



Guidelines for Medical Necessity Determination for Speech and Language Therapy

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine if medical necessity for speech-language therapy services performed in outpatient and home settings are medically necessary. These Guidelines are based on generally accepted standards of practice, review of medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 450.000 (All Providers), 432.000 (Independent Therapists), 410.000 (Outpatient Hospitals), 430.000 (Rehabilitation Centers), 403.000 (Home Health Agencies), 413.000 (Speech and Hearing Centers), and 433.000 (Physicians), for information about coverage, service limitations, and prior-authorization requirements applicable to this service. Providers who serve members enrolled in a MassHealth-contracted managed care organization (MCO) or a MassHealth-contracted integrated care organization (ICO) should refer to the MCO's or ICO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions.

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SECTION I. GENERAL INFORMATION

Speech-language therapy services are defined as those services necessary for the diagnosis or evaluation and treatment of communication disorders that result from swallowing (dysphagia), speech-language, and cognitive-communication disorders. Communication disorders are those that affect speech sound production, resonance, voice, fluency, language, and cognition. Speech-language therapy services are designed to improve, develop, correct, rehabilitate, or prevent the worsening of communication and swallowing skills that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, developmental conditions, or injuries. Potential etiologies of communication and swallowing disorders include neonatal problems, developmental disabilities, auditory problems, oral, pharyngeal, and laryngeal anomalies, respiratory compromise, neurological disease or dysfunction, psychiatric disorders, and genetic disorders.

MassHealth considers approval for coverage of speech-language therapy services on a case-by-case basis, in accordance with 130 CMR 450.204. Prior authorization is required for speech-language therapy services for all members after the 35th visit within a 12-month period, in accordance with 130 CMR 432.417(A)(2).

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SECTION II. CLINICAL GUIDELINES

A. CLINICAL COVERAGE

MassHealth considers multiple criteria when determining whether speech-language therapy services are a medical necessity. MassHealth bases its determination on clinical documentation that demonstrates the potential for measurable and objective progress and the potential impact of factors that would complicate or affect the efficacy of treatment. These criteria include, but are not limited to, those listed below.

1. The member presents with a communication or swallowing disorder with functional difficulty in one or more of the following areas:
 - a. Speech sound production (e.g., articulation, apraxia, dysarthria)
 - b. Resonance (e.g., hypernasality, hyponasality)
 - c. Voice (e.g., phonation quality, pitch, respiration)
 - d. Fluency (e.g., stuttering or cluttering)
 - e. Language (e.g., comprehension, expression, pragmatics)
 - f. Cognition (e.g., attention, memory, problem solving, executive functioning) impacting communication
 - g. Feeding and swallowing (e.g., oral, pharyngeal, and esophageal)
2. The member is referred, using a written document to a licensed-certified speech-language pathologist for evaluation and treatment as prescribed by a licensed physician, or licensed nurse practitioner based on a medical history and physical exam.
3. A comprehensive evaluation of the member by a licensed, certified speech-language pathologist determines the presence of a communication or swallowing disorder requiring the need for speech-language therapy services.
4. The type of service requested includes one or more of the following:
 - a. Diagnostic and evaluation services to determine the cause, type, and severity of the communication or swallowing disorder and need for speech-language therapy.
 - b. Therapeutic services to improve communication or swallowing disorders.
5. Speech-language therapy services are medically necessary when they meet the following criteria:
 - a. The member's condition requires treatment of a level of complexity and sophistication that can only be safely and effectively performed by a licensed, certified speech-language pathologist;
 - b. The treatment program is expected to significantly improve the member's condition within a reasonable and predictable period of time, or prevent the worsening of function as a result of acute or chronic medical conditions, congenital anomalies, neurological disorders, injuries or disability;
 - c. The amount, frequency, and duration of services are appropriate based upon professionally recognized standards of practice for speech-language therapy; and

- d. Speech therapy services are provided by licensed, certified speech-language pathologists to member under the care of a licensed physician or a licensed nurse practitioner, with a written treatment plan that has been developed in consultation with a licensed speech-language pathologist.

B. NONCOVERAGE

MassHealth does not consider speech-language therapy services to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, those listed below.

1. The services do not require the skills of a licensed, certified speech-language pathologist, including non-diagnostic, non-therapeutic, routine, or repetitive procedures to maintain general welfare.
2. The treatment is for a communication or swallowing disorder not associated with an acute or chronic medical condition, neurological disorder, injury, or congenital anomaly or disability.
3. The therapy replicates concurrent services, such as speech-language services provided in a different setting; occupational therapy with similar treatment goals, plans, and therapeutic modalities; or any other type of therapy with similar goals. (Refer to the [MassHealth Guidelines for Medical Necessity Determination for Physical Therapy](#) and for [Occupational Therapy](#).)
4. The services are primarily educational, emotional or psychological in nature and provided in a school or behavioral health setting (e.g., psychosocial speech delay, behavioral problems, and attention disorders).
5. The treatment is for a dysfunction that is self-correcting (for example, natural dysfluency or developmental articulation errors).
6. The treatment is for the purpose of dialect and accent reduction or developing skills in a non-dominant language.
7. The purpose of the treatment is vocationally or recreationally based.
8. There is no clinical documentation or written treatment plan to support the need for therapy services or continuing therapy.
9. The treatment is for stuttering or stammering that is developmental in nature or is not caused by a neurological condition or brain injury.

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SECTION III: SUBMITTING CLINICAL DOCUMENTATION

- A. Prior authorization is required for speech-language therapy services for all members after the 35th visit within a 12-month period, pursuant to 130 CMR 432.417(A)(2). Requests for prior authorization for speech-language therapy services beyond the 35th visit must be submitted by a speech-language pathologist and accompanied by clinical documentation supplied by a licensed physician or licensed nurse practitioner that supports the need for the services being requested.

- B. Documentation of medical necessity must include all of the following:
1. The primary diagnosis name and ICD-CM code for which treatment is being requested;
 2. The secondary diagnosis name and ICD-CM code specific to the medical condition;
 3. The severity of the signs and symptoms pertinent to the communication or swallowing disorder;
 4. A written comprehensive evaluation by a licensed, certified speech-language pathologist of the member's condition containing the following:
 - a. Background information including underlying medical diagnosis, description of the medical condition, medical status, disability, previous functional level (if relevant) and psychosocial status. Treatment history and documented progress with past treatment should be included;
 - b. Findings of the comprehensive speech and language evaluation, including the communication or swallowing disorder diagnosis as well as the underlying etiology with date of onset or exacerbation of the condition;
 - c. Results of standardized assessment and a subjective description of the member's current level of communicative functioning or swallowing functioning;
 - d. Interpretation of the results, including need for intervention, further assessment or referral, prognosis, and expectation for change in level of functioning with and without intervention;
 - e. The member's rehabilitation potential, including any risk factors or comorbid conditions affecting the treatment plan.
 5. A written treatment plan that incorporates all of the following:
 - a. Specific short and long term measurable functional treatment goals;
 - b. Treatment types, techniques and interventions to be used to achieve goals;
 - c. Amount, frequency and duration of treatment;
 - d. Estimate of time required to reach goals;
 - e. Education of the member and primary caregiver to promote awareness and understanding of diagnosis, prognosis, and treatment;
 - f. A summary of all treatment provided and results achieved (response to treatment, changes in the member's condition, documentation of measurable progress toward previously defined goals, problems encountered, and goals met) during previous periods of therapy;
 - g. For members receiving speech-language therapy in another setting, requests for additional services must be for substantially different treatment from that currently being received. Justification for additional therapy must include not only the medical basis for the services, but also the goals for the additional therapy.
- C. Clinical information from a licensed physician or licensed nurse practitioner must be submitted by the licensed, certified speech-language pathologist who is requesting PA. **PROVIDERS ARE STRONGLY ENCOURAGED TO SUBMIT PA REQUESTS ELECTRONICALLY.** Providers must submit all information pertinent to the diagnosis using the Provider Online Service Center (POSC) or by completing a MassHealth Prior Authorization Request form (using the PA-1 paper

form found at www.mass.gov/masshealth) and attaching pertinent documentation. If the PA-1 form and documentation will be mailed rather than submitted electronically, providers should mail to the address on the back of the PA-1 form. Questions regarding POSC access should be directed to the MassHealth Customer Service Center at 1-800-841-2900.

SELECT REFERENCES

1. Agency for Healthcare Research and Quality Evidence Reports and Summary No. 52. Criteria for determining disability in Speech-Language Disorders. *National Library of Medicine Health Services Technology Assessment Text (HSTAT)*, 2002.
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10. Yorkston KM, Spencer KA, Duffy JR, Beukelman DR, Golper LA, Miller RM, Strand EA, Sullivan M. Evidence-based practice guidelines for dysarthria: Management of velopharyngeal function. *Journal of Medical Speech-Language Pathology*. 2001; 9(4), 257-273.

These Guidelines are based on review of the medical literature and current practice in rehabilitation services for speech and language therapy. MassHealth reserves the right to review and update the contents of this policy and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products or services. Some language used in this communication may be unfamiliar to other readers; in this case, those readers should contact their health care provider for guidance or explanation.

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Approved by Carolyn S. Langer
Carolyn S. Langer, MD, JD, MPH
Chief Medical Officer, MassHealth