

<b>Speech Therapy</b>	
<input type="checkbox"/> <b>Original</b>	<b>Original Committee Approval: 12/3/08</b>
<input checked="" type="checkbox"/> <b>Revised</b>	<b>Last Committee Approval: 12/3/08</b>
	<b>Last Review: July 2008</b>

### **Background:**

Speech therapy involves rehabilitation of communication impairment and swallowing disorders. Services must be provided by a licensed, certified speech therapist.

### **Indications/Criteria:**

**\*\*Adult Criteria: Please see Milliman Care Guidelines**

**\*\*Pediatric Criteria: Changed to Milliman Care Guidelines beginning in 2009**

### **Additional Requirements for Referral:**

**\*Note:** In all cases, therapy must be designed to achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time. The treatment provided must be specific, effective, and reasonable for the patient's diagnosis and physical condition

### **School-based program**

For school-aged children, Community Health Plan requires documentation that a school-based program has been tried. As an alternative, the referring provider must document at least one of the following:

- No such school program is available
- A school-based program has been tried, is not adequate to meet the needs of the child, and that supplemental specialty treatment is needed

### **Plan of Care:**

Speech therapy must be provided in accordance with an ongoing and updated written plan of care/progress note. The referring provider and the therapist must sign the plan of care.

The Plan of Care must include:

- Specifics regarding both long-term and short-term goals
- Measurable objectives
- A reasonable estimate of the timelines for the specific goals
- Specifics regarding the treatment techniques and/or exercises to be employed
- The frequency and duration of treatment

This Plan of Care must be updated as the patient's condition changes, and must be re-certified by the referring provider after an initial 90 days. Subsequent re-certification should be authorized at 90-day intervals if the condition is chronic. These updates must also meet the Milliman Care Guidelines criteria for continuation of therapy.

### **Non-Covered Indications:**

**Community Health Plan will not cover speech therapy for children with the following conditions:**

- Conditions that are frequently encountered in school settings and in developmental learning centers:
  - Behavioral problems
  - Attention disorders
  - Psychosocial speech delay
  - Mental retardation
  - Conceptual handicap

### **Limitations/Exclusions:**

<b>Healthy Options:</b>	None
<b>GA-U</b>	None
<b>Basic Health Plan:</b>	Speech therapy is not a covered benefit
<b>Medicare Advantage</b>	None

### **Required Approvals:**

Prior authorization by the CHP Medical Director or his/her designee.

### **References:**

- Milliman Care Guidelines, 12<sup>th</sup> Edition, 2008

- Aetna Clinical Policies Bulletin # 0243. "Speech Therapy" (revised 8/23/08)
- Premera Corporate Medical Policy #8.03.04 "Speech Therapy" (revised 5/8/08)
- Cochrane Library review Abstract #AB00245. "Speech and language therapy for aphasia following stroke" (updated 4/13/04)
- Cochrane Library Review Abstract #AB003466. "Speech and language therapy for children with Cerebral Palsy" (updated 3/27/03)
- Cochrane Library Review Abstract #AB004110. "Speech and language interventions for children with primary language delay or disorder" (updated 8/21/05)