

01-92506-01

Original Effective Date: 09/15/02

Reviewed: 02/27/25

Revised: 03/15/25

Subject: Speech Therapy Services

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Speech therapy is the treatment of communication impairment and swallowing disorders. Speech therapy services aid in the development and maintenance of human communication and swallowing through assessment, diagnosis, and treatment.

POSITION STATEMENT:

NOTE: Refer to member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusions, or criteria applicable to speech therapy services (see **PROGRAM EXCEPTIONS**).

Speech therapy services for swallowing disorders and speech-language disorders **meet the definition of medical necessity** when the following conditions are met:

- The level of complexity or the member's condition requires that the services be performed by or under the direct supervision of a qualified speech pathologist, **AND**
- The services meet accepted standards of practice, **AND**
- The services are specific and effective treatment for the member's condition, **AND**
- The services are rendered in accordance with a physician directed treatment plan, **AND**
- For continued therapy, the plan of care should be updated as the member's condition changes

Prior to the initiation of speech therapy, a comprehensive evaluation of the member's speech and language potential is required. The initial speech and language evaluation should be performed by a qualified provider of speech therapy services, and should include:

- Specific statements regarding history and diagnosis
- Standardized, age-appropriate testing results
- Specific short-term and long-term goals with measurable objectives
- The specific techniques and/or exercises to be used in the treatment, and
- The frequency and duration of the treatment

Speech therapy services **meet the definition of medical necessity** when performed to improve or restore speech in members who have a swallowing or speech-language disorder that is associated with:

- An illness or condition (e.g., dysphagia, GERD)
- An exacerbation of a chronic illness or condition
- An injury or trauma
- A surgical procedure
- A congenital defect (e.g., cleft palate, cleft lip, etc.)
- Cerebrovascular accident (stroke)

Speech therapy is typically offered in school settings and in developmental learning centers. Speech therapy services **do not meet the definition of medical necessity** for conditions such as, but not limited to, the following:

- Behavioral problems
- Attention disorders
- Learning disabilities
- Developmental delay
- Stammering, stuttering

Anti-stuttering devices (e.g., SpeechEasy; Speech Monitor) **do not meet the definition of medical necessity**.

In cases where the member receives both occupational and speech therapy, treatments should not be duplicated and separate treatment plans and goals should be provided.

Services for maintenance programs are not eligible for coverage. Maintenance consists of drills, techniques, and exercises that preserve the present level of function so as to prevent regression of the function and begins when therapeutic goals of treatment have been achieved and no further functional progress is apparent or expected.

BILLING/CODING INFORMATION:

The following codes may be used to describe speech therapy services:

CPT Coding:

92507	Treatment of speech, language, voice, communication, AND/OR auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, AND/OR auditory processing disorder (includes aural rehabilitation); group, two or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
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 (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
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
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

REIMBURSEMENT INFORMATION:

NOTE: Refer to member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusions, or criteria applicable to speech therapy services ([see PROGRAM EXCEPTIONS](#)).

Reimbursement for evaluation for a prescription for speech generating augmentative and alternative communication devices (92607, 92608) is limited to one evaluation in a 12-month period.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Institutional and Home Care Patient Education Programs (170.1); Melodic Intonation Therapy (170.2); Speech-Language Pathology Services for the Treatment of Dysphagia (170.3) located at cms.gov.

Coverage mandated by Florida statute: refer to member's/subscriber's contract benefits.

627.6686, Florida Statutes, Coverage for individuals with autism spectrum disorder required; exception.

641.31098, Florida Statutes, Coverage for individuals with developmental disabilities.

“Eligible individual” means an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.

“Health insurance plan” means a group health insurance policy or group health benefit plan offered by an insurer which includes the state group insurance program provided under s. 110.123. The term does not include any health insurance plan offered in the individual market, any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer.

A health insurance plan issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual for:

Treatment of autism spectrum disorder and down syndrome through speech therapy, occupational therapy, physical therapy, and applied behavior analysis.

393.063, Florida Statutes, Developmental Disabilities.

“Developmental disability” means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.”

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

Aphasia: loss of the power of expression by speech, writing, or signs, or of comprehending spoken or written language, due to injury or disease of the brain centers.

Aphonia: loss of voice.

Aphonia paralytica: loss of voice due to paralysis of disease of the laryngeal nerves.

Attention disorders: presents with inattention, hyperactivity, impulsivity, academic underachievement, or behavior problems.

Behavior disorders: exhibits disruptive actions such as physical aggression, excessive argumentativeness, oppositional defiant disorder (ODD), conduct disorder (CD), intermittent explosive disorder (age-inappropriate tantrums), and attention deficit hyperactivity disorder (ADHD).

Condition: a disease, illness, ailment, injury, or pregnancy.

Developmental delay: fails to achieve age-appropriate movement, language, cognitive, social and emotional milestones at the expected age targets.

Dysarthria: imperfect articulation of speech due to disturbances of muscular control which results from damage to the central or peripheral nervous system.

Dysarthria literalis: stuttering; also known as dysarthria syllabaris spasmodica.

Dysphagia: difficulty in swallowing.

Habilitative services: health care services that are short-term and help a person to acquire or attain an age-appropriate bodily function necessary to participate in activities of daily living.

Hysteric aphonia: loss of voice due to hysteria.

Learning disabilities: an inability to master certain skills due to the way the brain gets, uses, stores, and sends out information. Children with learning disabilities may have trouble with one or more of the following skills: reading, writing, listening, speaking, reasoning, and math.

Psychosocial speech delay: speech delay related to physical deprivation (e.g., poverty, poor housing, malnutrition) and social deprivation (e.g., inadequate linguistic stimulation, parental absenteeism, emotional stress, child neglect).

Rehabilitative services: health care services rendered for the purpose of restoring function lost due to illness, injury or surgical procedures.

Spastic aphonia: interference with the voice caused by muscular spasm.

RELATED GUIDELINES:

[Home Health Care, 01-99500-01](#)

[Treatment of Autism Spectrum Disorders, 01-97000-08](#)

OTHER:

None applicable.

REFERENCES:

1. American Academy of Family Physicians. Leung AKC, Kao CP. Evaluation and Management of the Child with Speech Delay. 1999.
2. American Medical Association CPT (current edition).
3. American Speech-Language-Hearing Association (ASHA). "Preferred Practice Patterns for the Profession of Speech-Language Pathology"; approved by the ASHA Legislative Council, November 2004.
4. Blue Cross Blue Shield Association Evidence Positioning System®. 8.03.04 – Speech Therapy (Archived June 2011).

5. Buz Harlor AD Jr, Bower C. American Academy of Pediatrics Clinical Report. Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening. Pediatrics Vol. 124 No. 4 October 2009.
6. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Institutional and Home Care Patient Education Programs (170.1) (Longstanding NCD).
7. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Melodic Intonation Therapy (170.2) (03/11/83).
8. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Speech-Language Pathology Services for the Treatment of Dysphagia (170.3) (10/01/06).
9. Ebbels SH, Wright L, et al. Effectiveness of 1:1 speech and language therapy for older children with (developmental) language disorder. Int J Lang Commun Disord. 2017 Jul;52(4):528-539. doi: 10.1111/1460-6984.12297. PMID: 27859986.
10. Florida Statute 641.31098, Coverage for individuals with developmental disabilities. Accessed at <http://www.leg.state.fl.us/statutes/>.
11. Florida Statute 627.6686, Coverage for individuals with autism spectrum disorder required; exception. Accessed at <http://www.leg.state.fl.us/statutes/>.
12. Lieu JEC. Hearing Loss in One Ear Leads to Speech-Language Delays. Healthy Children.org, via American Academy of Pediatrics. May 2010.
13. Michaud LJ and the Committee on Children with Disabilities. American Academy of Pediatrics Clinical Report. Prescribing Therapy Services for Children with Motor Disabilities. Pediatrics Vol. 113 No. 6 June 2004.
14. Morgan AT, Murray E, Liégeois FJ. Interventions for childhood apraxia of speech. Cochrane Database Syst Rev. 2018 May 30;5:CD006278. doi: 10.1002/14651858.CD006278.pub3.
15. Terband H, et al. Effectiveness of speech therapy in adults with intellectual disabilities. J Appl Res Intellect Disabil. 2018 Mar;31(2):236-248. doi: 10.1111/jar.12384. Epub 2017 Jul 10. PMID: 28691743.
16. UpToDate. Alaryngeal speech rehabilitation. 2024. Accessed at [uptodate.com](https://www.uptodate.com).
17. UpToDate. Aphasia: Prognosis and Treatment. 2024. Accessed at [uptodate.com](https://www.uptodate.com).
18. UpToDate. Evaluation and treatment of speech and language disorders in children. 2022. Accessed at [uptodate.com](https://www.uptodate.com).
19. UpToDate. Expressive language delay ("late talking") in young children. 2024. Accessed at [uptodate.com](https://www.uptodate.com).
20. UpToDate. Speech and language impairment in children: Evaluation, treatment, and prognosis. 2024. Accessed at [uptodate.com](https://www.uptodate.com).
21. UpToDate. Speech and swallowing rehabilitation of the patient with head and neck cancer. 2024. Accessed at [uptodate.com](https://www.uptodate.com).

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 02/27/25.

GUIDELINE UPDATE INFORMATION:

09/15/02	Medical Coverage Guideline Reformatted.
05/15/04	Scheduled annual review; no change in coverage statement.

01/01/05	HCPCS coding update: revised descriptor for 96111.
01/01/06	Annual HCPCS coding update (revised 92506 and 92507, remove 96115).
04/15/06	Scheduled review; no change in coverage statement; references updated; guideline is moved to “no longer scheduled for review” (NLR) category.
10/15/06	Revisions consisting of the addition of a non-coverage statement for stuttering devices; revise coverage criteria; add G0153 and S9128; remove ICD-9 diagnosis code 784.5.
11/15/06	Add limitation for evaluation for 92607 and 92608.
07/01/07	HCPCS 3rd quarter coding update: added S9152.
09/15/07	Reviewed; reformatted guideline; updated ICDI-9 coding section; updated references.
04/01/09	Unscheduled review. Deleted ICD 9 code section. Add reference to member contract and program exception for Florida Statute 627.6686.
04/20/09	Replace previously deleted ICD 9 code section.
09/15/09	Updated exception section for treatment of autism.
10/15/10	Revision; related ICD-10 codes added.
01/01/11	Annual HCPCS coding update. Added code G0161; revised descriptor for code G0153.
08/15/11	Revision; ICD9 code range 787.20 added.
10/15/11	Unscheduled review. Revised MCG title, description section, position statement, ICD9 coding, ICD10 coding and definitions section. Updated references and reformatted guideline.
01/01/12	Annual HCPCS coding update. Revised G0161 descriptor.
01/01/14	Revision; updated position statement and definitions section. Annual CPT update: deleted 92506; added 92521, 92522, 92523, 92524. Program Exceptions section updated. Reformatted guideline.
10/01/15	Revision; updated ICD-9 and ICD-10 coding sections.
11/01/15	Revision: ICD-9 Codes deleted.
07/15/16	Revision: Updated Program Exceptions section and references.
09/15/16	Revision: updated Position Statement section and Definitions section.
06/15/18	Revision: deleted link to Formal Standardized Testing to Evaluate Children with Speech and Language Disorders.
09/15/19	Scheduled review. Maintained position statement. Revised ICD10 coding and program exceptions. Deleted codes G0153, G0161, S9128, S9152, 70370, and 70371. Added code 92526. Updated references.
03/15/21	Scheduled review. Revised description. Added definitions for “eligible individual” and “health insurance plan” as described in Florida statutes 627.6686 and 641.31098. Added definition for “developmental disability” as described in Florida statute 393.063. Maintained position statement and updated references.
10/31/21	Revision. Deleted ICD-10 diagnosis table.
05/15/23	Scheduled review. Maintained position statement and updated references.
05/22/23	Update to Program Exceptions section.
03/15/25	Scheduled review. Maintained position statement, revised program exceptions, and updated references.