



MEDICAL POLICY STATEMENT GEORGIA MEDICAID

Policy Name	Policy Number	Date Effective
Speech Therapy and Language Disorder Rehabilitation	MM-0714	10/01/2020-TBD
Policy Type		
MEDICAL	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.

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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
Outpatient Speech Therapy and Language Disorder Rehabilitation

B. Background

Speech language pathology services include the diagnosis and treatment of speech and language disorders. These services are provided by speech-language-pathologists within the scope of their practices. Speech language pathologists diagnose and treat swallowing disorders (dysphagia) and communication disabilities. Speech, language, and swallowing disorders can be a result of a variety of causes, such as hearing loss, autism, developmental delay, Parkinson's disease, a cleft palate, stroke or brain injury.

C. Definitions

- **Speech-language pathology** – (SLP) s field in which a clinician specializes 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, this can involve the understanding the meaning of words and sentences of what is being spoken.
- **Expressive language**-the ability to put thoughts into words and sentences that make sense to others.
- **Language disorder**-these are disorders that involve the procession of linguistic information this can involve both receptive and expressive language.

D. Policy

I. Members 20 and under require prior authorization based upon the GAMMIS CIS/CISS provider manual once benefit limits have been reached. Members 21 and older require prior authorization for any speech therapy request.

II. Speech language services documentation must include:

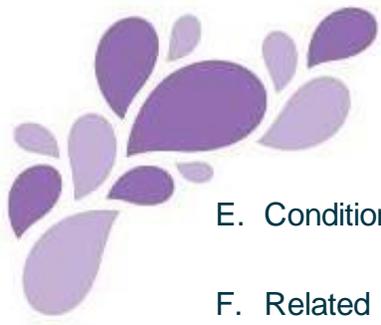
- A. An expectation that the patient's condition will:
 1. Improve significantly within 60 days after the evaluation
 2. Or the services must be for the establishment of a safe and effective maintenance program.
- B. An order or referral by the referring physician to the SLP, including specific testing in areas of concern.
- C. SLP documentation of the screening or evaluation, including: **evidence of a face to face assessment (see alert)** supporting medical necessity for speech therapy.

III. Per MCG criteria: *developmental language disorder rehabilitation 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:*
 - 1.1 *Autism spectrum disorder*
 - 1.2 *Central nervous system infection (eg, herpes encephalitis)*
 - 1.3 *Cerebral palsy*
 - 1.4 *Child abuse or neglect*
 - 1.5 *Dyslexia*
 - 1.6 *Epilepsy or other seizure disorder*
 - 1.7 *Fetal alcohol syndrome*
 - 1.8 *Genetic syndrome associated language disorder*
 - 1.9 *Hearing disorders (eg, auditory processing disorder and hearing loss)*
 - 1.10 *Inborn error of metabolism (eg phenylketonuria galactosemia)*
 - 1.11 *Intellectual or developmental disability*
 - 1.12 *Language based learning disabilities*
 - 1.13 *Premature birth or low birth weight*
 - 1.14 *Receptive-expressive language impairment (also referred to as mixed receptive-expressive language impairment)*
 - 1.15 *Specific language impairment*
 2. *Impairment of function (clinically significant) relative to the developmental normative data as indicated by 1 or more of the following:*
 - 2.1 *Decreased ability to recall specific content of information read or heard*
 - 2.2 *Decreased oral and written language comprehension, processing and expression*
 - 2.3 *Decreased pre literacy of literacy skills, decreased sentence or utterance length and complexity*
 - 2.4 *Decreased social communication skills*
 - 2.5 *Difficulty organizing, planning and formulation content or oral and written expressive language*
 - 2.6 *Difficulty with syntax and grammar in oral and written language*
 - 2.7 *Pragmatic deficits*
 - 2.8 *Decreased receptive OR expressive language*
 3. *Recent change in language status as indicated by 1 or more of the following:*
 - 3.1 *Recent changes of symptoms or function in patient with previous chronic or stable pediatric or development language disorder*
 - 3.2 *Recent diagnosis of medical condition or language delay/disorder*
- 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

F. Related Policies/Rules

G. Review/Revision History

DATE		ACTION
Date Issued	07/10/2020	New Policy
Date Revised		
Date Effective	10/01/2020	Effective Date for new policy
Date Archived	TBD	No longer effective as of 0/31/2021. 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 May 28, 2019, from www.asha.org
2. www.cms.com
3. *Understanding Language Disorders* (n.d.) Retrieved May 30, 2019, from www.understood.org
4. Milliman Care Guidelines (MCG): Ambulatory Care Guidelines 23rd Edition (2019)
5. Georgia Department of Community Health. CIS/CISS Provider Manual. Retrieved on 06/18/2020. www.georgia.gov/portal

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

GA-MED-P-293423

Date Issued 7/10/2020

DCH Approved 10/01/2020