Speech therapy - habilitative

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for habilitative speech therapy.

Oral motor, feeding and swallowing problems are evaluated for coverage under the Feeding/oral function therapy, pediatric policy.

Coverage

Habilitative speech therapy is available when it meets the definitions below and is subject to the following indications.

Habilitative therapy services are covered only when provided in a clinic, office or in an outpatient setting and ordered by either a primary care provider or specialist.

Indications that are covered

1. Must have written orders from primary care or specialist provider. Autism diagnoses and treatment recommendations must be made by a psychiatrist, psychologist or developmental pediatrician who has training and expertise in autism spectrum disorder and child development.
2. To be eligible for speech therapy services, evaluations must include age-appropriate standardization tests documenting a condition/developmental delay resulting in articulation abilities or impairment of the initiation of language skills (expressive or receptive language) that are:
   A. At or below the 10th percentile or 1.5 or greater standard deviations below the norm for the member’s age; and
   B. Below the average functionality for 12 year olds.

   When standardized testing that determines standard deviation or percentile ranking cannot be completed, age equivalency scores will be accepted. As age equivalency scores are the least accurate statistical measurement, standard deviation scores or percentile rankings are preferred. To constitute the basis for coverage of habilitative speech therapy, the age equivalency testing must show at least a 25% delay based upon the age of the child in months.

3. Speech therapy services for dysfluency (stuttering) are eligible for coverage when age-appropriate standardized tests demonstrate either:
   A. Stuttering Like Dysfluencies (SLD) greater than or equal to 10/100 (10%); or
   B. Secondary physical manifestations such as clenching jaw, blinking, expelling breath; or
   C. Stuttering Severity Index (SSI) of Moderate.
4. Treatment goals should promote achievement of developmental milestones appropriate to the member’s age and condition.
5. Annual evaluations from providers are required for ongoing treatment and should contain specific documentation regarding progress towards goals. Periodic re-evaluations are required to document functional progress and the continued need for therapy.
6. For continued habilitative therapy coverage, members must continue to demonstrate a significant delay (e.g., 1.5 standard deviations), must demonstrate measurable functional improvement, and must continue to function below the 12 year old level.
7. A discharge plan, with proposed treatment duration, must be submitted that demonstrates plans to wean services once the above criteria are no longer met.
8. For members no longer meeting coverage criteria, a weaning process of three to six months will occur. If regression in function occurs, services will be re-evaluated for coverage.

Indications that are not covered

1. Group therapy, except when used in the context of a child diagnosed with autism.
2. Educational therapy.
3. Therapy when measurable functional improvement is not expected or progress has plateaued.
Accent/Dialect Reduction.

4. Therapy to improve attention, memory, problem solving, organizational skills and time management.

5. Skills typically acquired after 12 years of age.

6. Therapy to improve speech for a second language.

**Definitions**

**Educational therapy** refers to skills that are typically taught in a school or educational setting.

**Habilitative speech therapy** is care rendered for conditions which have significantly limited the successful initiation of normal speech development. To be considered habilitative, measurable functional improvement and measurable progress must be made toward achieving functional goals, within a predictable period of time toward a member’s maximum potential.

**Functional skills** are defined as essential activities of daily life common to all members such as communication. Measurable progress emphasizes mastery of functional skills and independence in the context of the member’s potential ability as specified within a care plan or treatment goals.

**Measurable functional improvement** for habilitative therapy will be assessed by comparison of the progress towards goals as documented in current progress reports. The determination of whether measurable progress is being made is at the sole discretion of the medical director and his or her designee and is made on a case by case basis. In cases where progress is questioned, the medical director and his or her designee will consult with the treating therapist, and/or a speech therapist consultant when making the coverage determination.

**References**


**Products**

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-983-7979 or 1-800-233-9645.

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