

# Speech Language Pathology Services (for New Jersey Only)

Guideline Number: CS112NJ.S  
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[Instructions for Use](#)

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## Related Policies

- [Cochlear Implants \(for New Jersey Only\)](#)
- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for New Jersey Only\)](#)
- [Skilled Care and Custodial Care Services \(for New Jersey Only\)](#)

## 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

The coverage rationale for this policy contains the following sections:

- [Indications for Coverage](#)
- [Restorative Therapy/Rehabilitation Services](#)
- [Early Childhood Intervention \(ECI\) and State/School-Based Services](#)
- [Required Documentation](#)
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### Indications for Coverage

#### *Benefit Interpretation*

Speech and Language Therapy for the treatment of disorders of speech, language, voice, communication and auditory processing are covered when the disorder results from:

- Autism spectrum disorders
- Cancer
- Congenital Anomaly (including but not limited to the following):
  - Down syndrome
  - Cleft palate
- Injury (including but not limited to the following):
  - Otitis media resulting in hearing loss documented by testing (such as audiogram or notes of such testing)
  - Vocal cord injuries (e.g., edema, nodules, polyps)

- Trauma
- Cerebral palsy
- Static encephalopathy
- Stroke

Services of a Speech-Language Pathologist or other licensed healthcare professional acting within the scope of his/her licensure to treat the above disorders may be covered when:

- Services must be ordered by a physician and be Medically Necessary for the member's plan of care.
- There is a need for the supervision of a licensed therapist for Speech–Language Therapy, swallowing or feeding Rehabilitative or Restorative Therapy services.
- The Speech and Language Therapy will correct or improve a Functional or Physical Impairment.
- The services are part of a plan of care with documented goals for functional improvement of the individual's condition, e.g., speech, articulation, swallowing or communication with or without alternative methods.
- The teaching of an individual 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 the individual and/or caregiver are trained, the services are no longer skilled, therefore custodial, and not a covered health service. Refer to the Coverage Determination Guideline titled [Skilled Care and Custodial Care Services \(for New Jersey Only\)](#).
- Mandated benefits (federal and state) for Speech and Language Therapy. Examples may include Developmental Delay, autism, cleft palate and/or lip, or aphasia.
- The services are not Duplicate Services of another service provided concurrently by any other type of therapy (such as physical therapy and occupational therapy), and must provide different treatment goals, plans, and therapeutic modalities.

## Restorative Therapy/Rehabilitation Services

Speech and Language Therapy for feeding and/or Swallowing Disorders for the purposes of Restorative Therapy/Rehabilitation services must contain the following findings:

- Clinical feeding and swallowing evaluation results must address one or more of the following clinical findings:
  - Coughing and choking while eating or drinking
  - Coughing, choking or drooling with swallowing
  - Wet-sounding voice
  - Changes in breathing when eating or drinking
  - Masses on the tongue, pharynx or larynx
  - Muscle weakness, or myopathy, involving the pharynx
  - Neurologic disorders likely to affect swallowing
  - Medical issues that affect feeding, swallowing, and nutrition
  - Oral motor deficit that significantly interferes with feeding leading to difficulty gaining weight or severely restricted diet
  - Known or suspected aspiration
    - If the clinical evaluation suggests aspiration, one or more of the following imaging studies should be performed to confirm aspiration:
      - Video fluoroscopic swallowing exam (VFSE), also sometimes called a modified barium swallow exam (MBS)
      - Fiber optic endoscopic evaluation of swallowing (FEES)

## Early Childhood Intervention (ECI) and State/School-Based Services

### *Children Under Age 3*

Federal Early Periodic Screening, Diagnostic, and Treatment (EPSDT) and/or disability regulations may provide certain Speech and Language Therapy Services to children under three years of age pursuant to the needs documented in an Individualized Family Service Plan (IFSP). States have a responsibility to implement these requirements and are given broad flexibility in how to implement them.

- An IFSP may identify certain Speech and Language Therapy Services as a needed by a child. For members who are eligible for an IFSP under applicable law, all of the following apply:
  - A request for Speech and Language Therapy Services must include: (1) a written attestation stating that the member has not been evaluated or has declined an evaluation for an IFSP; or (2) a copy of the IFSP; or (3) the requesting therapist must include a description of the goals and objectives from the therapists coordinating care if the current IFSP is not available;

- A request for Speech and Language Therapy Services that circumvents or attempts to circumvent those Speech and Language Therapy Services identified in the IFSP and which is authorized by an applicable state entity shall not be authorized (Note: Requesters will be directed back to the applicable state entity as appropriate);
- A request for Speech and Language Therapy Services may be denied if the request duplicates the goals identified in the member's IFSP and is authorized by an applicable state entity. Due to the significance of their medical condition, there are some members who could need services from ECI as well as through UnitedHealthcare because they are not addressing duplicate goals; and
- If appropriate, a member who does not have an IFSP in place, but whose goals and assessment appear to be such that the services would be covered under an IFSP, will be referred to the local area agency to obtain the requested services.

### ***Children Age 3 and Up Until the Child's 21<sup>st</sup> Birthday***

Federal EPSDT and/or disability regulations require the development and implementation of an Individualized Education Program (IEP) that addresses the developmental needs of each child with a disability ages 3 through 21. States have a responsibility to implement these requirements and are given broad flexibility in how to implement them.

- An IEP may identify certain Speech and Language Therapy Services as a needed by a child. For members who are eligible for an IEP under applicable law, all of the following apply:
  - A request for Speech and Language Therapy Services must include: (1) a written attestation stating that the member has not been evaluated or has declined an evaluation for an IEP; or (2) a copy of the member's IEP; or (3) the requesting therapist must include a description of the goals and objectives from the therapists coordinating care if the current IFSP is not available;
  - A request for Speech and Language Therapy Services that circumvents or attempts to circumvent those Speech and Language Therapy Services identified in the member's IEP and which is authorized by an applicable school/state entity shall not be authorized (Note: Requesters will be directed back to the applicable school/state entity as appropriate);
  - If there is no relationship between the child and an applicable school/state entity, reasonable support may be provided to the requester to coordinate services;
  - A request for Speech and Language Therapy Services may be denied if the request duplicates services identified in the member's IEP and is authorized by an applicable state/school entity; and
  - If appropriate, a member who has not been evaluated for an IEP, but whose goals are related to skills that are routinely taught as part of a school curriculum will be deemed educational in nature, rather than Medically Necessary, and the member will be referred to the applicable school/state entity to obtain the requested services.

## **Required Documentation**

### ***Hearing Screening***

For members under 6 years of age:

- Documentation of a hearing screening per the member's EPSDT periodicity schedule
  - In the case of behavioral issues or the inability to participate in the hearing screen, an objective description of the behavioral issues and/or inability to participate in the hearing screen along with a statement as to why a hearing deficit is not suspected should be included
  - In the case of suspected hearing deficit, a referral to an audiologist or physician who is experienced with the pediatric population and who offers auditory services would be appropriate. Documentation of such a referral should be included in the clinical documentation submitted

### ***Initial Therapy Evaluation/Initial Therapy Visit Requests***

A physician referral and a copy of the well child check or intermediary physician visit documenting the need for the Speech and Language Therapy evaluation must be on file prior to the completion of the evaluation. The initial evaluation and the first therapy session should not be done on the same day. This is to allow the therapist time to develop a plan of care and for the physician to review the proposed plan of care. The therapy evaluation report must include all of the following:

- A statement of the member's medical history, relevant review of systems, onset date of the illness, injury, or exacerbation and any prior therapy treatment; and
- A description of the member's Functional Impairment including its impact on their health, safety, and/or independence; and
- A comparison prior level of function to current level of function, as applicable; and

- A clear diagnosis including the appropriate ICD-10 code; the ICD-10 code listed must be consistent with the clinical documentation; 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
  - Articulation and language screeners will not be accepted in lieu of Standardized Assessment(s). Vocabulary tests should not be used to establish eligibility for a receptive and expressive language delay;
- and
- Evaluation reports must include documentation of collaboration with early intervention, head start, and public school programs as applicable. The following information must be submitted with the pre-certification request:
  - A copy of the member's current Individualized Family Service Plan (IFSP) or individualized education plan (IEP)
  - If the current IEP is not available, the requesting therapist must include a description of the goals and objectives from both therapists

## Plan of Care

The initial authorization for therapy must also include a plan of care (POC). The POC must be signed and dated by the referring provider (PCP) (MD, DO, PA or NP) or appropriate specialist. Providers must develop a member's POC based on the results of the evaluation. The POC must include all the following:

- Functional limitations
- 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. Treatment goals written with targets set for achievements specific to standardized testing benchmarks will not be accepted.
- Treatment frequency, duration, and anticipated length of treatment session(s)
- Therapeutic methods and monitoring criteria

## Bilingual and Multilingual Speakers

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 to be Medically Necessary 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
- All language deficits must be present in the language in which the member has the highest proficiency
- Delivery of services must be in the language in which the member has the highest receptive language proficiency

## Feeding and Swallowing Disorders

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

- Interview/case history
- Medical/clinical records including the potential impact of medications, if any
- Physical examination
- Previous screening and assessments

- Collaboration with physicians and other caregivers
  - During assessment, Speech-Language Pathologist'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
- 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 relevant factors
  - Referral for other services or professionals
  - Counseling, education, and training to the member, health care providers, and caregivers

### ***Requests for Continuation of Therapy Visits***

#### **Progress Reports (Summary of Progress)**

Intermittent progress reports must demonstrate that the member is making functional progress to reflect that continued services are Medically Necessary. Progress reports must include:

- Start of care date
- Time period covered by the report
- Communication/swallowing diagnosis
- Member's functional communication/swallowing at the beginning of the progress report period
- Member's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of member communication/swallowing performance in functional terms that relate to the treatment goals
- If the member is not making the progress expected, describe any changes in prognosis, POC and goals and why
- Consultations with other professionals or coordination of services, if applicable
- Signature and date of licensed professional responsible for the therapy services
- Signature and date of prescribing physician

#### ***Re-Evaluations***

Re-evaluations must be completed at least once every six (6) months to support the need for on-going services. Re-evaluations performed more often than once every 6 months 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, age equivalents, percentage of functional delay, criterion referenced scores or other objective information as appropriate for the member's condition or impairment. A signed and dated physician order, less than 45 days old, is needed prior to the completion of a Speech Therapy re-evaluation. 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;
- 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
  - 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 corresponding to each CPT code billed
- Total treatment time corresponding to each CPT code billed; an encounter for Speech Therapy is defined as face-to-face time with the patient and caregiver as applicable for a length of time that is consistent with nationally recognized professional speech-language pathology standards
- In exceptional cases, a shortened treatment session may be billed, provided the documentation supports the clinical reason and demonstrates the benefit to the member
- 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 plan of care
- Member or caregiver involvement in and feedback about home program activities
- Signature and date of the treating clinician

### **Visit Guidelines**

Therapy visits are evaluated using results from Standardized Assessments based on the following scores:

- Mild (-1 to -1.5 standard deviation from the mean [or a score of 84 to 78])
- Moderate (-1.5 to -2 standard deviation from the mean [or a score of 77 to 71])
- Severe and Profound (> 2 standard deviation from the mean [or a score of 70 or below])

If the therapy provider anticipates that the member has a continued need for therapy visits after the duration of the authorization, they may follow the [re-evaluation process](#) to request additional visits.

For therapy visit guidelines, refer to InterQual®. Click [here](#) to view the InterQual® criteria.

### ***High Frequency Therapy Visits***

A request for High Frequency Therapy Visits will be considered with all of the following:

- Letter of medical need from the prescribing provider documenting the client's rehabilitation potential for achieving the goals identified. Therapy provided three or more times a week may be considered when all of the following criteria are met:
  - The client has a medical condition that is rapidly changing
  - The client has a potential for rapid progress (e.g., excellent prognosis for skill acquisition) or rapid decline or loss of functional skill (e.g., serious illness, recent surgery)
  - The client's therapy plan and home program require frequent modification by the licensed therapist;
 and
- Therapy summary documenting all of the following:
  - Purpose of the high frequency therapy requested (e.g., close to achieving a milestone)
  - Identification of the functional skill which will be achieved with high frequency therapy
  - Specific measurable goals related to the high frequency therapy requested and the expected date the goal will be achieved;
 and
- The therapist must provide education and training for the member and responsible caregivers. The therapist must also develop and instruct them in a home exercise program to promote effective carryover of the therapy program and management of safety issues



## Discharge Criteria

Discharge criteria includes but is not limited to the following:

- Treatment goals and objectives have been met
- Speech, language, communication, or feeding and Swallowing Disorder are within normal limits or is consistent with the member's baseline
- Communication abilities have become comparable to those of others of the same chronological age and gender
- The desired level of enhanced communication skills that has been agreed to by the member and provider has been achieved
- The skill of a Speech-Language Pathologist 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:
  - The member is unwilling to participate in treatment
  - The member exhibits behavior that interferes with improvement or participation in treatment
  - There is a request to be discharged or request continuation of services with another provider
  - The member 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

Check the federal, state or contractual requirements that may supersede the Additional Considerations and Coverage Limitations and Exclusions listed below.

## Additional Considerations

- Speech and Language Therapy received in the home from a home health agency may be covered under home health care.
- Speech and Language Therapy received in the home from an independent Speech-Language Pathologist (a Speech-Language Pathologist that is not affiliated with a home health agency) may be covered under Rehabilitation Services-Outpatient Therapy.
- 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.
- Swallowing and feeding rehabilitation therapy may be done with speech Rehabilitation Services when clinically indicated; if the clinical documentation supports that total treatment time reflect each procedure that was separately performed. 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 monitoring (remapping and reprogramming of implant) and rehabilitation following the cochlear implant surgery is usually billed as aural rehabilitation. Language therapy treatment sessions may not be billed concurrently with aural rehabilitation therapy treatment sessions. The member specific benefit plan document must be referenced for any applicable limits that may apply to aural rehabilitation.

## Coverage Limitations and Exclusions

Coverage limitations and exclusions may include but are not limited to:

- Devices and computers to assist in communication and speech (refer to the Coverage Determination Guideline titled [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for New Jersey Only\)](#))
- Speech Therapy if the provider is school based
- 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 and Language Therapy beyond the benefit maximum (visits limits)
- Benefits are not available for Maintenance Program/preventive treatment
- Bilingualism 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 [Speech Delay – Bilingualism](#))
- Home Speech and Language Therapy for the convenience of a provider or member

- Services that are solely educational or vocational in nature or otherwise paid under state or federal law for purely educational services

## Definitions

Check the federal, state or contractual definitions that supersede the definitions below.

**Comprehensive Care Management:** Care management for complex, chronic conditions including systematic assessment of the patient's medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services; medication reconciliation with review of adherence and potential interactions; and oversight of patient self-management of medications. (CMS 2016)

**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.

**Duplicate Services:** Request for care for the same body part or diagnosis by more than one provider is considered duplicate care. Duplicate care is not Medically Necessary, as the member's condition can improve with care provided under one treatment plan and by one provider.

**Early Periodic Screening, Diagnostic, and Treatment (EPSDT):** Federal mandate that provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act).

**Functional or Physical Impairment:** A Functional or Physical or physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

**High Frequency Therapy Visits:** The intensive frequency visits varies based on the individual needs of each member and can include 3 or more visits per week for a limited duration of 8 weeks or less. Use of the intensive frequency visits is considered appropriate for children who have a condition that is changing rapidly, need frequent modification in their plan of care, and require a high frequency of intervention for a limited duration to achieve a new skill or recover function lost due to surgery, illness, or trauma.

**Illness:** Sickness or disease.

**Individualized Education Program (IEP):** A tool defined under federal EPSDT and/or disability regulations that addresses the developmental needs of children with a disability ages 3 through 21 and is intended to ensure such children receive certain prevention, diagnostic and treatment services.

**Individualized Family Service Plan (IFSP):** A tool defined under federal EPSDT and/or disability regulations that addresses the developmental needs of a child with a disability under the age of 3 and is intended to ensure such children receive certain prevention, diagnostic and treatment services.

**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.

**Medically Necessary:** Health care services that are all of the following as determined by us or our designee:

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms



- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Maintenance, disease or symptoms

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time) are available to Covered Persons on [www.myuhc.com](http://www.myuhc.com) or the telephone number on the member's ID card. They are also available to Physicians and other health care professionals on [www.UHCprovider.com](http://www.UHCprovider.com).

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

**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.

**Significant Change in Functional Level:** Significant Change in Functional Level is defined as a measurable and substantial increase or decrease in the beneficiary's present functional level compared to the level documented at the beginning of treatment.

**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 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-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.

**Standardized Assessments:** Standardized Assessments are empirically developed evaluation tools with established statistical reliability and validity. A standardized test is one that requires all test takers to answer the same items/questions in the same way and that is scored in a standard or consistent way, thus making it possible to compare the relative performance of individuals or groups of individuals. There are two types of standardized assessment instruments: norm-referenced and criterion-referenced. Speech Language Pathologists should be administering the most appropriate and current versions of the Standardized Assessments and protocols to be in alignment with the American Speech Language Hearing Association.

**Swallowing Disorders [also called Dysphagia]:** 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 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
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
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

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HCPCS Code	Description
S9152	Speech therapy, re-evaluation
V5362	Speech screening

HCPSC Code	Description
V5363	Language screening
V5364	Dysphagia screening

Revenue Code	Description
0440	Speech pathology
0441	Visit charge
0442	Hourly charge
0443	Group rate
0444	Evaluation or reevaluation
0449	Other speech-language pathology
0979	Speech pathology

## References

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## Guideline History/Revision Information

Date	Summary of Changes
06/01/2022	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version CS112NJ.R</li> </ul>

## 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 InterQual<sup>®</sup> criteria, 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.