

# Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)

**Policy Number:** CS164.J

**Effective Date:** November 1, 2023

[➔ Instructions for Use](#)

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## Related Community Plan Policies

- [Cochlear Implants](#)
- [Cognitive Rehabilitation](#)
- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements](#)
- [Home Health, Skilled, and Custodial Care Services](#)

## Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Florida	<a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Florida Only)</a> <a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) – Site of Service (for Florida Only)</a>
Indiana	None
Kentucky	<a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Kentucky Only)</a>
Louisiana	None
Mississippi	None
Nebraska	<a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech) (for Nebraska Only)</a>
New Jersey	<a href="#">Outpatient Physical and Occupational Therapy (for New Jersey Only)</a>
North Carolina	<a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech) (for North Carolina Only)</a>
Ohio	<a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Ohio Only)</a>
Pennsylvania	<a href="#">Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech) (for Pennsylvania Only)</a>
Tennessee	None

## Coverage Rationale

[➔ See Benefit Considerations](#)

**Note:** This medical policy does not apply to cognitive therapy; for outpatient cognitive therapy refer to the Medical Policy titled [Cognitive Rehabilitation](#).

**Habilitation, rehabilitation, and maintenance are proven and medically necessary in certain circumstances.** For medical necessity clinical coverage criteria, refer to the InterQual® LOC: Outpatient Rehabilitation & Chiropractic.

Click [here](#) to view the InterQual® criteria.

The documentation requirements outlined below are used in addition to InterQual® to assess whether the member meets the clinical criteria for coverage, but do not guarantee coverage of the service requested.

## Initial Therapy Evaluation/Initial Therapy Visit Requests

A provider (PCP) (MD, DO, PA or NP) or appropriate specialist referral for the speech, physical and occupational therapy evaluation must be on file prior to the completion of the evaluation, unless this requirement is exempted by the state. The therapy evaluation report must include all of the following:

- A statement of the member's medical history; and
- A comparison prior level of function to current level of function, as applicable; and
- A description of the member's functional impairment including its impact on their health, safety, and/or independence; and
- A clear diagnosis including the appropriate ICD-10 code; and
- Reasonable prognosis, including the member's potential for meaningful and significant progress; and
- Baseline objective measurements (current versions of Standardized Assessments), including a description of the member's current deficits and their severity level which include:
  - Current Standardized Assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores and/or other objective information as appropriate for the member's condition or impairment
  - Standardized assessments administered must correspond to the delays identified and relate to the long- and short-term goals
  - Standardized assessments results will not be used as the sole determinant as to the medical necessity of the requested initial therapy visit
  - If the member has a medical condition that prevents them from completing standardized assessment(s), alternative could include:
    - The therapist provides in-depth objective clinical information using task analysis to describe the member's deficit area(s) in lieu of standardized assessments
    - The therapist should include checklists, caregiver reports or interviews, and clinical observation

## Plan of Care

The initial authorization for therapy must also include a plan of care (POC). Providers must develop a member's POC based on the results of the evaluation. The POC must include **all** the following:

- Functional or physical impairment; and
- Short and long-term therapeutic goals and objectives:
  - Treatment goals should be specific to the member's diagnosed condition or functional or physical impairment
  - Treatment goals must be functional, measurable, attainable and time based
  - Treatment goals must relate to member-specific functional skills;
- and
- Treatment frequency, duration, and anticipated length of treatment session(s)

## Re-Evaluations

Re-evaluations must be completed at least once every twelve months or more frequently based on state regulatory requirements to support the need for on-going services. Re-evaluations performed more often than once should only be completed when the member experiences a significant change in Functional Level in their condition or functional status. The documentation must be reflective of this change. Re-evaluations must include current Standardized Assessment scores, percentage of functional delay, criterion referenced scores or other objective information as appropriate for the member's condition or impairment. The therapy re-evaluation report must include all of the following:

- Date of last therapy evaluation; and
- Number of therapy visits authorized, and number of therapy visits attended; and
- Compliance to home program; and
- Description of the member's current deficits and their severity level documented using objective data; and
- Objective demonstration of the member's progress towards each treatment goal:

- Using consistent and comparable methods to report progress on long- and short-term treatment goals established
- For all unmet goals, baseline and current function so that the member's progress towards goals can be measured; and
- An updated statement of the prescribed treatment modalities and their recommended frequency/duration; and
- A brief prognosis with clearly established discharge criteria; and
- An updated individualized POC must include updated measurable, functional and time-based goals:
  - The updated POC/progress summary must not be older than 90 days; and
  - If the majority of the long and short-term goals were not achieved, the plan of care must include a description of the barriers or an explanation why the goal(s) needed to be modified or discontinued;
- and
- A revised POC that the treating therapist has not made a meaningful update to support the need for continued services will not be accepted. In addition, the notation of the percentage accuracy towards the member's goals alone is not sufficient to establish a need for continued, Medically Necessary therapy

## Treatment Session Notes

All treatment session notes must include:

- Date of treatment
- Specific treatment(s) provided that match the CPT code(s) billed
- Start and stop time in treatment
- The individual's response to treatment
- Skilled ongoing reassessment of the individual's progress toward the goals
- All progress toward the goals in objective, measurable terms using consistent and comparable methods
- Any problems or changes to the POC
- Member or caregiver involvement in and feedback about home program activities
- Signature and date of the treating provider

## Group Therapy

The documentation must include **all** of the following:

- Prescribing provider's order for group therapy; and
- Individualized treatment plan that includes frequency and duration of the prescribed group therapy and individualized treatment goals; and
- Name and signature of licensed therapist providing supervision over the group therapy session; and
- Specific treatment techniques utilized during the group therapy session and how the techniques will restore function
- Start and stop times for each session; and
- Group therapy setting or location; and
- Number of clients in the group

## Feeding and Swallowing Disorders

For feeding and swallowing evaluations, all of the following must be submitted:

- Interview/case history; and
- Medical/clinical records including the potential impact of medications, if any; and
- Physical examination; and
- Previous screening and assessments; and
- Collaboration with providers and other caregivers
  - During assessment, therapist's determine whether the member is an appropriate candidate for treatment and/or management; this determination is based on findings that include medical stability, cognitive status, nutritional status, and psychosocial, environmental, and behavioral factors and
- Assessment must result in one or more of the following outcomes:
  - Description of the characteristics of swallowing function, including any breakdowns in swallow physiology
  - Diagnosis of a Swallowing Disorder
  - Determination of the safest and most efficient route (oral vs. non-oral) of nutrition and hydration intake
  - Identification of the effectiveness of intervention and support
  - Recommendations for intervention and support for oral, pharyngeal, and/or laryngeal disorders

- Prognosis for improvement and identification of other relevant factors, if appropriate

## Discharge Criteria

Discharge criteria includes but is not limited to all of the following (as applicable):

- Treatment goals and objectives have been met
- Functional abilities have become comparable to those of others of the same chronological age and gender
- The desired level of function that has been agreed to by the member and provider has been achieved
- The skill of a therapist or other licensed healthcare professional (within the scope of his/her licensure) is not required
- The member exhibits behavior that interferes with improvement or participation in treatment and efforts to address these factors have not been successful
- In some situations, the member, family, or designated guardian may choose not to participate in treatment, may relocate, or may seek another provider if the therapeutic relationship is not satisfactory. Therefore, discharge is also appropriate in the following situations, provided that the member/client, family, and/or guardian have been advised of the likely outcomes of discontinuation:
  - There is a request to be discharged or request continuation of services with another provider
  - The individual is transferred or discharged to another location where ongoing service from the current provider is not reasonably available; efforts should be made to ensure continuation of services in the new locale
  - The member is unable to tolerate treatment because of a serious medical, psychological, or other condition

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet

CPT Code	Description
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.

CPT Code	Description
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement, (e.g., musculoskeletal, functional capacity) with written report, each 15 minutes
97755	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes

CPT Code	Description
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure

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HCPCS Code	Description
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem
S9152	Speech therapy, re-evaluation

## Description of Services

Rehabilitative services are intended to improve, adapt, or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality involving goals an individual can reach in a reasonable period of time. by a therapist or by a therapist/therapy assistant under the direct or general supervision, as applicable, of a therapist. Services may include occupational, physical or speech therapy.

Habilitation Services are health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Maintenance therapy includes services that seek to prevent disease, promote health, and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. Services may include occupational, physical or speech therapy.

## Benefit Considerations

### Additional Information

- Bilingual and multilingual speakers are frequently misclassified as developmentally delayed. Equivalent proficiency in both languages should not be expected. Members with limited English proficiency must receive culturally and linguistically adapted norm referenced standardized testing in all languages the child is exposed to in order to compare potential deficits. For speech and language therapy services for a member with limited English proficiency, **all** of the following criteria must be met:
  - All speech deficits must be present in the language in which the member has the highest proficiency; and
  - Language deficits must be present in the language in which the member has the highest proficiency; and
  - Delivery of services must be in the language in which the member has the highest receptive language proficiency
- For members with dyslexia, test results substantiating a diagnosis of receptive or expressive language delay must be included with goals addressing the corresponding language deficits (ASLHA)

## References

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- American Speech Language Hearing Association (ASLHA). Bilingual service delivery. [Bilingual Service Delivery \(asha.org\)](https://www.asha.org/public/speech/clinical/bilingual-service-delivery). Accessed June 2, 2023.
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- HealthCare.gov. Habilitative/Habilitation Services. Available at <https://www.healthcare.gov/glossary/habilitative-habilitation-services/>. Accessed June 2, 2023.
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- Leung, A., & Kao M.D., C.P. (1999). Evaluation and management of the child with speech delay. *American Family Physician*, 1:59 (11), 3121-3128.
- Marian, V, Faroqi-Shah, Y, Kaushanskaya, M, et al. Bilingualism: Consequences for language, cognition, development, and the brain.
- The American Speech-Language-Hearing Association (ASHA). [www.asha.org](https://www.asha.org). Accessed June 2, 2023.
- UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

## Policy History/Revision Information

Date	Summary of Changes
11/01/2023	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Replaced language indicating “<i>outpatient habilitation, rehabilitation, and maintenance therapy may be covered when medically necessary when all the [listed] criteria are met</i>” with “<i>habilitation, rehabilitation, and maintenance are proven and medically necessary in certain circumstances</i>”</li> <li>Replaced medical necessity clinical coverage criteria instruction to refer to the InterQual® LOC: Outpatient Rehabilitation &amp; Chiropractic</li> <li>Removed description of:               <ul style="list-style-type: none"> <li>Habilitation services</li> <li>Rehabilitation services</li> <li>Maintenance services</li> </ul> </li> <li>Added language to indicate the documentation requirements outlined [in the policy] are used in addition to InterQual® to assess whether the member meets the clinical criteria for coverage, but do not guarantee coverage of the service requested</li> <li>Removed language pertaining to progress reports for requests for continuation of therapy visits</li> </ul> <p><b>Initial Therapy Evaluation/Initial Therapy Visit Requests</b></p> <ul style="list-style-type: none"> <li>Replaced language indicating “a provider (PCP) (MD, DO, PA, or NP) or appropriate specialist referral for the speech, physical, and occupational therapy evaluation must be on file prior to the completion of the evaluation” with “a provider (PCP) (MD, DO, PA, or NP) or appropriate specialist referral for the speech, physical, and occupational therapy evaluation must be on file prior to the completion of the evaluation, <i>unless this requirement is exempted by the state</i>”</li> </ul> <p><b>Plan of Care (POC)</b></p> <ul style="list-style-type: none"> <li>Removed language indicating the POC must be signed and dated by the referring provider (PCP) (MD, DO, PA, or NP) or appropriate specialist</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Removed CPT/HCPCS codes 0552T, G0129, and G0282</li> </ul> <p><b>Benefit Considerations</b></p> <ul style="list-style-type: none"> <li>Added language (relocated from the <i>Coverage Rationale</i> section) to indicate:</li> </ul>



Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ Bilingual and multilingual speakers are frequently misclassified as developmentally delayed <ul style="list-style-type: none"> <li>▪ Equivalent proficiency in both languages should not be expected</li> <li>▪ Members with limited English proficiency must receive culturally and linguistically adapted norm referenced standardized testing in all languages the child is exposed to in order to compare potential deficits</li> </ul> </li> <li>○ For speech and language therapy services for a member with limited English proficiency, <b>all</b> of the following criteria must be met: <ul style="list-style-type: none"> <li>▪ All speech deficits must be present in the language in which the member has the highest proficiency</li> <li>▪ Language deficits must be present in the language in which the member has the highest proficiency</li> <li>▪ Delivery of services must be in the language in which the member has the highest receptive language proficiency</li> </ul> </li> <li>○ For members with dyslexia, test results substantiating a diagnosis of receptive or expressive language delay must be included with goals addressing the corresponding language deficits</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> <li>● Removed <i>Definitions</i> section</li> <li>● Archived previous policy version CS164.I</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.