SPEECH LANGUAGE PATHOLOGY SERVICES  
(FOR NEW JERSEY ONLY)

Guideline Number: CS112NJ.N  
Effective Date: July 1, 2020

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Related Community Plan Policies
- Cochlear Implants (for New Jersey Only)
- Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for New Jersey Only)
- Skilled Care and Custodial Care Services

Related Optum Policy
- Intensive Behavioral Therapy (IBT)/Applied Behavior Analysis (ABA) for Autism Spectrum Disorders

APPLICATION

This Coverage Determination Guideline only applies to the state of New Jersey.

COVERAGE RATIONALE

Indications for Coverage

Benefit Interpretation
- Speech Therapy (speech-language pathology services) for the treatment of disorders of speech, language, voice, communication and auditory processing are covered when the disorder results from Injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders.
- Services of a Speech-Language Pathologist or other licensed healthcare professional (within the scope of his/her licensure) may be covered when:
  - There is a need for the supervision of a licensed therapist for Speech-Language Therapy, swallowing or feeding rehabilitative or Restorative Therapy services.
  - The services are part of a treatment plan with documented goals for functional improvement of the patient’s condition, e.g., speech, articulation, swallowing or communication with or without alternative methods.
  - The teaching of patient and or caregiver is required to strengthen muscles, improve feeding techniques or improve speech-language skills to progress toward the documented treatment plan goals. Once patient and/or caregiver are trained, the services are no longer skilled, therefore custodial, and not a covered health service. Please refer to the Coverage Determination Guideline titled Skilled Care and Custodial Care Services.
  - Mandated benefits (federal and state) for Speech Therapy. Examples may include Developmental Delay, autism, cleft palate and/or lip, aphasia.

Note: State mandates always take precedence over plan language.
- Treatment of Congenital Anomaly which includes but are not limited to the following:
  - Downs syndrome
  - Cleft palate
  - Tongue tie
- Speech Therapy for autism spectrum disorders is covered when the member has a Speech Therapy benefit.
- Treatment of Injury affecting speech:
  - Otitis media
    - This is an Illness but if the Illness caused damage resulting in hearing loss, this may also be Injury.
    - Once the fluid is gone, there must be hearing loss documented by testing (such as audiogram or notes of such testing) to result in Injury and coverage of Speech Therapy.
  - Vocal cord injuries (e.g., edema, nodules, polyps)
  - Stroke/CVA
Speech Language Pathology Services (for New Jersey Only)

• Rehabilitation Services for feeding and or swallowing rehabilitative or Restorative Therapy services:
  o Swallowing Disorders (Dysphagia)
  o Feeding disorders including problems with gathering food and sucking, chewing, or swallowing food. For example, a child who cannot pick up food and get it to his/her mouth or cannot completely close his/her lips to keep food from falling out of his/her mouth may have a feeding disorder.
  o Auditory (Aural) rehabilitation which includes Speech–Language Therapy, e.g., when a auditory implant or cochlear implant is a covered healthcare service.

• Outpatient rehabilitation can occur in the following settings:
  o Physician’s office
  o Therapist’s office
  o Member’s place of residence
  o Separate part of a clinic or hospital where speech therapy is performed

Additional Information

• Eligible Speech Therapy received in the home from a Home Health Agency is covered under Home Health Care. The Home Health Care section only applies to services that are rendered by a Home Health Agency.
• Eligible Speech Therapy received in the home from an independent speech therapist (a speech therapist that is not affiliated with a Home Health Agency) is covered under Rehabilitation Services-Outpatient Therapy.
• Swallowing and feeding rehabilitation therapy may be done with speech Rehabilitation Services; when performed together both should be billed and only the Speech Therapy will count toward the Speech Therapy benefit limit, if applicable.
• Swallowing therapy (92526) when billed alone will count toward the Speech Therapy benefit limit, if applicable.
• Cochlear implant surgery is usually billed as aural rehabilitation. This is not covered as a Speech Therapy benefit. The member specific benefit plan document must be referenced for any applicable limits that may apply to aural rehabilitation.

For Medical Necessity Clinical Coverage Criteria

See the following MCG™ Care Guidelines, [24th edition, 2020]:
• Acquired Apraxia of Speech Rehabilitation ACG: A-0555 (AC)
• Dysarthria Rehabilitation ACG: A-0556 (AC)
• Voice Disorders Rehabilitation ACG: A-0559 (AC)
• Developmental Speech Disorders Rehabilitation ACG: A-0560 (AC)
• Developmental Language Disorders Rehabilitation ACG: A-0561 (AC)

Click here to view the MCG™ Care Guidelines.

Potential Required Documentation

• Medical and behavioral history (pertinent medical history that influences the speech-language treatment to include a concise description of the functional status of the patient prior to the onset of the condition for which Speech-Language Therapy was recommended)
• Diagnosis established by the Speech-Language Pathologist (SLP)
• Date of onset
• Physician referral and/or order
• Initial evaluation to include the date of the evaluation and the procedures used by the SLP to diagnose speech, language, swallowing and related disorders
• Individualized plan of care (POC) and the date the POC was established
• Daily progress notes
• Updated patient status reports concerning the patient’s current functional communication and/or swallowing abilities/limitations

Coverage Limitations and Exclusions

• Devices and computers to assist in communication and speech [refer to the Coverage Determination Guideline titled Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for New Jersey Only)]
• Speech Therapy if the provider is school based (check benefit language and state mandates)
• Idiopathic Developmental Delay (no Illness to explain the cause of Developmental Delay in speech–language)
• Sign language (does not require the services of a licensed or certified healthcare professional)
• Speech Therapy beyond the benefit maximum (visits limits)
• For maintenance care, please refer to the member specific benefit plan document
A child being bilingual is not considered a developmental speech or Developmental Delay and Speech Therapy is usually not a covered health service, except when other criteria for Speech Therapy are met (see the Definitions section for Speech Delay–Bilingualism).

Home Speech Therapy for the convenience of a provider or member

Coverage is excluded for services that are solely educational or vocational in nature or otherwise paid under state or federal law for purely educational services.

**DEFINITIONS**

Please check the definitions within the member benefit plan document that supersede the definitions below.

**Congenital Anomaly:** A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

**Developmental Delay:** Impairment in the performance of tasks or the meeting of milestones that a child should achieve by a specific chronological age.

**Illness:** Sickness or disease.

**Injury:** Damage to the body including all related conditions and symptoms.

**Maintenance Program:** A program with the goals to maintain the functional status or to prevent decline in function.

**Rehabilitation Services–Outpatient Therapy:** Short-term outpatient Rehabilitation Services, limited to:

- Physical therapy
- Occupational therapy
- Manipulative treatment
- Speech Therapy
- Pulmonary rehabilitation therapy
- Cardiac rehabilitation therapy
- Post-cochlear implant aural therapy
- Cognitive rehabilitation therapy
- Vision therapy

Rehabilitation Services must be performed by a Physician or by a licensed therapy provider. Benefits include Rehabilitation Services provided in a Physician's office or on an outpatient basis at a Hospital or Alternate Facility. Benefits can be denied or shortened when either of the following applies:

- You are not progressing in goal-directed Rehabilitation Services.
- Rehabilitation goals have previously been met.

**Restorative Therapy/Rehabilitation:** Member must have lost a function that was present, e.g., loss of speech after a stroke.

**Sickness:** Physical illness, disease or pregnancy. The term Sickness includes mental illness or substance related and addictive disorders, regardless of the cause or origin of the mental illness or substance related and addictive disorders.

**Speech Delay–Bilingualism:** “A bilingual home environment may cause a temporary delay in the onset of both languages. The bilingual child's comprehension of the two languages is normal for a child of the same age, however, and the child usually becomes proficient in both languages before the age of five years. If the child is bilingual, it is important to compare the child's language performance with that of other bilingual children of similar cultural and linguistic backgrounds.” (Leung. 1999)

"Comparisons of children's performance in the first and second language indicate that performance in one language, even the dominant language, is not an accurate reflection of the child's level of development. Instead, assessment is most accurate with "best performance" measures that assess the highest level of development attained by a bilingual child across both languages. Therefore, whenever possible, "best performance" measures across the two languages should be the technique of choice during bilingual assessments." (Marian. 2009)

**Speech and Language Therapy:** The necessary services for the diagnosis and treatment of (1) speech and language disorders that cause communication problems, or (2) swallowing disorders (Dysphagia) the Speech Therapy. Typically includes the development and improvement of communication skills with concurrent correction of deficits; the development of alternative or augmentative communication strategies, when required; and efforts to enhance social adaptation of the individual in regard to communication.
Speech-Language Pathologists: The speech-language therapists specialize in the treatment of communication and swallowing disorders. The assessment made by a Speech and Language Pathologist is usually the definitive measure of the presence or absence of a communication disorder. The Speech and Language Pathologist has a professional degree and should be certified by The American Speech-Language-Hearing Association (ASHA). Speech Therapy may involve the management of patients who need evaluation of cognitive skill and aphasia resulting from cortical dysfunction, or management of patients with laryngectomy and other head and neck surgical procedures.

A combination of interview techniques, behavioral observations, and standardized instruments is used by the Speech and Language Pathologist to identify communication disorders as well as patterns of communication that are not pathological.

Stuttering: Affects the fluency of speech. It begins during childhood and, in some cases, lasts throughout life. The disorder is characterized by disruptions in the production of speech sounds, also called “disfluencies.” Most people produce brief disfluencies from time to time. For instance, some words are repeated and others are preceded by “um” or “uh.” Disfluencies are not necessarily a problem; however, they can impede communication when a person produces too many of them.

Swallowing Disorders [also called Dysphagia (dis-FAY-juh)]: Can occur at different stages in the swallowing process:
- Oral Phase: Sucking, chewing, and moving food or liquid into the throat
- Pharyngeal Phase: Starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking
- Esophageal Phase: Relaxing and tightening the openings at the top and bottom of the feeding tube in the throat (esophagus) and squeezing food through the esophagus into the stomach

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 Coverage Determination Guidelines may apply.

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>70371</td>
<td>Complex dynamic pharyngeal and speech evaluation by cine or video recording</td>
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<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
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<tr>
<td>92508</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</td>
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<tr>
<td>92521</td>
<td>Evaluation of speech fluency (e.g., stuttering, cluttering)</td>
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<tr>
<td>92522</td>
<td>Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)</td>
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<tr>
<td>92523</td>
<td>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)</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
</tr>
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<td>92526</td>
<td>Treatment of swallowing dysfunction and/or oral function for feeding</td>
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<tr>
<td>96105</td>
<td>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</td>
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**CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)**

Medicare covers speech-language pathology services when coverage criteria are met. See the Medicare Benefit Policy Manual, Chapter 15, § 220 - Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance; also see the Medicare Benefit Policy Manual, Chapter 12, § 40.4 – Speech-Language Pathology Services.

Local Coverage Determinations (LCDs) exist; see the LCDs for Home Health Speech-Language Pathology, Outpatient Speech-Language Pathology, Speech-Language Pathology and Speech - Language Pathology (SLP) Services: Communication Disorders and Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy. (Accessed April 1, 2020)

**REFERENCES**


**GUIDELINE HISTORY/REVISION INFORMATION**

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**INSTRUCTIONS FOR USE**

This Coverage Determination Guideline 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 guideline, 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 Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines 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.