

MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL

POLICY TITLE: Speech Therapy

POLICY STATEMENT: This policy addresses speech-language pathology (SLP) services provided for the identification, assessment and treatment of speech, language and swallowing disorders in children and adults.

See individual Contracts and/or Plan Documents for specific coverage determination of requests for speech therapy and any applicable plan benefit limits.

Medically Necessary Criteria:

1. Speech therapy (speech–language pathology services) for the treatment of disorders of speech, language, voice, communication and auditory processing are covered when the disorder results from:
 - Autism spectrum disorders – Also see HCS Autism Spectrum Disorders PP
 - Cancer
 - Stroke/CVA
 - Congenital Anomaly (including but not limited to the following)
 - Cleft palate
 - Tongue tie
 - Injury (including but not limited to the following)
 - Otitis media resulting in hearing loss documented by testing (such as audiogram or notes of such testing).
 - Vocal cord injuries (e.g., edema, nodules, polyps)
 - Trauma
 - Cerebral palsy
 - Static encephalopathy
2. Based on a plan of care, the therapy sessions achieve a specific diagnosis-related goal for an individual who has a reasonable expectation of achieving measurable significant functional improvement in a reasonable and predictable period of time [that is, medical necessity continues until progress is no longer being made or the individual has attained the previous level of competency]; **AND**
3. The therapy sessions provide specific, effective, and reasonable treatment for the individual's diagnosis and physical condition; **AND**
4. The services are delivered by a qualified provider of speech therapy services; **AND**
5. The services require the judgment, knowledge, and skills of a qualified provider of SLP services due to the complexity and sophistication of the therapy and the medical condition of the individual.

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
PAGE: 2**

References: Apollo Managed Care Guidelines
Other Major Health Plan Policy Statements

Original: 09/2016
Reviewed: 10/2017, 04/2018, 04/2020, 07/2021, 02/2023
Revised: 10/2019