



**Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.**

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**Speech Therapy (Rehabilitative/Habilitative)**

**MP9171**

**Covered Service:** Yes

**Prior Authorization Required:** No

**Additional Information:** Self-funded plans (ASO) may require prior authorization. Please refer to the member's Summary Plan Description (SPD) or call the Customer Service number found on the member's card for specific prior authorization requirements.

**WellFirst Health Medical Policy:**

1.0 Acute/Rehabilitative Speech Therapy **does not require** prior authorization.

1.1 An initial three (3) months of Speech Therapy service is considered medically necessary for the following acute conditions:

1.1.1 Members whose speech or swallowing is functionally impaired secondary to recent injury or illness (e.g. cerebral vascular accident (CVA), traumatic brain injury (TBI), encephalitis, laryngectomy, vocal cord surgery, post radiation therapy);

1.1.2 Members with congenital (e.g. present at birth) anatomic defects that affect swallowing where functional improvement is predicted through speech therapy (e.g. cleft palate and cleft lip);

1.1.3 Rehabilitative therapy after cochlear implantation;

1.1.4 Acquired hearing loss (greater than 25 decibels of the pure tone average of intensities at 1000, 2000, and 3000 hertz);

1.1.5 Therapy for vocal cord nodules to reduce the trauma to the vocal cords caused by vocal cord apposition during phonation, and to prevent further nodule development (in lieu of surgery);

1.1.6 Apraxia, dyspraxia;

1.1.7 Vocal cord dysfunction;

1.1.8 Tongue thrust (orofacial myofunctional disorder) when provided by a speech language pathologist (SLP) trained in appropriate techniques.

1.2 Continuation of speech therapy after three (3) months is considered medically necessary if the member is showing improvement.



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- 1.3 Continuation of therapy is subject to the limits placed on the number of total visits as stated in the member's benefit certificate or Summary Plan Description (SPD).
- 1.4 Long term or maintenance therapy or related reevaluations are subject to the Habilitative Benefit.
- 2.0 Habilitative Speech Therapy for members with a functional impairment and the **Habilitative Benefit does not** requires prior authorization and may be considered medically necessary for:
  - 2.1 Speech Therapy to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to reside successfully in the home and community based settings;
  - 2.2 Speech Therapy initial evaluation and re-evaluations must include age appropriate standardized test documenting developmental delay or condition;  
**AND**
  - 2.3 Speech Therapy functional goals must be clearly defined and allow for measurement of the amount and degree of meaningful change over time. The goals should be determined by the use of an appropriate functional outcome tool;  
**AND**
  - 2.4 An updated Speech Therapy plan of care specific to the member's progress toward their goals with review by the primary care provider will be required every 60 days. If the member is not progressing then documentation of a revised treatment plan is necessary; **AND**
  - 2.5 For members no longer showing functional improvement, a weaning process of three (3) to six (6) months should occur. The provider records should demonstrate clear, specific and measurable improvement. If the member shows signs of regression in function the need for Speech Therapy should be re-evaluated; **AND**
  - 2.6 A specific discharge plan, with the expected treatment frequency and duration must be included in the plan of care. The discharge plan must indicate the plan to wean services once the member has attained goals, or if no measurable functional improvement has been demonstrated or if the program can be carried out by caregivers or other non-skilled personnel.
- 3.0 Voice lessons or voice therapy are not covered unless the criteria in 1.0 Acute/Rehabilitative Speech Therapy or 2.0 Habilitative Speech Therapy are met.



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	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	December 19, 2018
<b>Revised:</b>	Medical Policy Committee/Health Services Division	September 18, 2019
	Medical Policy Committee/Health Services Division	February 19, 2020
	Medical Policy Committee/Health Services Division	March 18, 2020
	Medical Policy Committee/Health Services Division	March 17, 2021
	Medical Policy Committee/Health Services Division	March 16, 2022
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	September 18, 2019
	Medical Policy Committee/Health Services Division	February 19, 2020
	Medical Policy Committee/Health Services Division	March 18, 2020
	Medical Policy Committee/Health Services Division	March 17, 2021
	Medical Policy Committee/Health Services Division	March 16, 2022
	Medical Policy Committee/Health Services Division	March 15, 2023

Published: 04/01/2023

Effective: 04/01/2023