Home Care - Speech-Language Pathology (SLP) Services

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Members recently discharged from the hospital and/or those diagnosed with certain medical conditions may require short-term skilled care at home for rehabilitation. When medically necessary, such services

can restore or improve functional independence and help train caregivers and family members in the member's ongoing care. Speech-language pathology (SLP) or speech therapy services are an example of skilled home care and when medically necessary, can be used to improve or restore functional skills of communication (speech production, fluency, language, cognition, voice, resonance, and hearing) and swallowing (oral, pharyngeal, and esophageal, including related feeding behaviors).

Speech therapy is appropriate for specific disorders that affect communication, swallowing, and cognition. According to the American Speech-Language-Hearing Association, a communication disorder is an impairment in the ability to receive, send, process, and comprehend verbal, nonverbal, or symbolic based information. Communication disorders can include speech disorders such as articulation, fluency, or voice; a language disorder including the form (rules that govern how sounds and words are structured), content (meaning of words and sentences), or function (pragmatic/social) of language; and hearing disorders including deafness and hard of hearing. Examples of disorders that affect *communication* may include chronic otitis media with conductive hearing loss, vocal cord injuries and/or conditions (e.g., edema, nodules, growths), stroke or cerebrovascular accident (CVA), injury or trauma, cerebral palsy, or encephalopathy. Signs of feeding and *swallowing* disorders may include: difficulty sucking, biting/chewing, moving foods within the mouth, taking a long time to eat, coughing or gagging during meals, having a gurgly, hoarse, or breathy voice during or after meals, or losing weight or not gaining weight or growing appropriately. Swallowing disorders may result from stroke or cerebrovascular accident (CVA), traumatic brain injury (TBI), cancer, congenital defect, certain genetic syndromes, or certain neurodegenerative disorders such as Parkinson disease (PD), or amyotrophic lateral sclerosis (ALS). Signs of a change in cognition can include reduced awareness and ability to communicate wants and needs, reduced memory, judgment, and ability to share information, or reduced ability in problem solving, reasoning, or judging potential consequences.

Speech pathology is generally coordinated by a multidisciplinary team of licensed speech-language pathologists, nurses, and prescribing clinicians. Treatments may consist of activities tailored to address the functional needs of the member in their own environment. These skilled interventions focus on improving speech, language production, cognitive function, 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 members who have normal inability to leave home without considerable and taxing effort (i.e., require an assistive device or the assistance of another person to leave home) AND one of 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 need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers, special transportation (when the member is unable to use common transportation such as a private automobile, bus, or taxi due to a medical condition), or the assistance of others to leave their place of residence.

When the member does leave home, the absence of the member from the home is infrequent or for short periods of time, such as to receive health treatment or adult daycare (non-residential program providing services during the day).

"Speech-language pathology (SLP)" therapy or "speech therapy" encompasses the diagnosis and treatment of communication and swallowing:

- Communication:
    - Cognitive deficits include problems with memory, executive functioning, attention, problem solving, decision making, organization of thoughts and ideas, and visuospatial processing.
    - A hearing disorder can include hearing loss, deafness, and auditory processing.
    - A language disorder consists of impaired comprehension and/or use of spoken, written, or other symbolic systems. It can include difficulty with phonology, morphology, syntax, semantics, pragmatics, vocabulary, and word retrieval, including receptive and expressive aphasias.
    - A speech disorder is an impairment of the articulation of speech sounds, fluency, and/or voice. It may include deficits such as problems with perception, motor or vocal production articulation, and phonology.
    - A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and disfluencies (e.g., repetitions of sounds, syllables, words, and phrases; sound prolongations; and blocks), which may also be accompanied by excessive tension, speaking avoidance, struggle behaviors, and secondary mannerisms.
    - An articulation disorder is the atypical production of speech sounds characterized by substitutions, omissions, additions, or distortions that can impact how well a person is understood.
    - A voice disorder is characterized by abnormal production of vocal quality, pitch, loudness, and resonance which is not appropriate for an individual's age or gender. Voice disorders can be caused by vocal cord injuries and conditions (e.g., edema, nodules, growths) resulting in conditions that affect voice quality, pitch, and loudness ranging from aphonia to hoarseness.
    - A resonance disorder is a deficit in resonance attributed to having too much or too little nasal and/or oral sound energy in the speech signal. They can result from structural or functional (e.g., neurogenic) causes and occasionally are due to mislearning (e.g., articulation errors that can lead to the perception of a resonance disorder). Resonance disorders include hypernasality, hyponasality, cul-de-sac resonance or mixed resonance.
- Swallowing:

- A feeding and swallowing disorder or dysphagia is characterized by difficulty moving food or liquid from the mouth (oral cavity), throat (pharynx), or esophagus to the stomach. Dysphagia can occur in the oral, pharyngeal, or esophageal stages.

"Speech-language pathologists (SLPs)" work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults. This treatment should be delivered by a licensed and, if applicable, certified speech-language pathologist.

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

"Instrumental activities of daily living (IADLs)" are activities that may be performed daily but are not fundamental for daily functioning. These include, but are not limited to: the use of public transportation, balancing a checkbook, community living activities, meal preparation, laundry, leisure activities and sports, and motor vehicle operation.

"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. This is different from rehabilitative treatment in that habilitative treatments are for individuals that have not developed to the expected level of function or have not yet met a development milestone; an example includes therapy for a child who is not talking at the expected age.

"Custodial care"or "long-term care" is non-skilled, personal care to maintain the member's ADLs or IADLs over a long-term duration and do not require oversight or skilled services by trained health professionals or technical personnel. These services are not part of a medical treatment plan for recovery, rehabilitation, habilitation, or improvement in sickness or injury. Custodial services may be provided in the home, assisted living facilities, nursing homes, or other settings. This type of care typically does not apply to plan benefits; please see the member's plan benefits.

"Hospice care / end-of-life care" is interdisciplinary and holistic care when curative or life-prolonging treatments are no longer beneficial.Services may focus on symptom control, psychosocial and spiritual care, nursing, or short-term acute services. Trained clinicians and support staff support individual and family quality-of-life goals. Hospice care can be provided in the home, skilled nursing facility, or hospital setting (for acute symptom management and stabilization before returning to the previous level of hospice care).

"Palliative care" is interdisciplinary and holistic care that focuses on symptom management, relieving suffering in all stages of disease, supporting communication, and assessing psychosocial, spiritual, social, and economic resources. Members may receive curative or life-prolonging treatment, and may not choose to receive hospice care or end-of-life care. Furthermore, palliative care provides support for individual and family quality-of-life goals.

Medical Necessity Criteria for Initial Clinical Review

General Medical Necessity Criteria

Speech-language pathology services in the home are considered medically necessary for initial requests when ALL of the following criteria are met:

1. The treatment plan is prescribed by a licensed provider (MD, DO, NP, or PA) as per state law; *and*
2. Services are provided by a licensed SLP who is also, if applicable, certified by ASHA (American Speech-Language-Hearing Association); *and*
3. Member meets the definition of homebound (see *Definitions* section); *and*
4. Medical necessity criteria in the appropriate MCG Home Care Optimal Recovery Guidelines or MCG Home Care General Recovery Guidelines are met; *and*
5. Member is motivated, alert, and, oriented (unless member has cognitive impairment and may not be fully oriented); *and*
6. Therapy is aimed at establishing or restoring function; *and*
7. 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*
8. The plan of care is sufficiently detailed to determine the necessity of SLP therapy and includes the following elements:
    a. A medical evaluation (qualified provider or practitioner within scope of state specific licensure) has been conducted within 30 days of the service dates; *and*
    b. 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*
    c. Prior level and current level of communication (including any prior device usage); *and*
    d. Assessment tools applicable to the member's age and medical condition; *and*
    e. Goals must be objective and measurable with the specific amount, frequency, and duration of the services. Short-term goals should be attainable in no more than 3 months, and long-term goals are attainable within a reasonable period of time (please check plan benefits for coverage); *and*
    f. Clearly and objectively measured progress over specific time frames; *and*
    g. Frequency and duration of treatment; *and*
    h. Specific treatment techniques to be used; *and*
    i. Discharge plan; *and*
9. 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.

General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care

For members receiving hospice/end-of-life or palliative care (please check plan benefits to verify hospice or palliative care benefit timeframes), speech-language pathology services in the home are considered medically necessary for initial requests when ALL of the following criteria are met:

1. The treatment plan is prescribed by a licensed provider (MD, DO, NP, or PA) as per state law; *and*
2. Services are provided by a licensed SLP who is also, if applicable, certified by ASHA (American Speech-Language-Hearing Association); *and*
3. Member meets the definition of homebound (see *Definitions* section); *and*
4. Member is terminally ill, presents with functional decline, and is certified by a medical practitioner for life expectancy less than twelve months for palliative care and less than six months for hospice/end-of-life care; *and*
5. SLP services are rendered as part of a hospice/end-of-life or palliative care program; *and*
6. ONE of the below:
    a. Member may receive curative treatment while receiving palliative care; *or*
    b. Member is not receiving curative treatment while in hospice/end-of-life care; *and*
7. Member is motivated, alert, and, oriented (unless member has cognitive impairment and may not be fully oriented); *and*
8. Therapy is aimed at establishing or restoring function; *and*
9. 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*
10. The plan of care is sufficiently detailed to determine the necessity of SLP therapy and includes the following elements:
    a. A medical evaluation (qualified provider or practitioner within scope of state specific licensure) has been conducted within 30 days of the service dates; *and*
    b. 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*
    c. Prior level and current level of communication (including any prior device usage); *and*
    d. Assessment tools applicable to the member's age and medical condition; *and*
    e. Goals must be objective and measurable with the specific amount, frequency, and duration of the services. Short-term goals should be attainable in no more than 3 months, and long-term goals are attainable within a reasonable period of time (please check plan benefits for coverage); *and*
    f. Clearly and objectively measured progress over specific time frames; *and*
    g. Frequency and duration of treatment; *and*
    h. Specific treatment techniques to be used; *and*

i. Discharge plan; *and*

11. 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.

Additional Qualifying Criteria for Dysphagia

SLP therapy for dysphagia must also meet the following criteria:

1. Member is at high risk of recurrent aspiration/choking and inadequate nutrition and hydration as evidenced by the results of a videofluoroscopic swallowing study (VFSS), i.e., modified barium swallow study (MBSS), or fiberoptic endoscopic evaluation of swallowing (FEES); *and*
2. Member has retained some swallowing function and shows stimulability to improve swallowing safety and efficiency in therapy as evidenced by the results of an VFSS, MBSS or FEES.

Additional Qualifying Criteria for Vocal Therapy

SLP therapy for vocal therapy is appropriate only for the following conditions and must include an ear, nose, and throat (ENT, or otolaryngologist) evaluation; if available and physically possible, a videostroboscopy should be conducted:

1. Vocal cord dysfunction (paradoxical vocal cord motion); *or*
2. Spasmodic dysphonia (SD); *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.

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Medical Necessity Criteria

Plan members who require continued SLP visits beyond the original plan of care may receive extended treatment when BOTH of the following criteria are met:

1. A completed re-evaluation documented by a qualified provider or speech therapist (SLP) practicing within the scope of state-specific licensure, which has been conducted within 30 days of the service dates; *and*
2. ONE of the below:
    a. Within the appropriate MCG Home Care Optimal Recovery Guidelines, the Extended Visits criteria are met; *or*
    b. Within the appropriate MCG Home Care General Recovery Guidelines, the member is still in General Treatment Course Stage 2 or has not met all milestones in Stage 3.

Subsequent Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care

Plan members who require continued SLP visits beyond the original plan of care may receive extended treatment when BOTH of the following criteria are met:

1. For an extension request/recertification for hospice/end-of-life or palliative care, please see plan benefits and requirements; *and*
2. Member meets medical necessity for extension requests when General Medical Necessity Criteria - Hospice / End-of-Life or Palliative Care continue to be met.

Experimental or Investigational / Not Medically Necessary

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

1. Homebound status is no longer met; *or*
2. Member reaches the predetermined goals or skilled treatment is no longer required; *or*
3. Member has reached maximum rehab potential; *or*
4. Goals will not be met and there is no expectation of meeting them in reasonable time; *or*
5. Member can safely and effectively continue their rehabilitation independently or with family or caregiver assistance; *or*
6. Member's medical condition prevents further therapy; *or*
7. Member refuses treatment; *or*
8. Member's behavior or home environment is deemed to be unsafe for effective therapeutic intervention.

SLP services are NOT considered medically necessary for the following:

1. Asymptomatic members or those without an identifiable clinical condition; *or*
2. 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*
3. Chronic illness / chronic flare-ups or exacerbations that did not result in a decline in function or related to an acute exacerbation, *or*
4. 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*
5. Custodial care or long-term care services; *or*
6. No expected improvement in functioning over a reasonable and predictable period of time (i.e., a "stable deficit"); *or*
7. Duplicative therapy services or programs; *or*
8. Treatment modalities that do not require a skilled speech-language therapist and can safely be conducted by the member alone or with family or caregiver assistance*; or*
9. 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*
10. Services aimed to identify or screen for members, including screening for hearing acuity; *or*

11. As a component of auditory rehab, except for a newly prescribed auditory device (e.g., cochlear implant or bone-anchored hearing aid [BAHA]); *or*
12. Treatment modalities for which SLP is not adequately supported by peer-reviewed literature include, but are not limited to:
    a. Facilitated communication
    b. Altered auditory feedback devices
    c. Auditory verbal therapy
    d. VitalStim® or equivalent electrical stimulation for swallowing disorders
    e. Sequential Oral Sensory (SOS) or equivalent therapy
    f. Voice amplifiers in the absence of illness or injury (do not meet DME requirements); *or*
13. Conditions for which SLP is not adequately supported by peer-reviewed literature include, but are not limited to:
    a. Transient ischemic attacks (TIAs), as they are a transient and self-limited deficit
    b. Essential voice tremor
    c. Laryngeal hyperadduction
    d. Laryngitis
    e. Functional dysphonia
    f. Supraglottic vocal hyperfunction
    g. Altered auditory feedback devices / communication aids for stuttering
    h. Members with developmental articulation errors that are self-correcting (e.g., word drills)
    i. Sign language training as an augment to primary spoken language
    j. Myofunctional disorders (e.g., tongue thrust)
    k. Chronic conditions flare-ups or exacerbations without acute exacerbation that do not meet the above criteria
    l. Idiopathic speech delays in members younger than 18 months old is considered experimental as it is unreliable to diagnose speech delays
    m. Functional feeding disorders

Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	*Description*
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92521	Evaluation of speech fluency (eg, stuttering, cluttering)

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	*Description*
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	*Description*
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
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 and effective speech-language pathology maintenance program, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9152	Speech therapy, re-evaluation
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

Table 2	
CPT/HCPCS codes not considered medically necessary for indications in this guideline:	
Code	*Description*
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)
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
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
E0745	Neuromuscular stimulator, electronic shock unit
E1399	Durable medical equipment, miscellaneous
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
L8510	Voice amplifier

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    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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Clinical Guideline Revision / History Information

Original Date: 4/11/2017
Reviewed/Revised:1/18/2018, 4/13/2018, 4/15/2019, 07/21/2020, 04/21/2021, 12/01/2021, 04/25/2022, 05/02/2023, 04/16/2024, 09/01/2025, 06/01/2026