

# Pediatric Care Network

## Precertification Guidelines

**Subject:** Speech and Language therapy

**Applies to:** Missouri.

**Purpose:** Speech and language therapy (ST) is a provided therapy benefit, Rehabilitative services for children 0 – 20 are provided without restriction beyond medical need. Missouri provides developmental therapies when services are not available through the school based system. This Guideline provides a resource to understand the various types and reasons for ST, and how to apply this benefit to our membership.

**Effective date:** February 1, 2012

**Revision(s):** May 13, 2014; August 5, 2015; November 13, 2015, February 8, 2016

### Policy:

**Statement of coverage decision:** PCN considers speech therapy medically necessary for members under the age of 21 who have a speech impairment, delay or disorder ("Speech Impairment") resulting from documented evidence of disease, trauma, structural malformation, congenital anomaly or prior therapeutic intervention (eg surgery or procedure) that has caused the member to lose previously acquired skills.

PCN generally follows Milliman Guidelines for specific rehabilitation diagnoses when available. 2014 Milliman Care Guidelines exist for several speech and language disorders (apraxia, developmental speech, dysarthria, aphasia, cognitive communication disorders, voice disorders, fluency, and dysphagia). If there are no criteria, PCN uses these general guidelines for medical necessity determinations.

**Developmental therapies: In Missouri:** Speech therapy services provided to a member from birth up to age three with an Individualized Family Services Plan (IFSP) developed and provided by an Early Intervention Program (EIP) are not provided by PCN.

Members over age three with a Speech Impairment likely to impact optimal educational performance will typically receive services through the local educational agency (LEA). This requires an evaluation to determine the level of services that may be required. The LEA has the primary responsibility for providing and paying for the needed speech therapy that results from the Speech Impairment; therefore, PCN expects the LEA to work, in conjunction with the member's parent(s) or guardian(s) to develop, an Individualized Education Program (IEP) for the member and to provide and pay the expenses for the speech therapy services described in the IEP as required by law.

PCN may approve a reasonable period of time of up to 3 months for speech therapy while an IEP is being developed. PCN also provides therapy during times when school services are not available, such as summer break, transitions between school systems, or a child in private school where therapy is not available at the school, and the child's caregivers do not agree with ST at the local area public school.

- **Criteria for coverage:** Milliman Guidelines provide indications for a number of speech and language disorders. Please reference Milliman for specific clinical findings that support therapeutic intervention. In addition to those clinical guidelines, any one of the following:
  - Speech or language therapy requires prior authorization after the initial evaluation has been performed and is considered medically necessary in children under the age of 21 when **all** of the following criteria have been met.
    - The member's condition requires treatment of a level of complexity that can only be safely and effectively performed by a licensed speech therapist
    - The treatment program is expected to significantly improve the member's condition within a reasonable and predictable period of time;
    - The amount, frequency, and duration of services are reasonable by professionally recognized standards of care for speech/language therapy;
    - Services are provided under the care of a licensed physician, licensed physician assistant, or nurse practitioner, with a written treatment plan that has been developed in consultation with a licensed speech therapist;

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- The Speech Impairment is a result of disease, trauma, an underlying structural malformation, congenital anomaly or previous therapeutic process;
- This may also include: the member's communication abilities are not comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background. This would typically be a delay of 25% or more in attaining speech and language milestones
- The member must have one of the following qualifying clinical conditions that include but are not limited to:
  - Aphagia and dysphagia
  - Brain injury secondary to trauma, cerebral vascular accident, brain tumor
  - Children who have profound hearing loss and who are under evaluation for cochlear implantation
  - Gastrointestinal reflux disease severe enough to cause vocal cord inflammation
  - Neurological conditions such as Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis, Huntington's disease, myasthenia gravis and verbal apraxia.
  - Neuromuscular disorders such as cerebral palsy
  - Oral motor apraxia confirmed by standardized testing
  - Sensorineural hearing loss
  - Structural anomalies related to cleft palate and cleft lip
  - Stuttering that persists past the common stage of dysfluency that occurs in preschool children.
  - Vocal cord surgery, laryngectomy, or radiation therapy
  - Voice disorders that include vocal cord dysfunction, nodule and polyps
- **Developmental ST:** Developmental Speech and language concerns are evident when a child is below age and gender based norms using a formal evaluation measure. It may be receptive, expressive, or mixed. Typically, the child is at 25% or lower than the performance of his/her peers. This type of therapy is often provided through state supported programs.
  - PCN may approve a reasonable period of time for ST services while an IEP is being developed or modified.
  - PCN may approve additional therapy outside of the school-based system when there is a complex medical need that requires specialty therapy that cannot be provided in the school setting. The treatment plan must document significantly different treatment modalities and goals than what is noted in the IFSP or IEP.
- **Coverage includes** all medical/psychological assessments including written assessment reports and participation in team meetings conducted to determine a child's need for special education and treatment services in the context of the child's physical, developmental, social, and educational history and current circumstances. PCN coordinates such covered services with the LEA when a need for assessment/co-ordination is identified.
- **Expected therapy schedules:**
  - For Mild disorders: therapy would be 2 – 4 times a month, and require home program. Therapy time would be 30 – 60 minutes per session.
  - Mild – Moderate or Moderate: weekly therapy, time of therapy 30 – 60 minutes a week
  - Moderate-Severe: 1 – 2 times a week, weekly time 60 – 120 minutes.
  - Severe disorder: 2 – 3 times a week, total therapy time each week 60 – 180 minutes.
  - Apraxia treatment: 3 – 5 times a week, 90 minutes or more.
- **Authorization process:** Refer to Attachment A: PCN Outpatient Therapy Approval Process for clarification on number of visits which may be approved for acute injury/illness, developmental delay, gap therapy and extension of services.

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- **Gap Therapy:** Therapy will be covered by PCN for extended school year services when there is an IEP or IFSP in place, but care is not available from the agency for more than a 2-week period of time such as during summer break. Member must be responding to therapy and plan to resume services with the state agency after the break. Refer to Attachment A: PCN Outpatient Therapy Approval Process for clarification on number of visits which may be approved.
- **Second Opinion:** To determine if speech therapy services are medically necessary, a second opinion may be requested by the PCN Medical Director before any speech therapy visits are approved.
- **Discontinuation of authorization:**
  - Child has met goals
  - Non-compliance with visits and/or home program
  - Child has begun to receive services through another program, such as IFSP or IEP
- **Reasons for non-coverage:**
  - Speech therapy for the treatment of Speech Impairments that include attention deficit disorders (ADD, ADHD), behavior problems, conceptual handicaps, mental retardation, psychosocial speech delay, and autism spectrum disorders (including infantile autism, pervasive developmental delay, disintegrative disorder, Asperger's or Rett's syndrome) are considered educational in nature and are the primary responsibility of the LEA (inclusive of all IEP related services).
  - The LEA is also responsible for interim summer speech therapy programs and services included in the IEP of members with Speech Impairments severe enough to necessitate 12 months of structured learning to prevent substantial regression.
  - Speech therapy needs established Early Intervention, and defined in a child's IFSP when provided outside of the Early Intervention program.
  - Maintenance speech therapy that consists of services that preserve the patient's present level of function and can be performed safely and effectively without the skilled assistance of a qualified therapist. Maintenance begins when the therapeutic goals of the treatment plan have been reached or when additional progress is not expected to occur
  - Treatment plans that address a self-correcting dysfunction such as natural dysfluency or developmental articulation errors that are within the expected norm for age.
- **Medical background:** Speech therapy is the evaluation and treatment of speech impairments with regard to the functions of articulation, language, voice, and fluency or a dysfunction of a related impairment such as difficulty in swallowing. A comprehensive initial evaluation is recommended before a full treatment plan is developed. All speech therapy treatment plans should contain the treatment techniques, frequency of treatment, short and long-term goals and the duration of treatment.

Speech therapy services in an educational setting are health related services that are provided and funded by the school system to enable the school-aged child to have access to free and appropriate education. Sometime, therapy services in the school setting overlap medically based therapy. In the event that a child qualifies for specially designed education or related services, schools are required to develop an IEP that includes an evaluation and care plan that determines appropriate placement based on the child's unique needs and disability. When school based therapists identify therapy needs that exceed the scope of school-based services and there are additional medical needs for speech therapy, the child is referred to their primary care physician with a recommendation for additional medically based therapy without incurring the school's responsibility to pay for that therapy. However, when a child's therapy needs are sufficiently met by school-based therapy, a discontinuation of additional medically based therapy is warranted.

In Missouri, it is expressly stated that Medicaid provides therapies when needed beyond the IFSP or IEP therapies. As noted in the General Benefits Manual under expanded services for children 20 and younger: "Therapy services (physical, occupational, and speech) that are not identified in an IEP or IFSP. This includes maintenance, developmental, and all other therapies."

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### Definitions:

- **Speech Therapy:** The evaluation and treatment of Speech Impairments with regard to the functions of articulation, language, voice, and fluency or a dysfunction of a related impairment such as difficulty in swallowing.
- **Articulation disorders (Phonological disorders):** The inability to produce individual speech sounds clearly and difficulty in combining sounds correctly for words. Speech sounds are characterized by substitutions, omissions, additions or distortions. Motor articulation disorders involve damage to the central or peripheral nervous system. Functional articulation disorders do not have any known cause.
- **Fluency disorders:** The interruption in the flow of speech or stuttering.
- **Language disorders:** The inability to comprehend and/or appropriately use language for communication that can affect listening, talking, reading and/or writing. Listening and reading are considered parts of receptive language, which is the ability to understand. Speaking and writing are components of expressive language, which is the ability to produce language.
- **Mixed Receptive-Expressive Language disorder:** The combination of language comprehension difficulties and expression weaknesses. When severe, other pathologic processes should be investigated, such as mental retardation, autism spectrum disorders, and hearing impairment.
- **Swallowing/Feeding disorders:** Difficulty sucking, chewing, and moving food or liquid into the throat, and down the esophagus.
- **Vocal cord dysfunction:** A respiratory disorder caused by the paradoxical closure of the vocal cords during breathing that leads to airway obstruction.
- **Voice disorders:** Abnormal quality, pitch, resonance or duration of voice. The ability to produce speech is present but not effective.
- **ECI:** Early Childhood Intervention
- **ITS:** Infant Toddler Services
- **IEP:** Individual Education Plan
- **IFSP:** Individualized Family Service Plan
- **LEA:** Local Educational Agency
- **MHD:** MO HealthNet, the Missouri Managed Medicaid Plan.
- **Aphagia:** Inability to swallow
- **Aphasia (Dysphasia):** Impairment in language function resulting from brain damage caused by a stroke, or trauma. The condition may range from very mild to very severe but it usually involves some loss in the four modalities of listening, talking, reading and writing
- **Aphonia:** Total loss of voice
- **Apraxia/dyspraxia:** A neurological disorder that describes the inability to form words or speak, despite the ability to use the oral and facial muscles to make sounds
- **Cognitive-Linguistic Impairment:** Impairment in cognition (often referred to as executive function or "thinking" impairment) and involving deficits in attention to task, organizational skills, recall/memory, and reduced insight into deficits. These impairments are frequently seen in traumatic brain injury, right-sided stroke and can range from mild to severe.
- **Dysarthria:** Impairments or clumsiness in the uttering of words due to diseases that affect the oral, lingual or pharyngeal muscles; speech may be difficult to understand, but the ability to communicate is present
- **Dysphagia:** Difficulty in swallowing
- **Dysphonia:** Difficulty in speaking; hoarseness
- **Habilitative:** Therapy or services designed to assist someone in doing an activity or skill that he/she has not yet achieved. It is directed at improving skills.
- **Intelligibility:** The ability to be understood by others.

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- **Perseveration:** Involuntary word or phrase repetition beyond appropriateness of meaning
- **Pragmatics:** The social use of language, which includes conversation, volume and body language.
- **Rehabilitative:** Also called restorative. Therapy or services designed to assist someone in regaining a function or skill lost suddenly due to an acute physical trauma or illness.
- **Stuttering:** Disruption in the fluency of speech; affected persons repeat letters or syllables, pause or hesitate abnormally, or fragment words when attempting to speak. Stuttering can be mild to severe and can involve secondary characteristics such as rapid eye blinks, tremors of the lips and/or jaw or other struggle behaviors of the face or upper body that a person who stutters may use in an attempt to speak as a way to get through a block. Stuttering affects individuals of all ages but occurs most frequently in young children between the ages of 2 and 6 who are developing language. Persistent developmental stuttering is developmental stuttering that has not undergone spontaneous or therapy related remission. Acquired stuttering in a previously fluent individual is uncommon, and may have a neurologic origin that is affecting brain function. Psychogenic stuttering may follow emotional trauma.
- **Screening Measures:** PCN expects that members diagnosed with a Speech and/or Language disorder would have undergone an evaluation process with a trained and certified Speech Therapist. There are several tools available that are widely recognized and accepted. A few examples are:
  - General Screens: Ages and Stages; Parents Evaluations of Developmental Status (PEDS), and Parents Evaluations of Developmental Status: Developmental Milestones (PEDS:DM)
  - Language Specific: MacArthur-Bates CDI; Language Development Survey (LDS), Receptive-Expressive Emergent Language (REEL)
  - Goldman-Fristoe Test of Articulation (GFTA2)

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## Attachment A: PCN Outpatient Therapy Approval Process

<b>Initial therapy request for acute injury/illness</b>
Staff may approve the following:
<ul style="list-style-type: none"> <li>Mild-moderate impairment = 1 visit per week for 12-24 weeks</li> <li>Severe impairment = 2-3 visits per week for 12-24 weeks</li> </ul>
❖ Request for therapy beyond these limits requires medical director review
<b>Initial therapy request for developmental delay</b>
For child less than 3 years of age who does not have IFSP, does not qualify for IFSP, is in the process of getting an IFSP, or has IFSP but parent chooses not to receive these services
OR
For school age child who does not have IEP, does not qualify for IEP, is in the process of getting an IEP, or has IEP but parent chooses not to receive services through the school system
OR
For child who has IFSP & is receiving services through infant toddler program, or who has IEP & is receiving services through the school district, but has extensive needs beyond what is covered in IFSP or IEP, staff approval approve the following:
<ul style="list-style-type: none"> <li>Mild-moderate delay = 1 visit per week for 12-24 weeks</li> <li>Severe delay = 2-3 visits per week for 12-24 weeks</li> </ul>
❖ Request for therapy beyond these limits or for duplication of services covered under the IFSP/IEP requires medical director review. If it is clear that services are NOT being duplicated under the IFSP/IEP, staff may approve without sending for review.
✚ If no IFSP or IEP in place, staff will refer to Melody Derks for care coordination and send therapy approval letter with language listed in Attachment B
<b>Request for extension of therapy for acute injury/illness or developmental delay</b>
If documentation is submitted showing patient is making progress toward goals & is compliant with therapy, staff may approve additional visits up to a total of 72 in 3-6 month intervals before sending for medical review as follows:
<ul style="list-style-type: none"> <li>Mild-moderate impairment/delay = 1 visit per week for 12-24 weeks</li> <li>Severe impairment/delay = 2-3 visits per week for 12-24 weeks</li> </ul>
❖ Request for therapy beyond these limits or for duplication of services covered under the IFSP/IEP requires medical director review. If it is clear that services are NOT being duplicated under the IFSP/IEP, staff may approve without sending for review.
<b>Request for gap therapy</b>
If IEP or IFSP in place, care is not available from the agency for more than a 2 week period of time, patient is responding to therapy and plans to resume services with the state agency after the break, staff may approve the following:
<ul style="list-style-type: none"> <li>Mild-moderate delay = 1 visit per week for 12-24 weeks</li> <li>Severe delay = 2-3 visits per week for 12-24 weeks</li> </ul>

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- ❖ Request for therapy beyond these limits or for duplication of services covered under the IFSP/IEP requires medical director review. If it is clear that services are NOT being duplicated under the IFSP/IEP, staff may approve without sending for review.

### Attachment B: Therapy Approval Letter Language if no IFSP or IEP

#### For child less than 3 years of age who does not have IFSP

We have received a request for (ST, OT, PT) for (NAME OF CHILD). We have approved the requested services but wanted to inform you that these types of services are usually not provided by the health plan. Missouri Medicaid provides for these types of services through First Steps for children under the age of 3 years and through the school systems for children age 3 and over. First Steps may complete an evaluation and Individualized Family Service Plan (IFSP). They will then help you arrange therapy based on the results of the IFSP. We are approving (# VISITS OF ST, OT, PT) therapy visits for **CHILD'S NAME** to start (THERAPY TYPE) therapy until therapy can be evaluated and/or provided by these programs. We have approved # therapy visits; the authorization is valid; **DATES OF AUTH.**

**It is important that you contact First Steps for information about getting an evaluation.** The toll free phone number for First Steps is 1-866-583-2392. If you need help with this process to get an evaluation scheduled, you can call our Care Managers at 1-888-670-7262. If CHILD'S NAME is not eligible for services with the school district or the process will take too long, your provider can ask us to approve therapy in a clinic. Please see the member handbook that says we review therapies. Additional requests for therapy outside the state based programs will be reviewed prior to approval.

#### For school age child who does not have IEP

We have received a request for (ST, OT, PT) for (NAME). We have approved the requested services but wanted to inform you that these types of services are usually not provided by the health plan. (NAME) is having trouble with (INSERT PROBLEM) and may benefit from the therapy requested. Missouri Medicaid provides for these types of services through the school systems. The school district may complete an evaluation and Individualized Education Plan (IEP). They will then help you arrange therapy based on the results of the IEP. We are approving (# type of therapy) therapy visits for **CHILD'S NAME** to get therapy started until therapy can be evaluated and/ or provided by these programs. We have approved # (TYPE of therapy) therapy visits; the authorization is valid **DATES OF AUTH.**

**It is important that you contact your local school district for information about getting an evaluation.** If you need help accessing your local school district for an evaluation, you can call our Care Manager at 1-888-670-7262. If CHILD'S NAME is not eligible for services with the school district, or the process will take too long, your provider can ask us to approve therapy in a clinic. Please see the member handbook that says we review therapies and the section related to school based services. Additional requests for therapy outside the school or state based programs will be reviewed prior to approval.

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### References:

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**Policy drafted by:** PCN Clinical Services Committee

**Policy approved by:** Tim Johnson, DO, CMPCN Medical Director

**Update approved by:**

Clinical and Quality Management Committee – March 23, 2012; June 17, 2013; May 27, 2014, February 9, 2016

Medical Management Committee – June 17, 2013, May 19, 2014, August 17, 2015, February 15, 2016