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Subject: Speech Therapy  
Effective Date: July 1, 2011

Clinical Documentation and Prior Authorization Required	√	Type of Review - Case Management	
Not Covered		Type of Review – Precertification Department	√
		Administrative Process (Internal Use Only)	LPN

**Note:** Background, product, and disclaimer information is located at the end of this document.

### Overview

Coverage is provided consistent with M.G.L. c. 176G, § 4N. The treatment of speech, hearing, and language disorders, with appropriate PCP referral, if medically necessary, will be approved for up to 30 visits. The licensed speech-language pathologist or audiologist is responsible for intermittent reviews of the Member's progress from the initial evaluation throughout the course of the treatment. Prior to the initiation of treatment, a review can be requested should there be any concerns/questions as to the medical necessity of the diagnosis or condition relative to this benefit. Treatment beyond 30 visits requires authorization through the Tufts Health Plan Clinical Review department.

To request a review for initial evaluation and treatment or coverage beyond 30 visits, from initial treatment, complete and submit the [Speech Therapy Authorization Form](#).

### Coverage Guidelines

Tufts Health Plan may authorize speech therapy, after an initial evaluation by a licensed speech and language pathologist or an audiologist **and** a PCP referral, when both of the following criteria are met:

- The Member must have a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease.
- From initial evaluation through the entire course of treatment, all of the following must be met:
  - The Member has a clinically documented functional speech disorder resulting in an inability to perform at the previous functional level or achieve age appropriate speech milestones.
  - Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in a reasonable and predictable period of time for the particular diagnosis and phase of recovery.
  - The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist.
  - The Member's condition can be classified and billed with one of the ICD-9 codes listed below, or when sufficient medical documentation is submitted to indicate that the Member suffers from a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease.

- For Members with a diagnosis of one of the following autism spectrum disorders; pervasive developmental disorders (299) including, childhood autism- current or active state (299.00), childhood autism-residual state (299.01), childhood disintegrative disorder-current or active state (299.10), childhood disintegrative disorder-residual state (299.11) , other specified pervasive developmental disorders (Asperger's syndrome), current or active state (299.80) , other specified pervasive developmental disorders, residual state (299.81)or Rett's syndrome (330.8), the following additional criteria must be met:
  - Diagnosis must be confirmed by documentation from a pediatric neurologist or a developmental pediatrician.
  - The Member's individualized educational plan (IEP), as developed by the local school department, must be submitted.
  - Documentation must support the position that therapy will achieve functional gains beyond those expected as a result of growth and maturation.

## Limitations

The following conditions do not meet the medical necessity guidelines, and therefore coverage will not be authorized:

- Maintenance therapy when improvement is not expected.
- Self-correcting disorders, (e.g., natural dysfluency or articulation errors that are self-correcting).
- Services that are primarily educational in nature and encountered in school settings (e.g., psychosocial speech delay, behavioral problems, attention disorders, conceptual handicap, mental retardation, developmental delays, stammering, and stuttering).
- Services that are not medically necessary.
- Treatment of dialect and accent reduction.
- Treatment whose purpose is vocationally or recreationally based.
- It is important to note that coverage does not extend to diagnosis or treatment in a school-based setting.

## Codes

Tufts Health Plan has concluded the following diagnoses have a medical basis that can result in speech disorders. Speech therapy will be covered for treatment of these diagnoses as long as the other clinical coverage criteria are met.

Code	Description
141.0-141.9	Malignant neoplasm of the tongue
145.0-145.9	Malignant neoplasm of other, and unspecified parts of mouth
146.0-146.9	Malignant neoplasm of oropharynx
147.0-147.9	Malignant neoplasm of nasopharynx
149.0-149.9	Malignant neoplasm of other, and ill-defined sites within the lip, oral cavity, and pharynx
150.0-150.9	Malignant neoplasm of esophagus
161.0-161.9	Malignant neoplasm of larynx
191.0—191.9	Malignant neoplasm of brain
192.0	Malignant neoplasm of the cranial nerves
192.1	Malignant neoplasm of the cerebral meninges

<b>Code</b>	<b>Description</b>
195.0	Malignant neoplasm of head, face, and neck
210.0-210.9	Benign neoplasm of lip, oral cavity, and pharynx
212.1	Benign neoplasm of the larynx
225.0	Benign neoplasm of the brain
225.1	Benign neoplasm of the cranial nerves
225.2	Benign neoplasm of the cerebral meninges
228.02	Hemangioma of intracranial structures
239.6	Neoplasms of unspecified nature, brain
299.00	Childhood autism-current or active state
299.01	Childhood autism-residual state
299.10	Childhood disintegrative disorder, current or active state
299.11	Childhood disintegrative disorder, residual state
299.80	Other specified pervasive developmental disorders (Asperger's syndrome), current or active state
299.81	Other specified pervasive developmental disorders, residual state
310.2	Post concussion syndrome
320.0-320.7	Bacterial meningitis
320.81	Anaerobic meningitis
320.82	Meningitis due to gram-negative bacteria, not elsewhere classified
320.89	Meningitis due to other specified bacteria
320.9	Meningitis due to unspecified bacterium
321.0-321.8	Meningitis due to other organisms
322.0-322.9	Meningitis of unspecified cause
323.01-323.02	Encephalitis, myelitis, and encephalomyelitis in viral diseases classified elsewhere
323.1	Encephalitis and encephalomyelitis in viral diseases classified elsewhere
323.2	Myelitis in viral diseases classified elsewhere
323.41-323.42	Other encephalitis, myelitis, and encephalomyelitis due to infection classified elsewhere
323.51	Encephalitis, myelitis, and encephalomyelitis following immunization procedures
323.52	Myelitis following immunization procedures
323.61	Infectious acute disseminated encephalomyelitis
323.62	Other postinfectious encephalitis and encephalomyelitis
323.63	Post infection myelitis
323.71	Toxic encephalitis and encephalomyelitis
323.72	Toxic myelitis
323.81	Other causes of encephalitis and encephalomyelitis
323.82	Other causes of myelitis
323.9	Unspecified cause of encephalitis, myelitis, and encephalomyelitis
324.0-324.9	Intracranial and intraspinal abscess

<b>Code</b>	<b>Description</b>
330.0-330.9	Cerebral degenerations usually manifest in childhood (including Rett's syndrome)
331.3	Communicating hydrocephalus
331.4	Obstructive hydrocephalus
335.0	Werdnig-Hoffman disease
335.10	Spinal muscular atrophy, unspecified
335.11	Kugelberg-Welander disease
335.19	Anterior horn cell disease, other
335.20-335.29	Motor neuron disease
335.8	Other anterior horn cell diseases
335.9	Anterior horn cell disease, unspecified
340	Multiple sclerosis
343.0-343.9	Infantile cerebral palsy
348.1	Anoxic brain damage
348.30-348.39	Encephalopathy, unspecified
348.4	Compression of brain
359.0-359.1	Muscular dystrophies and other myopathies
359.21-359.29	Myotonic disorders
359.3	Periodic paralysis
359.4	Toxic myopathy
359.5	Myopathy in endocrine diseases elsewhere classified
359.6	Symptomatic inflammatory myopathy in disease classified elsewhere
359.81	Critical illness myopathy
359.89	Other myopathies
387.0 - 387.9	Otosclerosis
388.10 - 388.12	Noise effects on inner ear
389.10 - 389.18	Sensorineural hearing loss
389.20 - 389.22	Mixed conductive and sensorineural hearing loss
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
432.0-432.9	Other and unspecified intracranial hemorrhage
433.00-433.91	Occlusion and stenosis of precerebral arteries,
434.00-434.91	Occlusion of cerebral arteries
435.0-435.9	Transient cerebral ischemia
436	Acute, but ill-defined, cerebrovascular disease
437.0-437.9	Other, and ill-defined cerebrovascular disease
438.82	Dysphagia
476.0	Chronic laryngitis laryngotracheitis

Code	Description
476.1	Chronic laryngotracheitis
478.0	Other diseases of upper respiratory tract
478.4	Polyp of vocal cord or larynx
478.5	Other diseases of vocal cords
478.6	Edema of larynx
478.70-478.79	Other diseases of larynx, not elsewhere classified
742.9	Unspecified anomaly of brain, spinal cord, and nervous system
744.00 - 744.09	Congenital anomalies of ear causing impairment of hearing
749.00-749.25	Cleft palate and cleft lip
756.51	Osteogenesis imperfecta
758.0	Down's syndrome
759.5	Tuberous sclerosis
780.01	Coma
784.3	Aphasia
787.20-787.29	Dysphagia
800.00-800.99	Fracture of vault of skull
801.00-801.99	Fracture of base of skull
803.00-803.99	Other and unqualified skull fractures
804.00-804.99	Multiple fractures involving skull or face with other bones
850.0	Concussion
850.11	Concussion with loss of consciousness of 30 minutes or less
850.12	Concussion with loss of consciousness of 31 minutes to 59 minutes
850.2-850.9	Concussion with loss of consciousness
851.00-851.99	Cerebral laceration and contusion
852.00-852.59	Subarachnoid, subdural, and extradural hemorrhage following injury
853.00-853.19	Other, and unspecified intracranial hemorrhage following injury
854.00-854.19	Intracranial injury of other, and unspecified nature
951.5	Injury to acoustic nerve

For a list of the codes that are not covered when used to bill for speech therapy, please refer to the Non Covered ST Codes Reference Tool.

[Non Covered ST Codes Reference Tool](#)

## References

None

## Approval History

Reviewed by the Clinical Coverage Criteria Committee in October 2001.

#### Subsequent Endorsement Date(s) and Changes Made:

- October 2002: No changes.
- November 12, 2003: Reviewed and renewed. Description of benefit clarified.
- November 12, 2004: Reviewed and renewed.
- November 4, 2005: Coverage for speech therapy for Members with autistic spectrum disorders added.
- November 17, 2006: Reviewed and renewed without changes.
- November 13, 2007: Reviewed and renewed without changes.
- March 26, 2008: Reviewed and renewed without changes
- August 1, 2008: Coding clarified, no other changes made.
- April 6, 2009: Coding clarified, no other changes made.
- October 1, 2009: Clarification of the ICD-9 codes listed on Attachment A. and 2010 ICD-9 codes added to Attachment B.
- November 2009: Administrative process changed.
- February 5, 2010: Additional covered ICD-9 Codes added: 387.0-387.9, 388.10-388.12, 389.10-389.19, 389.20-389.22, 744.00-744.09, 756.51 and 951.5.
- April 14, 2010: Reviewed and renewed no changes.
- April 2011: Reviewed by MSPAC. No changes.
- July 1, 2011: Code 478.3 removed. Hyperlink to NC Codes updated.

#### Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for Tufts Health Plan benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. Tufts Health Plan makes coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan revises and updates Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to all fully insured Tufts Health Plan products unless otherwise noted in this guideline or the Member's benefit document. This guideline does not apply to Tufts Health Plan Medicare Preferred or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates will take precedence. Providers in the New Hampshire service area are subject to CIGNA HealthCare's provider arrangement for the purpose of CareLink<sup>SM</sup>.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.