



West Virginia Children's Health Insurance Program

350 Capitol St., Rm 251

Charleston, WV 25301

Phone; 304-558-2732

Fax; 304-558-2741

Speech Therapy Guidelines

Overview:

This document addresses speech therapy (ST) services delivered by a health care professional acting within the scope of a professional license for the services provided.

West Virginia Children's Health Insurance Program (WVCHIP) covers ST services provided to eligible members admitted to an acute care hospital, a critical access hospital, and outpatient setting or in the member's home. Therapy services must be ordered by a physician, advanced practice registered nurse, clinical nurse specialist, or physician assistant and provided by a licensed therapist, that are both enrolled as a WVCHIP provider. Please contact Molina Medicaid Solutions for the enrollment status or process; 1-888-483-0793.

Guidelines:

Speech therapy services are for the treatment of communication impairment or swallowing disorders resulting from illness, injury, surgery, or congenital abnormality. A comprehensive evaluation of the patient and his or her speech and language potential is required to formulate a full treatment plan. As part of the evaluation, standardized assessment tests should be used to identify and quantify impairment. A hearing test may also be conducted to determine if the child is experiencing hearing loss, not otherwise detected. Speech therapy services should be individualized to the specific communication needs of the patient and provided one-to-one by the speech-language pathologist.

Speech and language impairments can result from a variety of local, systemic and neurological conditions. Examples of local impairments include injury or localized disease of the vocal cords; tumors or growths that cause swallowing and speech difficulty; and congenital cleft lip or cleft palate. Neurological causes include stroke and a variety of conditions such as multiple sclerosis. Speech and language impairments may include the following conditions:

- Aphasia; involves the expression of language, the comprehension of language, or both
- Aponia; the total loss of speech sounds
- Apraxia/dyspraxia; the inability or difficulty to form words or speak
- Dysarthria; impairment of speech resulting from a brain lesion, stroke, or neurodevelopmental disorder
- Stuttering; disruption in the fluency of speech; affected persons repeat letters or syllables, pause or hesitate abnormally, or fragment words when attempting to speak.

The initial twenty ST visits do not require prior authorization but must be; for a severe impairment of speech/language or swallowing; an evaluation has been completed by a certified speech-language pathologist; and the following criteria have been met:

1. Treatment requested has the support of the treating physician.
2. The therapy requires a one-to-one intervention and supervision of a speech-language pathologist.
3. The treatment plan includes specific tests and measures that will be used to document significant progress on a regular basis, not to exceed three months.
4. Meaningful improvement is expected through-out the therapy.
5. The therapy is individualized and includes quantifiable, attainable short- and long-term treatment goals.
6. The treatment plan includes active participation and the involvement of a parent or guardian.
7. The treatment includes a transition from one-to-one supervision to a caregiver providing maintenance level therapy on discharge.

Maintenance therapy is not a covered benefit. Maintenance therapy is intended to preserve the individual's present level of speech or language and begins when the therapeutic goals have been achieved or when no additional progress is expected to occur. Maintenance therapy includes routine, repetitive drills/exercises that do not require the skills of a speech-language therapist and that can be reinforced by the caregiver. Once the caregiver is trained the services are no longer skilled and not a covered benefit. Speech therapy provided to prevent or slow deterioration in function and or long-term services where significant therapeutic improvement is not expected is considered maintenance therapy. It is expected that all outpatient therapy services include a home program and the plan for transition to home based therapy be explained clearly in the plan of treatment.

Prior authorization for therapy services is required for all additional treatment beyond the initial 20 visits. The prior authorization is completed by contacting the Utilization Management (UM) Contractor for WVCHIP with the required information as described in the Documentation section of this policy. Therapy services provided as a part of the Individual Education Plan (IEP) are not a covered.

Documentation:

The speech/language pathologist performs an initial evaluation to establish a therapy diagnosis, prognosis, and plan of care prior to intervention. The components used to select the appropriate CPT code include: patient history and comorbidities, examination and use of standardized tests and measures, clinical presentation, and clinical decision making.

Evaluation

The speech/language pathologist's evaluation:

- Is documented and dated by the therapist
- Identifies the speech/language/voice impairment
- Identifies the swallowing/feeding disorder

- Incorporates appropriate tests and measures to facilitate evaluation of treatment goals and outcomes
- Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care
- Establishes an expected result in significant therapeutic improvement over a clearly defined period of time.

Plan of Treatment

Following the evaluation, the speech/language pathologist's plan of care is established and should include:

- The diagnosis with the date of onset or exacerbation
- Long-term and short-term goals that are specific, quantitative and objective
- A reasonable estimate of when the goals will be reached
- The speech/language and or swallowing evaluation
- Frequency and duration of treatment
- Rehabilitation prognosis
- Specific treatment techniques, modalities, or exercises to be used
- Signature of the therapist

Re-evaluation

A re-evaluation by the speech/language pathologist is focused on the evaluation of progress toward current goals and making a professional judgement about continued care, modifying goals and/or treatment, or terminating services.

Re-evaluations are distinct from therapy assessments. There are routine reassessments that are part of each treatment session, progress report, and discharge summary. Assessments are considered a routine aspect of the care where as a re-evaluation is a more comprehensive assessment that includes all the components of the initial evaluation.

A re-evaluation is indicated when there are new or updated clinical findings, a rapid change in the patient's status, or failure to respond to speech therapy interventions.

Covered Services:

Speech services are considered medically necessary and a covered benefit when all of the following criteria are met:

1. The therapy is intended to develop speech, language, or swallowing impairment skills which, as a result of illness, injury, loss of body part, or congenital abnormality, either;
 - have not (but normally would have) developed; or
 - are at risk of being lost; and
2. The therapy is for conditions that require the knowledge, skills, and judgement of a licensed therapist for education and training that is part of an active skilled plan of treatment; and
3. The expectation is that the therapy will assist development of normal function or maintain a normal level of function; and

4. There is a written treatment plan documenting the short- and long-term goal(s) of treatment, frequency, and duration of treatment (including as estimate of when the goals will be met), and what quantitative measures will be used to assess the level of functioning and
5. Services are provided in an outpatient or home setting. Services provided by schools as part of an IEP are not covered.

For ALL active therapy for the same diagnosis or condition, BEYOND the initial twenty visits, prior authorization is required. The provider is expected to include the following documentation, to the UM Contractor, to support the need for ongoing therapy;

1. Initial date of diagnosis of onset;
2. Physician order must accompany all requests for therapy services, including the initial treatment and all ongoing therapy;
3. Total number of visits to date;
4. Short term measurable goals with expected dates;
5. Current status with outlined goals should be included for all requests for continued therapy;
6. Detailed home program with compliance measures and degree of compliance maintained;
7. Anticipated discharge date from current therapy;
8. If the child is school age, the request must include and consider any school-based therapy that is being provided under an IEP based therapy and the rationale to warrant additional therapy.
9. If a change to the current treatment plan requires a change in goals, documentation as to why the previous goal is no longer relevant.

Non-Covered Services

Therapy services are not medically necessary and non-covered if any of the following:

1. Services are more than 20 visits and the therapy is not aimed at improving, correction of a speech, language, or swallowing impairment.
2. Members are non-compliant with the documented treatment plan.
3. Members have reached a maximum rehabilitative potential.
4. Services or procedures are investigational, experimental, or unproven. i.e., Electrical stimulation for swallowing/feeding disorders is not covered.
5. Services are not one-to-one and do not require the skills of a qualified licensed provider.
6. The therapy is considered primarily educational.
7. Therapy that is provided in a school setting included in an IEP.
8. The individual's condition does not have the potential to improve or is not improving in response to therapy.
9. Improvement or restoration of function could reasonably be expected as the individual gradually resumes normal activities.

10. Documentation fails to objectively verify subjective, objective, and functional progress over a reasonable and predictable period of time.

Therapy Provided in the Schools

Speech therapy provided in the school setting is available to all public school students and provided by the appropriate county Board of Education. The need is established by the educational team asking “Will the absence of ST interfere with the student’s ability to access or participate in his/her educational program?” If the answer is “yes”, the student assistance team determines the need for ST and includes in the IEP.

The differences in school-based and clinical therapy are what drives the interventions and goals;

- School-based therapy goals are to assist in achieving educational goals and facilitate access and participation to benefit in the educational program. Services are IEP driven.
- Clinical therapy goals are to treat the student’s clinical need from the onset of an acute condition through rehabilitation. The diagnosis drives the interventions.

WVCHIP provides coverage for ST in the clinical setting as an inpatient for an acutely ill member, as an outpatient in the clinic setting, and in the home. School-based therapy is provided through the Board of Education. Duplication of services or payment for claims for the same services provided in the school system and also outside by private practitioners, will not be covered by WVCHIP.

References

American Speech-Language Hearing Association, Medical Review Guidelines for Speech-Language Pathology Services. <https://www.asha.org/policy/SP2016-00343/#Framework>

Cigna Medical Coverage Policy – Speech Therapy. 12/15/2017.

Anthem Clinical UM Guideline, Speech-Language Pathology Services, CG-REHAB-06, 04/25/2018.

UnitedHealthcare, Speech Language Pathology Services, Effective date: April 1, 2018, Guideline Number: CDG.021.10

BMS Provider Manual, Chapter 530, Speech Pathology & Audiology Services. Effective January 1, 2012, https://dhr.wv.gov/bms/Provider/Documents/Manuals%20Archive/bms_manuals_Chapter_530_SpeechLanguageAudiology.pdf

Effective July 1, 2018