

SPEECH PATHOLOGY SERVICES

Issue Date: April 19, 1983

Authority: [32 CFR 199.4\(g\)\(45\)](#)

I. PROCEDURE CODE RANGE

92506 - 92508, 92551 - 92599

II. POLICY

A. Services which have been demonstrated to be capable of reliably confirming the severity of impaired speech attributable to a physical impairment may be cost-shared when medically necessary and appropriate.

B. Services which have been demonstrated to be usually capable of reducing or arresting the severity of impaired speech attributable to a physical impairment may be cost-shared when medically necessary and appropriate.

C. Speech pathology services rendered by other than a physician must be ordered by, and under the general supervision of, a physician.

D. **There must be a reasonable expectation that the service will produce significant improvement in the patient's condition in a reasonable and generally predictable period of time or that the services are necessary to the establishment of a safe and effective maintenance program required in connection with a specific medical condition.**

III. CONSIDERATIONS

A. Physical impairments which qualify as a basis for allowable speech pathology services include, but are not limited to:

1. Brain injury or insult (such as traumatic brain injury, stroke/cerebrovascular accident);
2. Congenital anomalies (such as cleft lip and cleft palate);
3. Neuromuscular disorders (such as cerebral palsy);
4. Sensory disorders.

a. Hearing loss greater than 25 decibels **as determined by audiologic function tests.**

b. Developmental hearing delay attributed to medically documented chronic middle ear effusion or recurrent acute otitis media during the formative years of speech (through age 4 years) which contributed materially to a delay in either speech or language qualifies as a sensory disorder;

5. Dysfunction resulting from a therapeutic process (such as vocal cord surgery, laryngectomy or radiation therapy);

6. Vocal cord nodules, either in lieu of surgery, or as pre-operative treatment.

B. Utilization review elements for contractors. These considerations, or other specific elements of the contractor's choice, shall be used to provide timely oversight of speech pathology medical necessity. Contractor's may use utilization review elements in pre-payment control or post-payment analysis processes, which ever the contractor documents is most efficient.

1. Individual speech therapy session of more than 30 minutes for a beneficiary five years of age or less should be reviewed for medical appropriateness.

2. Group speech therapy is allowable not to exceed 90 minutes in session duration.

3. Outpatient speech therapy utilization review points.

1st session (beneficiaries age 3 to 21 only) develop for IDEA-related exclusion upon receipt of initial claim.

30th session (all beneficiaries): Contractor must provide medical review for medical necessity of continued therapy and may require the provider to submit reports at designated intervals for contractor medical review of continued medical necessity.

4. Continued cost-sharing must be based upon demonstrated reduction or arrest of the severity of the speech dysfunction.

5. The contractor may require, with the concurrence of the beneficiary (parent or guardian) who will be responsible for additional cost-share, an independent assessment of the severity of the dysfunction being treated when, in the contractor's judgment, such an assessment is necessary to adjudicate the medical necessity of continued cost-share of speech therapy. If the beneficiary does not agree to an independent assessment, the contractor may deny further services based upon the available information.

C. This issuance applies to TRICARE/CHAMPUS and the Program for Persons with Disabilities (formerly known as Program for the Handicapped) benefits.

IV. LIMITATIONS

A. For beneficiaries aged 3 to 21 who are receiving special education services from a public educational agency, cost-sharing of outpatient speech pathology services that are

required by the Individual with Disabilities Education Act (IDEA) special education Individual Education Plan (IEP) is excluded except when the intensity or timeliness of IEP required speech pathology services as proposed to be delivered by the educational agency is not appropriate medical care.

1. The beneficiary must provide written documentation that they have requested a due process hearing from the local educational agency regarding the IEP limitations on the intensity of speech pathology services or delay in the receipt of medically necessary speech pathology services, and

2. The beneficiary's physician provides documentation that the anticipated delay in the receipt of therapy is expected to adversely affect the clinical outcome for the specific beneficiary, and

3. The beneficiary's physician's conclusion is confirmed by contractor medical review, and

4. For wait-listed services the beneficiary's public school (local education agency) certifies in writing (1) that all intake for speech therapy service is drawn from a single waiting list and (2) specifies in writing the anticipated length of the waiting period for the individual beneficiary in need of service.

B. The contractor shall provide written notification to the beneficiary's parent or guardian that any TRICARE payments for IEP required speech pathology services must be repaid to TRICARE should the local education agency reimburse the beneficiary for the expense of speech pathology services as a result of the beneficiary's IEP due process hearing.

V. EXCLUSIONS

A. Treatment for speech disturbance of non-organic origin is excluded. The existence of concurrent acute or chronic diagnoses of non-organic origin and impaired speech of acquired or congenital organic origin does not invoke this exclusion. Impaired speech attributable solely to a mental disorder would invoke this exclusion. For example, diagnoses of dysphagia (ICD-9-CM 787.2) secondary to conversion disorder (ICD-9-CM 300.11) would invoke this exclusion while diagnoses of dysphagia (ICD-9-CM 787.2) and moderate mental retardation (ICD-9-CM 318) secondary to Down Syndrome (ICD-9-CM 758.0) would not invoke this exclusion.

B. Myofunctional or tongue thrust therapy is excluded as an unproven procedure.

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