

Aetna Better Health[®] of Texas

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AETNA BETTER HEALTH[®] OF TEXAS

Speech Therapy Policy

The purpose of this policy is to provide criteria for the prior authorization review of requests for speech therapy for the treatment of speech and language delay including articulation and stuttering disorders.

Policy

For initial evaluations, the provider must submit a request for prior authorization signed by the primary care physician (Stamped signatures will not be accepted), along with records from that physician documenting the detection of a speech/language delay. For treatment, initial or continuing, the provider must submit the results of the most recent evaluation including results of standardized testing using an approved test (Please see appendix.), an order and treatment plan signed by the primary care physician. The treatment plan should contain specific goals, the prognosis for achieving these goals, and include the provision of a home exercise program (HEP) with the frequency that the caregiver is to perform the HEP specified. Speech therapy may be authorized for no longer than six months duration.

Medical Necessity

Speech therapy is a covered benefit when medically necessary. This policy specifically addresses medical necessity of requests for speech therapy for language or articulation delay, or disfluency (stuttering). Before the initiation of speech therapy, the treating physician must order a comprehensive evaluation of the member's speech/language potential. This evaluation must be pre-authorized, and the results, including standardized testing appropriate for the child's age, and the treatment plan, signed by the provider, must be submitted in support of a request for therapy. Speech therapy is not considered medically necessary for normal developmental variations which are self-correcting.

The speech evaluation for children with developmental delay should include a generally accepted standardized test that reports results as a normalized score with standard deviation. Speech therapy will be approved for scores > 1.5 standard deviations below the mean for tests with a mean of 100 (<75), and

> 1.33 standard deviations below the mean for tests with a mean of 10 (<6). Please include any behavioral observations, psychosocial factors, and pertinent past history in the assessment. In the unusual circumstance that standardized testing cannot be completed after more than one attempt, tests with criterion-referenced age equivalency scores may be considered as an acceptable alternative. In this circumstance, speech therapy may be approved if the functional age equivalency is 65% or less than the chronological age. Speech therapy may be approved for 3 months by the medical director pending a re-evaluation.

Requests for treatment of disfluency must be accompanied by a standardized evaluation such as the Stuttering Severity Instrument for Children and Adults (SSI) and a description of concomitant features. Disfluency is a common condition in young children with onset after age 3 and is usually self-correcting by age six to seven. This is sometimes referred to as normal non-fluency and is not an indication for speech therapy.

The number of therapy visits authorized will be based on the severity and type of condition. Frequency of therapy is expected to be 1-2 times per week up to a maximum of 3 times per week for severe problems. There is no evidence that therapy more often than 3 times per week improves outcomes.

Initial therapy will not be approved when:

1. The test results are in the normal range.
2. The language delay is the result of English being a second language.
3. The proposed therapy is considered to be experimental and investigational.
4. The proposed therapy is solely educational such as grammar, vocabulary or other subjects which are part of a school curriculum.

A re-evaluation is required every 6 months for continuation of therapy unless the medical director requests it more frequently. The same standardized tests must be utilized for re-evaluation as were used to evaluate the member initially unless these are no longer appropriate for the member's age.

A request for continuation of therapy must include the following documentation:

- A referral and authorization form, including a current, handwritten prescription and/or treatment plan with the original physician's signature and date
- Documentation of progress made from the beginning of the previous treatment period to the current service request date, including progress towards previous goals and the number of treatments used to date from the previously authorized visits.
- Documentation of the parent/member's attendance and participation in the therapy sessions.
- Documentation of the provision of a home exercise program and the parent/member's performance of that program.
- Assessment of the member's capability for continued measurable progress
- A proposed treatment plan for the requested extension dates with specific goals related to the client's individual needs.

Results of patient-specific measures should demonstrate that the individual is consistently improving and that a plateau (i.e., where no additional meaningful improvements are being measured or are expected to occur) has not been reached.

Continued therapy is no longer medically necessary and will not be approved when:

1. Test scores have improved to within 1.33 SD from the mean; or
2. The member has not made significant progress towards meeting goals and/or improvement in standardized scores.

If the member has actively participated in the treatment plan and has made measurable progress towards language goals in the first six months, an additional six months may be approved. Further therapy will not be approved if there is no improvement in standardized test scores by 12 months. If continuation of therapy is not approved because the child has reached goal or is no longer progressing, he/she may be re-evaluated in 3-6 months to determine if deterioration of function has occurred and additional therapy is medically necessary.

If therapy for language delay is to be continued beyond 12 months and the member has no underlying medical condition associated with developmental delay (Autism, Autism Spectrum Disorder, or Pervasive Developmental Disorder), the member must be seen by the primary care provider (PCP) for developmental assessment. This should include the Ages and Stages Questionnaire (ASQ) or the Parents' Evaluation of Developmental Status PEDS) together with the Modified Checklist of Autism in Toddlers (M-CHAT). If the PCP is not able to perform this assessment, the member may be referred to a developmental pediatrician or a pediatric neurologist. Therapy may be authorized for a period of up to 2 months beyond the date of the scheduled evaluation.

Therapy providers are required to refer children younger than 35 months to Early Childhood Intervention within 2 business days of identification according to Sec. 5.1.5 of the Texas Medicaid Providers Manual. In addition, therapy providers must refer preschool children to Head Start, or to the school district for evaluation for inclusion in the Preschool Program for Children with Disabilities (PPCD) depending upon the severity of the child's developmental delay, or provide documentation of parental refusal. If the child is enrolled in school, therapy providers must coordinate services with the school, including obtaining a release of information or document refusal of the parents to consent.

Please fax completed referral forms and clinical information to Aetna Better of Texas:
866-835-9589.

For assistance with coordination of care, members changing health plan or therapy providers, call Aetna Better Health of Texas Member Services:
Tarrant Medicaid 800-306-8612,
Tarrant CHIP 800-245-5380;
Bexar Medicaid 800-248-7267,
Bexar CHIP 866-818-0959.

To appeal a denied or partially denied service, please refer to the denial letter and the Aetna Better Health of Texas provider manual for the process.

Acceptable Standardized Tests (list is not all inclusive)

- Arizona Articulation Proficiency Scale-3 (AAPS)
- Preschool Language Scale-5 (PLS-5)

- Clinical Evaluation of Language Fundamentals (CELF)
- Clinical Assessment of Articulation and Phonology (CAAP)
- Expressive One-Word Picture Vocabulary Test (EOWPVT)
- Goldman Fristoe Test of Articulation -2 (GFTA-2)
- Oral Written Language Scale (OWLS)
- Peabody Picture Vocabulary Test-2 (PPVT-3)
- Receptive Expressive Emergent Language-3 (REEL-3)
- Receptive One-Word Picture Vocabulary Test (ROWPVT)
- Test of Language Development (TOLD-P4)
- Stuttering Severity Index (SSI-3)
- Spanish Preschool Articulation Test (SPAT)

Note: We will accept any normed test that measures the functional area of the potential delay.