Clinical Guideline

Guideline Number: CG023, Ver. 3

Home Care - Speech Language Pathology (SLP) Services

Summary

Members recently discharged from the hospital and/or those diagnosed with certain medical conditions may require short-term skilled care in the home for rehabilitation. When medically necessary, such services can be used to restore or improve functional independence, and to help train caregivers and family members in ongoing care of the member. Speech Language Pathology (SLP) services are an example of skilled home care and when medically necessary, can be used to improve or restore functional skills of communication and eating.

SLP therapy is appropriate for specific disorders that affect communication or swallowing. Specific disorders that affect *communication* may include chronic otitis media with conductive hearing loss, vocal cord injuries and conditions (e.g., edema, nodules, growths), stroke or cerebrovascular accident (CVA), injury or trauma, cerebral palsy, or encephalopathy. Specific disorders of *feeding* may include dysphagia (difficulty swallowing) and disorders of sucking or chewing; feeding disorders may result from stroke or cerebrovascular accident (CVA), injury or trauma, cancer, congenital defect, and certain genetic syndromes.

SLP is generally coordinated by a multidisciplinary team of licensed speech language pathologists, nurses, and prescribing clinicians. Treatments may consist of various exercises to improve speech, language production, and swallowing. Home SLP therapy requires a prescription and clear documentation of progress, goals, and ongoing medical necessity.

Information about coverage and benefit limitations can be found in the member's plan contract at hioscar.com/forms.

Definitions

"Homebound" refers to the following:

- Members who cannot leave home due to a medical condition, chronic disease, or injury; *or*
- Members advised by a treating provider not to leave home for various reasons (e.g. safety, ongoing medical treatment needs, etc); *or*
- Members who have extreme difficulty leaving home without considerable and taxing effort (i.e. requires an assistive device or the assistance of another person to leave home).

"Speech Language Pathology (SLP)" Therapy or "Speech Therapy" encompasses the diagnosis and treatment of speech and language deficits that impair communication, cognition, or swallowing. Speech deficits include problems with vocal production, articulation, and phonology. Language deficits include difficulty with syntax, semantics, vocabulary, and word retrieval, including receptive and expressive aphasias.

"Activities of Daily Living (ADLs)" are defined as routine activities that most healthy persons perform daily without requiring assistance: These include but are not limited to: communication and eating.

"Rehabilitative Treatments" are healthcare services and devices with the goal of helping a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired due to illness, injury, or disability.

"Habilitative Treatments" are healthcare services and devices with the goal of helping a person keep, learn, or improve skills and functioning for daily living when they are impaired as a result of injury, disease, or congenital abnormality. It is differentiated from rehabilitative treatment in that habilitative treatments are for individuals that have not developed to the expected level of functions or have not met a development milestone; an example includes therapy for a child who is not talking at the expected age.

Clinical Indications and Coverage

Speech Language Pathology services in the home are covered when ALL of the following criteria are met:

1. The treatment plan is prescribed by a licensed medical prescriber (MD, DO, or NP) as per individual state law and must be provided by a licensed SLP therapist certified by ASHA (American Speech Language Hearing Association); *and*
2. The member meets the definition of homebound (see *Definitions* section above); *and*
3. Medical necessity criteria in the appropriate MCG Home Care Optimal Recovery Guidelines or General Recovery Guideline is met; *and*
4. The member is motivated, alert and oriented; *and*
5. Therapy is aimed at establishing or restoring function; *and*

6. Rehab potential is evident based on a review of the member's condition, and the member's function is not expected to improve in the absence of therapy; *and*
7. The written plan of care should be sufficient to determine the necessity of SLP therapy and must include the following elements:
    a. The diagnosis, the date of onset or exacerbation of the disorder/diagnosis, the duration, the severity, the anticipated course (stable, progressive or, improving), and the prognosis; *and*
    b. Prior level of communication (including any prior device usage); *and*
    c. Standardized testing applicable to the member's age and medical condition; *and*
    d. Long-term and short-term goals that are specific, quantitative, objective, and attainable in no more than 3 months; *and*
    e. Clearly and objectively measured progress over specific time frames; *and*
    f. The frequency and duration of treatment; *and*
    g. The specific treatment techniques to be used; *and*
    h. Discharge plan.
8. Documentation of medical necessity should be reviewed when ANY of the following occur:
    a. The plan of care exceeds the expected duration and/or estimated frequency of care; *or*
    b. There is a change in the member's condition that may impact the plan of care; *or*
    c. The specific goals are no longer expected to be achieved in a reasonable or expected duration of time; *or*
    d. 30 days have passed since the most recent review.

Additional Qualifying Criteria for Dysphagia and Vocal Therapy

SLP therapy indicated for dysphagia must also meet the following criteria:

1. The member is at high risk of recurrent aspiration/choking as evidenced by the results of a modified barium swallow (MBS); *and*
2. The member can protect his/her airway and has retained some swallowing function as evidenced by the results of an MBS.

SLP therapy indicated for vocal therapy is appropriate only for the following conditions:

1. Vocal cord dysfunction (paradoxical vocal cord motion); *or*
2. Spastic dysphonia; *or*
3. Vocal cord nodules; *or*
4. Vocal cord paralysis; *or*
5. Following laryngeal cancer; *or*
6. Following surgery or injury to the vocal cords.

Coverage Exclusions

Skilled home care, and thus home SLP therapy, should be discontinued when one of the following is present:

- Homebound status is no longer met; *or*

- The member reaches the predetermined goals or skilled treatment is no longer required; *or*
- The member has reached maximum rehab potential; *or*
- The goals will not be met and there is no expectation of meeting them in reasonable time; *or*
- The member can safely and effectively continue their rehabilitation independently or with the help of family or caregivers; *or*
- The member's medical condition prevents further therapy; *or*
- The member refuses treatment.

SLP services are not covered for the following:

- Asymptomatic members or those without an identifiable clinical condition; *or*
- Cases of transient or easily reversible loss or reduction in function which could be reasonably expected to improve spontaneously as the member gradually resumes normal activities; *or*
- Chronic illness flare-ups or exacerbations, *or*
- Long-term maintenance therapy, as it is aimed to preserve the present level of function or to prevent regression below an acceptable level of functioning; *or*
- Custodial care or Long-term care services; *or*
- No expected improvement in functioning over a reasonable and predictable period of time (i.e. a "stable deficit"); *or*
- Duplicative therapy services or programs; *or*
- Treatment modalities that do not require a skilled professional speech language therapy and can safely be conducted by the member alone or with the help of family or caregivers*; or*
- Occupational or recreational requests aiming to augment or improve upon normal human functioning; this includes services considered as routine, conditioning, educational, employment or job training, or as part of a voice training program for singing, public speaking, or fitness; *or*
- Services aimed to identify or screen for members, including screening for hearing acuity; *or*
- As a component of auditory rehab, except for a newly prescribed auditory device (e.g., cochlear implant); *or*
- Treatment modalities for which SLP is not adequately supported by peer literature include, but are not limited to:
    - Facilitated communication [52-55]
    - Altered auditory feedback devices [51, 56-58]
    - Auditory verbal therapy [59]
    - Vital stim or equivalent electrical stimulation for swallowing disorders
    - Sequential Oral Sensory (SOS) or equivalent therapy
    - Voice amplifiers in the absence of illness or injury do not meet covered DME requirements; *or*
- Conditions for which SLP is not adequately supported by peer literature include, but are not limited to:
    - Transient ischemic attacks (TIAs), as they are a transient and self-limited deficit.
    - Essential voice tremor
    - Laryngeal hyperadduction

- Laryngitis
- Functional dysphonia [60-61]
- Supraglottic vocal hyperfunction [42]
- Members with stuttering (except when caused by traumatic brain injury, stroke, or neurogenic damage) [62]
- Members with developmental articulation errors that are self-correcting (e.g. word drills)
- Vocal training for gender identity disorder, as this is considered cosmetic
- Sign language training as an augment to primary spoken language
- Myofunctional disorders (e.g., tongue thrust)
- Chronic conditions flare-ups or exacerbations without acute exacerbation that do not meet the above criteria
- Idiopathic speech delays in members younger than 18 months old is considered experimental as it is unreliable to diagnose speech delays
- Functional feeding disorders

Applicable Billing Codes

Codes covered when clinical criteria are met:

Code	*Description*
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe effective therapy maintenance program, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9152	Speech therapy, re-evaluation
V5362	Speech screening
V5363	Language screening

Codes not covered for indications listed in this Guideline:

Code	*Description*
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) [not covered for ERBE electrocautery]
64550	Application of surface (transcutaneous) neurostimulator
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)

64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97810 - 97814	Acupuncture
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
E0745	Neuromuscular stimulator, electronic shock unit
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
J0585	Botulinum toxin type A, per unit
J0587	Botulinum toxin type B, per 100 units
L8510	Voice amplifier

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    b. Local Coverage Article: Coding Guidelines for Home Health SPEECH-LANGUAGE Pathology (A53052)

c. Local Coverage Article: SPEECH LANGUAGE Pathology (SLP) Services: Communication Disorders (A54111)
d. Local Coverage Article: SPEECH-LANGUAGE Pathology – Supplemental Instructions Article (A52866)
e. Local Coverage Determination (LCD): Home Health SPEECH-LANGUAGE Pathology (L34563)
f. Local Coverage Determination (LCD): Medicine: SPEECH LANGUAGE Pathology - Outpatient (L34311)
g. Local Coverage Determination (LCD): Outpatient SPEECH LANGUAGE Pathology (L34429)

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