



Speech Therapy Clinical Coverage Criteria

Overview

Speech Therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other symbol systems used for communication.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare has an NCD for Speech-Language Pathology Services for the Treatment of Dysphagia (170.3). National Government Services, Inc. has an LCD for Speech-Language Pathology (L33580) and an LCA Billing and Coding: Speech Language Pathology (A52866). (MCD search 07-02-2021). Medicare Benefit Policy Manual, Chapter 15, Sections 220 and 230.3.

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

Fallon Health covers the initial evaluation and speech therapy without prior authorization. Please consult the member's Evidence of Coverage for the specific amount of visits covered before prior authorization is required (typically 30 for most plans). After the initial period of coverage prior authorization is required. After the initial evaluation there should be detailed

documentation of a treatment plan and progress. Fallon Health may request documentation of the progress during the treatment for review of additional visits.

For approval of subsequent treatment the below criteria must be met:

- The member must have a documented speech disorder showing their performance is less than previous levels or below age appropriate speech milestones.
- The member's clinical record supports measurable improvement can be achieved over a specific time-frame and is reasonable based on the member's diagnosis.
- The complexity of the therapy can only be safely and effectively done by a licensed speech and language pathologist or audiologist.

Medicare members: Fallon Health follows Medicare coverage criteria for speech-language pathology services.

NCD link: [Speech-Language Pathology Services for the Treatment of Dysphagia \(170.3\)](#)

LCD link: [Speech-Language Pathology \(L33580\)](#)

LCA link: [Billing and Coding: Speech Language Pathology \(A52866\)](#)

Manual link: [Medicare Benefit Policy Manual, Chapter 15, Sections 220 and 230.3](#)

Speech-language pathology services are those services provided within the scope of practice of speech-language pathologists and necessary for the diagnosis and treatment of speech and language disorders, which result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability.

Speech-language pathology services may be considered medically necessary:

- 1) For the treatment of dysphagia, regardless of the presence of a communication disability (NCD for Speech-Language Pathology Services for the Treatment of Dysphagia (170.3)), and
- 2) When criteria in the National Government Services, Inc. LCD Speech-Language Pathology (L33580) are met, and
- 3) When the National Coverage Provisions listed in the related National Government Services, Inc. Billing and Coding Article: Speech-Language Pathology (A52866) are met.

Additionally, Medicare Benefit Policy Manual, Chapter 15, Sections 220 and 230.3 describe conditions of coverage for speech-language pathology services.

Exclusions

- Speech Therapy that does not meet the above criteria
- Services that are primarily educational or vocational in nature
- Maintenance therapy once further improvement is not expected
- Treatment related to accent or dialect reduction
- Treatment for self-correcting disorders (natural dysfluency or articulation errors that are self-correcting)

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

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 (eg, stuttering, cluttering)

92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance

References

1. Massachusetts General Law (M.G.L) Chapter 176G Section 4N Coverage for speech, hearing, and language disorders.
2. Massachusetts Legislature Chapter 234 Acts of 2012: An act relative to the treatment of cleft palate and cleft lip.
3. MassHealth Guidelines for Medical Necessity Determination for Speech and Language Therapy. Effective: March 30, 2017.
4. Medicare National Coverage Determination (NCD) for Speech-Language Pathology Services for the Treatment of Dysphagia (170.3). Original Effective Date 08/28/1989. Effective Date of this Version 10/01/2006. Available at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Accessed July 2, 2021.
5. National Government Services, Inc. Local Coverage Determination (LCD): Speech-Language Pathology (L33580). Original Effective Date 10/1/2015. Revision Effective Date 12/19/2019. Available at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Accessed July 2, 2021.
6. National Government Services, Inc. Local Coverage Article: Billing and Coding: Speech-Language Pathology (A52866). Original Effective Date 10/01/2015. Revision Effective Date 01/01/2020. Available at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Accessed July 2, 2021.

Policy history

Origination date: 11/28/2006
Approval(s): Technology Assessment Subcommittee: 11/28/2006
Technology Assessment Committee: 04/10/2007, 12/03/2014 (updated criteria and references) 12/15/2015 (added code 92524), 12/07/2016 (annual review, no updates), 12/6/2017 (updated references), 02/01/2018 (clarified authorization language regarding initial visits, not reviewed via committee), 12/05/2018 (annual review, no updates) 12/04/2019 (annual review, no updates)

07/10/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.