilities. Auditory integration training and facilitated communication for autism. Pediatrics. 1998; 102(2):431-433. Available at: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;102/2/431

3. http://www.speechlanguage-resources.com/multiple-oppositions-therapy.html

B. Questionnaire/ Speech therapy form

Speech Therapy Evaluation Form
Date of Assessment:

Name:
Age:
Insurance number:
Presenting symptoms:
Diagnosis:
Ordering physician:
Speech language pathologist/ therapist:

Evaluation

Has a speech therapy evaluation been done? If yes kindly attach results
Date of onset or exacerbation of disorder:
What are the treatment techniques you want to use?
What are the goals of treatment?
Kindly state a reasonable estimate of the time duration of when the goals will be met:

Re- Evaluation

Is the patient improving on current therapy? If no why?

Are the previous goals being met?

Has the reasonable expected time for improvement been exceeded without any improvement? If reasonable expected time for improvement has exceeded kindly justify.

Has the patient reached a plateau phase?

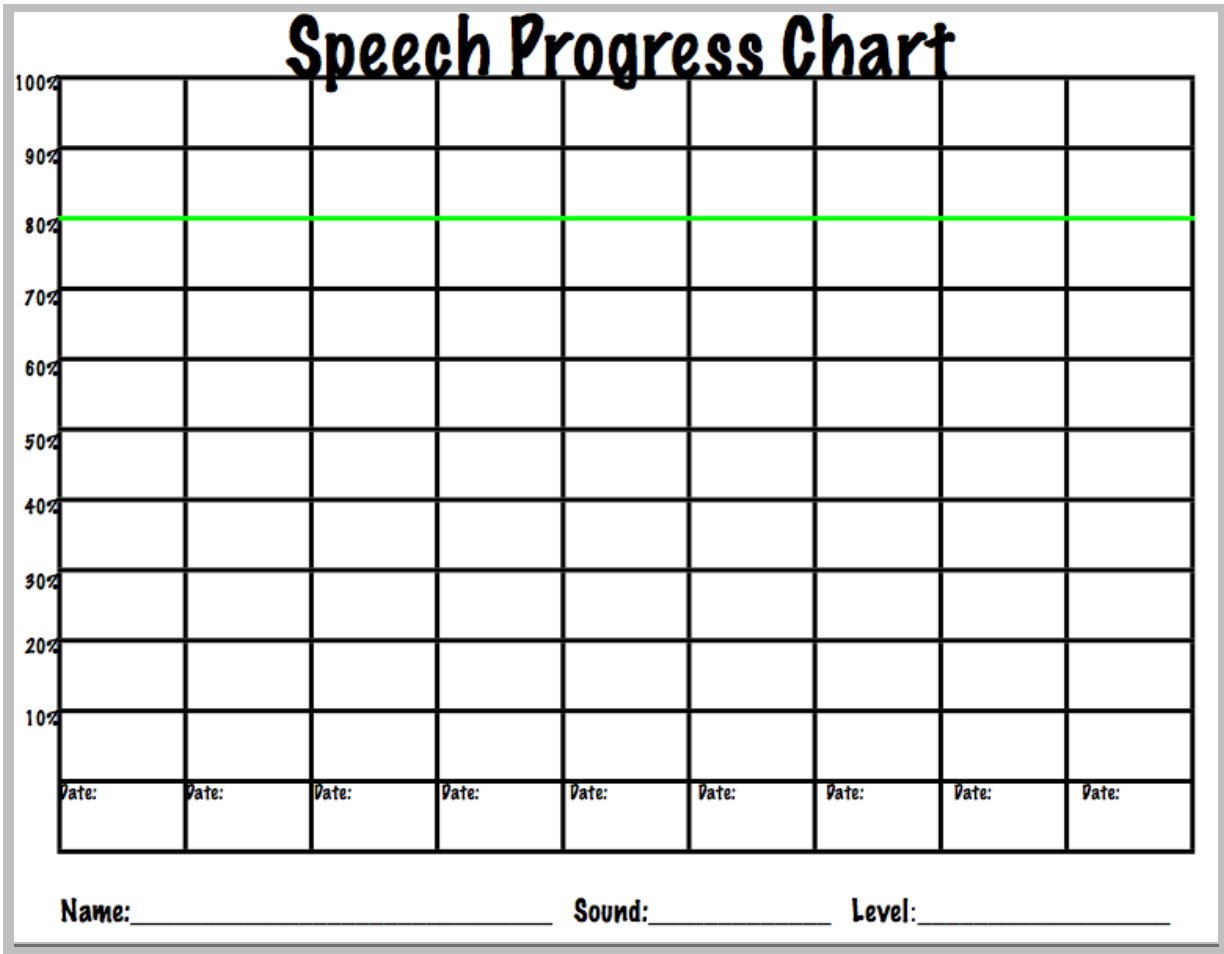
Assessment

1. Oral Motor Examination:
2. Receptive Evaluation:
3. Expressive Evaluation:
4. Pragmatic Assessment:
5. Articulation Assessment:
6. Voice Assessment:
7. Swallowing Evaluation:

Short term goals

Long term goals

Graphical representation of patient's progress



*this is a sample , different graphs can be plotted , as long as they show clearly the patient's progress and makes progress tracking easy

Physician information

Physician stamp and signature:

Speech therapist / Speech language therapist stamp and signature:

C. Revision History

Date	Change(s)
08/02/2018	Release V1.0