NO. 91336

SPEECH THERAPY

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy outlines medical necessity requirements for rehabilitative and habilitative speech therapy services, including evaluation and treatment of speech, language, voice, communication, and swallowing disorders.

Related policies:

- Autism Spectrum Disorders No. 91615
- Rehabilitative & Habilitative Medicine Services No. 91318 Policy
- Home Care No. 91023
- Hearing Augmentation No. 91544
- Gender Dysphoria, Non-Surgical Treatment No. 91622
- Gender Affirming Surgery No. 91612

I. MEDICAL NECESSITY CRITERIA

Inclusions:

A. Speech-Language Pathology Services

Speech-language pathology (speech therapy) services may be considered medically necessary when **all** of the following criteria are met:

1. The member has a documented speech, language, voice, cognitive-communication, hearing-related communication, or swallowing disorder that represents an impairment of the normal state due to illness, injury, disease, congenital condition, or medical treatment; and
2. The condition results in functional limitations that adversely impact the member's ability to perform activities of daily living, effective communication, safe swallowing, or age-appropriate participation in life roles; and
3. Skilled speech-language pathology intervention is required because the services are of such complexity and sophistication that they can be safely and effectively provided only by a qualified speech-language pathologist; and
4. There is a reasonable expectation of meaningful functional improvement or prevention of further functional decline, based on documented clinical assessment, prognosis, and established functional goals, with ongoing reassessment to determine continued medical necessity.

Note: Speech-language pathology services that meet the above criteria are medically necessary benefits when provided in accordance with the member's contract benefits, limitations, and applicable utilization guidelines.

B. Conditions Eligible for Medically Necessary Short-Term Speech Therapy

When the criteria above are met, speech-language pathology services may be considered medically necessary for members with functional speech, language, voice, cognitive-communication, hearing-related communication, or swallowing impairments due to the following conditions:

1. Acquired neurologic, medical or structural conditions, including but not limited to:
    a. Cerebrovascular accident (stroke)
    b. Traumatic brain injury
    c. Head and neck cancer or sequelae of cancer treatment (e.g., post-radiation therapy)
    d. Laryngectomy or vocal cord surgery
2. Congenital anatomic or structural abnormalities (e.g., cleft lip and/or palate) that result in functional speech or swallowing impairment
3. Post-cochlear implant rehabilitation
4. Acquired hearing loss associated with documented deficits in speech perception, communication, or auditory processing
5. Vocal cord nodules, when therapy is indicated to reduce phonotrauma, restore functional voice use, and prevent further injury or surgical intervention
6. Motor planning disorders including apraxia or dyspraxia of speech

C. Plan of Care Requirements for Speech Therapy

Speech therapy should be provided in accordance with an ongoing, written plan of care. The purpose of the care plan is to support determination of medical

necessity. Documentation must demonstrate that services are individualized, reasonable, and expected to result in measurable functional improvement.

1. **Initial Plan of Care**
   The initial plan of care should include sufficient detail to establish medical necessity of speech therapy and must be specific to the members diagnosis, presenting symptoms, and findings of the speech therapy evaluation. The plan of care should include **all** of the following:
   a. Date of onset or exacerbation of the condition
   b. Results of the speech therapy evaluation
   c. Clearly defined long-term and short-term treatment goals that are objective, measurable and functional
   d. Quantitative objectives measuring the members' current age-adjusted level of functioning
   e. A reasonable estimate of the anticipated timeframe for goal achievement
   f. Description of the specific treatment interventions, techniques, and/or exercises to be used
   g. Frequency and duration of therapy services

2. **Ongoing Plan of Care and Reassessment**
   The plan of care should be reviewed and updated regularly to reflect the member's clinical status and response to treatment. Ongoing documentation should include:
   a. Evidence of progress toward the initial goals, demonstrating that speech therapy services are contributing to measurable improvement
   b. Revisions to initial treatment goals, as clinically indicated
   c. Updated estimate of when the goals will be reached
   d. Continued justification for selected treatment interventions, techniques and/or exercises to be used
      Any changes to the frequency and duration of therapy services

D. Speech Therapy for Autism Spectrum Disorder and Pervasive
Speech therapy benefits for members with autism spectrum disorder (ASD) or pervasive developmental disorders are addressed separately and are subject to the requirements and limitations outlined in the Autism Spectrum Disorders Medical Policy No. 91615.

E. Habilitative Services
The Patient Protection and Affordable Care Act (PPACA) requires coverage of Essential Health Benefits, including coverage for Habilitative Services, for individual and small group health plan products. Habilitative services are defined as health care services that help a person keep, learn or improve skills and functioning for daily living (e.g. therapy for a child who isn't talking at the expected age). Habilitative speech therapy may include instruction communication skills acquired for the first time, including developmental aspects of language such as syntax, semantics, or articulation.

Habilitative services are considered not medically necessary unless **all** criteria below are met:

1. **Habilitative Services Not Related to Autism Spectrum Disorder**
    a. Services must consist of evidence-based speech therapy for developmental speech or language disorders.
    b. Services must be provided by an appropriately licensed speech therapist, under the direction and supervision of a physician or advanced practice nurse, and delivered in accordance with a written plan of care that is established or certified by the treating physician or advanced practice nurse.
    c. Services are subject to terms, conditions and applicable benefit limitations, as outlined in the members Schedule of Benefits.

2. **Habilitative Services Related to Autism Spectrum Disorder**
    a. Habilitation Services may include Applied Behavioral Analysis (ABA) for the treatment of Autism spectrum disorder as required by the State of Michigan. See the *Autism Spectrum Disorders Medical Policy No. 91615 for treatment related to Autism Spectrum Disorder*.

Special Note:

Refer to *Autism Spectrum Disorders Medical Policy No. 91615 and Rehabilitative & Habilitative Medicine Services Medical Policy No. 91318* for additional information regarding habilitative services.

Exclusions:

A. Coverage for **habilitation services** does ***not*** include respite care, day care, recreational care, residential treatment, social services, custodial care, education services of any kind, or speech therapy provided for any diagnosis other than developmental speech or language disorder.

B. Not Medically Necessary:
Speech therapy is considered not medically necessary for the following indications **unless all applicable medical necessity requirements outlined in I.E** above are met:

1. Speech therapy provided for developmental delays.
2. Maintenance therapy, defined as services intended to preserve a current level of function once therapeutic goals have been achieved or when no additional, measurable, functional improvement is expected.
3. Summer speech therapy programs or other services customarily provided by school districts or educational systems during the school year.
4. Treatment of speech development delays, including developmental articulation errors, unless directly attributable to a disease, injury or congenital anatomic abnormality.
5. Sensory (including central auditory processing disorder), behavioral, cognitive, or attention disorders

6. Services that duplicate or overlap with services provided by another therapy discipline, including but not limited to occupational therapy when the same functional goals are being addressed.
7. Treatment of self-correcting or transient conditions, such as hoarseness or developmental articulation errors.
8. Treatment of natural dysfluencies, including stammering and stuttering.
9. Services provided outside the immediate post-operative or post-traumatic rehabilitation period.
10. Myofunctional therapy, including tongue thrust therapy.
11. Speech therapy for other developmental conditions, including but not limited to cerebral palsy or pervasive developmental disorders (PDD).

C. Not Medically Necessary as Considered Experimental/Investigational:

The following are considered not medically necessary and experimental, investigational, or unproven, due to insufficient scientific evidence supporting clinical validity or effectiveness:

1. The Buffalo Model for the evaluation and/or treatment of central auditory processing disorder (CAPD).
2. Speech therapy for management of central auditory processing disorder (CAPD) (also referred to as APD)

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
NCD - Speech-Language Pathology Services for the Treatment of Dysphagia (170.3)	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	LCD - Speech-Language Pathology (L34046)
First Coast Service Options, Inc.	Not Identified
National Government Services, Inc.	LCD - Speech-Language Pathology (L33580)
Noridian Healthcare Solutions	Not Identified
Novitas Solutions, Inc.	LCD - Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)

Palmetto GBA	LCD - Home Health Speech-Language Pathology (L34563)
WPS Insurance Corporation	Not Identified

III. BACKGROUND

The domain of speech-language pathology (SLP) includes disorders of human communication and swallowing across the lifespan, encompassing speech, language, voice, cognitive-communication, hearing-related communication, and upper aerodigestive functions (American Speech-Language-Hearing Association [ASHA], 2016; ASHA, 2023). The primary objective of SLP services is to optimize an individual's ability to communicate effectively and/or swallow safely in natural environments, thereby improving functional participation and quality of life (ASHA, 2016; ASHA, 2026).

Medically Necessary Indications
SLP services involve the assessment, diagnosis, and rehabilitation of communication and swallowing disorders arising from illness, injury, disease, congenital abnormalities, or medical treatment. According to the American Speech-Language-Hearing Association (ASHA), medically necessary SLP services are those that require the skills of a qualified speech-language pathologist due to the complexity of the condition or intervention and are essential to prevent, identify, evaluate, or treat functional impairment (ASHA, 2026).

Medical necessity determinations are based on documented functional impairment, the need for skilled intervention, and a reasonable expectation of meaningful functional improvement or prevention of further functional decline, rather than diagnosis alone. Functional impact on activities of daily living, effective communication, safe swallowing, and participation in age-appropriate life roles is central to ASHA's framework for assessment and intervention (ASHA, 2026).

Speech-language pathology services are commonly indicated for individuals with acquired neurologic, medical, or structural conditions, including but not limited to stroke, traumatic brain injury, head and neck cancer, and the sequelae of surgical or radiation treatments. These conditions may result in aphasia, dysarthria, cognitive-communication impairment, voice disorders, or dysphagia. Evidence-based SLP intervention have been shown to improve functional communication, compensate for or restore swallowing function, and reduce risks such as aspiration, malnutrition, and reduced quality of life (ASHA, 2026).

Individuals with congenital anatomic abnormalities, such as cleft lip or cleft palate, may also experience functional communication or swallowing impairments. ASHA recognizes the role of skilled SLP intervention in these populations when functional improvement is expected based on clinical assessment and prognosis (ASHA, 2026).

SLP services additionally play a critical rehabilitative role following cochlear implantation, focusing on auditory perception, speech understanding, and functional communication. ASHA and audiology societies recognize auditory and speech-language rehabilitation as integral components of cochlear implant care (American Cochlear Implant Alliance, 2023).

For individuals with acquired hearing loss, ASHA emphasizes that the need for SLP services is determined by functional communication limitations, such as reduced speech perception or communicative effectiveness rather than hearing thresholds alone. Skilled intervention may be indicated when deficits are expected to improve and materially affect daily communication (ASHA, 2023).

Voice disorders, including phono-traumatic conditions such as vocal cord nodules, are recognized indications for SLP services. Behavioral voice therapy is considered a first-line intervention to restore efficient voice production and prevent progression of pathology or surgical intervention when functional impairment is present (ASHA, 2026).

Motor speech disorders, including acquired or developmental apraxia or dyspraxia of speech, fall within ASHA's scope of practice when they result in functional communication impairment and are amenable to skilled, individualized intervention (ASHA, 2026).

Educational vs. Medical Speech Therapy

Speech therapy services provided to children in educational settings are governed by federal and state education statutes, including the Individuals with Disabilities Education Act (IDEA). Most children with speech or language delays are entitled to school-based speech services to support a free and appropriate public education, regardless of the underlying etiology, whether idiopathic or associated with a putative cause (e.g., frequent otitis media) (Individuals with Disabilities Education Act, 2004).

Speech therapy services are **not covered under medical benefits** when the services:

- can be provided by any federal or state agency or by any local political subdivision, including school districts, when a member is not liable for the costs in the absence of insurance; or
- are primarily educational in purpose and do not address a medical condition resulting in documented functional impairment requiring skilled medical intervention by a speech-language pathologist (ASHA, 2026).

Under Michigan State law (MCL 380.1701 et seq.; R 340.1701 et seq.), schools are responsible for identifying, evaluating, and delivering special education services, including speech and language therapy, through an Individualized Education Program (IEP) for eligible students from birth through age 26. Educational services are provided based on the students' educational needs rather than medical necessity, with early childhood special education programs serving children from birth to age five. Schools are required to develop, implement, and periodically review a comprehensive special education plan designed to support the maximum potential of students with disabilities. A multidisciplinary evaluation team, which may include medical or behavioral health practitioners depending on the suspected disability conducts a comprehensive assessment to determine the nature and severity of the disability, with findings presented to the IEP team. The IEP team is responsible for developing an individualized program tailored to the student's needs, which is implemented under the supervision of the superintendent or designee. Schools must also ensure that students with disabilities receive supplies, equipment, and related services necessary to implement the IEP, including but not limited to speech-language services by authorized providers, accommodations for hearing or visual impairments, services for students who are

homebound or hospitalized, reasonable access to nursing services, and transportation, with program requirements varying based on the type and degree of disability identified.

Not Medically Necessary
Central Auditory Processing Disorder (CAPD) (Auditory Processing Disorders)
Central auditory processing disorder (CAPD), also referred to as auditory processing disorder (APD), describes inefficient or ineffective processing and utilization of auditory information by the central auditory nervous system in the presence of normal peripheral hearing sensitivity. Individuals with CAPD/APD may experience difficulty understanding speech in complex listening environments, such as in background noise, despite normal pure-tone audiometric thresholds (American Academy of Audiology [AAA], 2010; Gitto et al., 2025).

The purposes of central auditory testing is to identify abnormalities or dysfunction within the central auditory nervous system (CANS) and to characterize the nature and extent of the auditory processing difficulties for management planning. Accurate diagnosis is typically requires a battery of sensitive, efficient, and well-normed behavioral and, in some cases, electrophysiologic measures rather than audiologic testing alone (AAA, 2010). However, considerable variability exists in the criteria, test batteries, and thresholds used to define and diagnosis CAPD/APD, and it remains challenging to distinguish CAPD/APD from language-based learning disorders, attention deficits, and broader neurodevelopmental conditions. Ongoing debate as to whether CAPD represents a distinct clinical entity or reflects overlapping cognitive, linguistic, or executive function impairments (Back et al., 2021; Cacace and McFarland, 2022).

Central Auditory Processing Disorders (CAPD) may be developmental, acquired (e.g., following infection or head trauma), or secondary to other neurologic or neurodevelopmental conditions and have been associated with academic difficulties and challenges in complex speech and nonspeech sound perception. Broader psychosocial outcomes, including associations with depression, cognitive decline, and social isolation, have also been reported; however, causal relationships remain unclear (Iliadou et al., 2017; Gitto et al., 2025). Management strategies described in the literature generally emphasize auditory habilitation, compensatory strategies, cognitive or language skill support, educational accommodations, and multidisciplinary involvement rather than disorder-specific remediation (Gitto et al., 2025).

Evidence evaluating the relationship between central auditory processing test performance and cognitive or executive function remains insufficient to establish diagnostic or therapeutic utility. A cross-sectional study of school-aged children (8–11 years) demonstrated statistically significant but weak to moderate correlations between select CAP measures (e.g., temporal processing, binaural integration) and executive function domains; however, the findings were limited by small sample size, heterogeneous testing, lack of functional outcome measures, and inability to establish causality (Back et al., 2021). These associations do not clarify whether abnormal CAP test findings represent a primary auditory disorder or are secondary to broader cognitive dysfunction.

Overall, the current evidence base does not support the use of CAPD/APD testing results or cognitive correlations as a sole basis for diagnosis, prognosis, or treatment selection. While multidisciplinary evaluation may be appropriate in select cases,

available data do not demonstrate consistent, clinically meaningful functional benefit associated with CAPD-specific interventions. Larger, well-designed studies using standardized diagnostic criteria, functionally relevant outcomes, and long-term follow-up are needed to clarify clinical validity and treatment implications.
Hayes, Inc. (2026) reports that professional society guidelines provide only weak, consensus-based support for speech-language pathology services in children and adolescents with APD and do not recommend speech therapy as a primary or disease-specific treatment. Guidance emphasizes that speech-language pathologists may play an adjunctive role only when co-occurring receptive or expressive language impairment, learning disorders, or functional communication limitations are present, with intervention focused on compensatory strategies and activity- and participation-level outcomes rather than remediation of the underlying auditory processing disorder.

Speech-in-Noise (SIN)
Evidence supporting speech-in-noise (SIN) training as a treatment for auditory processing disorder (APD) in children is limited. Kumar et al. (2021) evaluated the effects of SIN training on auditory and cognitive outcomes in a small cohort of children with APD (n=20), comparing a trained group (n=10) to an untrained control group. Participants receiving training demonstrated statistically significant post-training improvements in speech-in-noise perception, select temporal processing measures (gap detection and duration pattern tests), and certain working-memory measures (backward, ascending, and descending digit span tasks). However, correlation analyses did not identify significant relationships between SIN perception and other auditory or cognitive measures, limiting conclusions regarding underlying mechanisms of benefit.

The study's findings are constrained by methodological limitations, including small sample size, short-term outcome assessment, lack of blinding, and absence of functional endpoints such as academic performance, classroom listening ability, or real-world communication outcomes. Additionally, the durability of observed improvements beyond the immediate post-training period was not evaluated. While the results suggest that SIN training may yield task-specific and short-term improvements, they do not establish clinical effectiveness or generalizability across the broader pediatric APD population (Kumar et al.,2021).

Given the limited quantity and quality of evidence, speech-in-noise training for the treatment of APD remains experimental, investigational, or unproven. Larger, well-designed randomized controlled trials with standardized diagnostic criteria, functional outcome measures, and long-term follow-up are needed to determine clinical utility and support routine use.

Buffalo Model
The Buffalo Model is a diagnostic and treatment framework for auditory processing disorder (APD) that uses a battery of behavioral tests, including Staggered Spondaic Word (SSW) Test, Phonemic Synthesis (PS) Test, and the Speech in Noise (SIN) testing to categorize individuals into one of four proposed auditory processing profiles: decoding (difficulty processing auditory information rapidly; tends to respond more slowly); tolerance-fading memory (difficulty understanding speech in adverse listening conditions with associated short-term memory limitations and reduced tolerance to noise); integration (difficulty integrating auditory input with other sensory modalities (e.g.,visual)); and organization (sequencing and ordering errors) (Pavlick, 2010). The assigned category a patient falls into is theorized to reflect the site of underling auditory

system dysfunction and to guide development of an individualized auditory remediation program.

Although various therapeutic procedures have been proposed to address category-specific auditory processing deficits, the evidence supporting the Buffalo Model is limited. Available studies are characterized by small sample sizes, heterogeneous populations, inconsistent diagnostic criteria, and a lack of standardized, functionally meaningful outcome measures. There is insufficient evidence demonstrating durable improvement in real-world communication, academic performance, or long-term functional outcomes attributable to the Buffalo Model or its associated interventions (Moore, 2010).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Speech-Language-Hearing Association (ASHA)	Admission and Discharge in Speech-Language Pathology (2003) Childhood Apraxia of Speech (2007) American Speech-Language-Hearing Association Clinical Practice Guideline on Aural Rehabilitation for Adults with Hearing Loss (2022) Gender Affirming Voice and Communication
American Academy of Audiology	Clinical Practice Guidelines: Diagnosis, Treatment and Management of Children and Adults with Central Auditory Processing Disorder (2010)
International Stuttering Association	Stuttering in Children, Adolescents and Adults (2014)
American Cochlear Implant Alliance Task Force	American Cochlear Implant Alliance Task Force: Recommendations for Determining Cochlear Implant Candidacy in Adults (2023)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo),	Decision date

	or 510(k) Number	

VI. CODING

See also *Priority Health Billing Polic*ies:
Telemedicine/Virtual Services No. 170
Always sometimes therapy No. 065

Therapy Modifiers
GN Services delivered under an outpatient speech language pathology plan of care
GO Services delivered under an outpatient occupational therapy plan of care
GP Services delivered under an outpatient physical therapy plan of care

- *Therapy modifiers must be reported for all services to track to appropriate benefit category Service flagged with * are not payable to a therapy provider without a therapy modifier.*

Diagnosis Codes: For *diagnosis information, see Appendix A*

REVENUE Codes:
0440 Speech-Language Pathology
0441 Speech-Language Pathology - Visit Charge
0442 Speech-Language Pathology - Hourly Charge
0443 Speech-Language Pathology - Group Rate
0444 Speech-Language Pathology - Evaluation or Re-evaluation
0449 Speech-Language Pathology - Other Speech-Language Pathology

CPT/HCPCS Codes
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; group, 2 or more individuals
92520* Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
92521 Evaluation of speech fluency (e.g., stuttering, cluttering)
92522 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523 Evaluation of speech sound production (e.g., 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

92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech

92610* Evaluation of oral and pharyngeal swallowing function
92611* Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612* Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;

92614* Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
92616* Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or by cine or video recording *(Never covered as therapy for Medicaid)*
96125 Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
S9152 Speech therapy, re-evaluation

Not Medically Necessary:

E3000 Speech volume modulation system, any type, including all components and Accessories

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health

contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

Professional and Society Guidelines

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Central Auditory Processing Disorder (CAPD/APD)

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APPENDIX A: Therapies that are NON-COVERED by Diagnosis

- Hab/NC = service may be covered for this diagnosis under Habilitative service benefit. Coverage is determined by plan documents. If no coverage exists under the plan, the service with this dx is Not Covered for all ages.
- NC = service is Not Covered for this diagnosis for all ages.
- Initial evaluation is exempt from exclusion by diagnosis.

Modifiers:

- 96 Habilitative Services
- 97 Rehabilitative Services

ICD-10 Codes:

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
E78.71	Barth syndrome	Hab/NC	Hab/NC	
E78.72	Smith-Lemli-Opitz syndrome	Hab/NC	Hab/NC	
F48.9	Nonpsychotic mental disorder, unspecified	NC	NC	
F63.3	Trichotillomania	Hab/NC	Hab/NC	
F63.89	Other impulse disorders	Hab/NC	Hab/NC	
F69	Unspecified disorder of adult personality and behavior	NC	NC	
F70	Mild intellectual disabilities	Hab/NC	NC	NC
F71	Moderate intellectual disabilities	Hab/NC	NC	NC
F72	Severe intellectual disabilities	NC	NC	NC
F73	Profound intellectual disabilities	NC	NC	NC
F78	Other intellectual disabilities	NC	NC	NC
F79	Unspecified intellectual disabilities	NC	NC	NC
F80.0	Phonological disorder	Hab/NC	NC	NC
F80.1	Expressive language disorder	Hab/NC	NC	NC
F80.2	Mixed receptive-expressive language disorder	Hab/NC	NC	NC
F80.4	Speech and language development delay due to hearing loss	Hab/NC	NC	NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
F80.81	Childhood onset fluency disorder	Hab/NC		NC
F80.82	Social pragmatic communication disorder	Hab/NC		NC
F80.89	Other developmental disorders of speech and language	Hab/NC	NC	NC
F80.9	Developmental disorder of speech and language, unspecified	Hab/NC	NC	NC
F81.0 – F81.9	Specific developmental disorders of scholastic skills	NC	NC	NC
F82	Specific developmental disorder of motor function	NC	Hab/NC	NC
F84.2	Rett's syndrome			NC
F84.3	Other childhood disintegrative disorder	Hab/NC	Hab/NC	NC
F84.0	Autistic disorder • *See policy #91615 Autism Spectrum Disorders*	•	•	
F84.5	Asperger's syndrome	•	•	
F84.8	Other pervasive developmental disorders	•	•	
F84.9	Pervasive developmental disorder, unspecified	•	•	
F88	Other disorders of psychological development	NC	NC	NC
F89.0	Unspecified disorder of psychological development	NC	NC	NC
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type	NC	NC	
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type	NC	NC	
F90.2	Attention-deficit hyperactivity disorder, combined type	NC	NC	
F90.8	Attention-deficit hyperactivity disorder, other type	NC	NC	

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
F90.9	Attention-deficit hyperactivity disorder, unspecified type	NC	NC	
F98.0	Enuresis not due to a substance or known physiological condition		Hab/NC	
F98.1	Encopresis not due to a substance or known physiological condition		Hab/NC	
F98.21	Rumination disorder of infancy	NC	NC	NC
F98.3	Pica of infancy and childhood	NC	NC	NC
F98.5	Adult-onset fluency disorder	NC	NC	
G11.4	Hereditary spastic paraplegia	Hab/NC	Hab/NC	NC
G47.29	Other circadian rhythm sleep disorder	NC	NC	NC
G80.0 – G80.9	Cerebral palsy	Hab/NC	Hab/NC	NC
G96.9	Disorder of central nervous system, unspecified	NC	NC	NC
G98.8	Other disorders of nervous system	NC	NC	NC
H93.25	Central auditory processing disorder	NC	NC	NC
H93.291-H93.299	Other abnormal auditory perceptions	NC	NC	NC
Q05.0 – Q05.9	Spina bifida	NC	Hab/NC	
Q07.00 – Q07.03	Arnold-Chiari syndrome	NC	Hab/NC	
Q07.8	Other specified congenital malformations of nervous system	NC	Hab/NC	
Q07.9	Congenital malformation of nervous system, unspecified	NC	Hab/NC	
Q87.0 – Q87.89	Other specified congenital malformation syndromes affecting multiple systems	Hab/NC	Hab/NC	
Q89.8	Other specified congenital malformations	Hab/NC	Hab/NC	
Q89.9	Congenital malformation, unspecified	Hab/NC	Hab/NC	
Q90.0 – Q90.9	Down syndrome	Hab/NC	Hab/NC	
Q91.0 – Q91.7	Trisomy 18, trisomy13	Hab/NC	Hab/NC	

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
Q92.0 – Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q93.0 – Q93.9	Monosomies and deletions from the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q95.0 – Q95.9	Balanced rearrangements and structural markers, not elsewhere classified	Hab/NC	Hab/NC	
Q96.0 – Q96,9	Turner's syndrome	Hab/NC	Hab/NC	
Q97.0 – Q97.9	Other sex chromosome abnormalities, female phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q98.0 – Q98.9	Other sex chromosome abnormalities, male phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q99.0 – Q99.9	Other chromosome abnormalities, not elsewhere classified	Hab/NC	Hab/NC	
R25.0 – R25.9	Abnormal involuntary movements	NC	Hab/NC	NC
R26.0	Ataxic gait	NC	Hab/NC	NC
R26.1	Paralytic gait	NC	Hab/NC	NC
R26.81	Unsteadiness on feet	NC	Hab/NC	NC
R26.89	Other abnormalities of gait and mobility	NC	Hab/NC	NC
R26.9	Unspecified abnormalities of gait and mobility	NC	Hab/NC	NC
R27.0	Ataxia, unspecified	NC	Hab/NC	NC
R27.8	Other lack of coordination	NC	Hab/NC	NC
R27.9	Unspecified lack of coordination	NC	Hab/NC	NC
R37	Sexual dysfunction, unspecified	NC	NC	NC
R41.840	Attention and concentration deficit	NC	NC	NC
R41.841	Cognitive communication deficit	NC	NC	NC
R41.842	Visuospatial deficit	NC	NC	NC
R41.843	Psychomotor deficit	NC	NC	NC
R41.844	Frontal lobe and executive function deficit	NC	NC	NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
R41.85	Anosognosia	NC	NC	NC
R41.89	Other symptoms and signs involving cognitive functions and awareness	NC	NC	NC
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness	NC	NC	NC
R45.0 – R45.850	Symptoms and signs involving emotional state	NC	NC	NC
R45.856-R45.859	Symptoms and signs involving emotional state	NC	NC	NC
R46.0 – R46.7	Symptoms and signs involving appearance and behavior	NC	NC	NC
R46.81	Obsessive-compulsive behavior	NC	NC	NC
R46.89	Other symptoms and signs involving appearance and behavior	NC	NC	NC
R47.9	Unspecified speech disturbances	NC	NC	NC
R48.0	Dyslexia and alexia	NC	NC	NC
R49.8	Other voice and resonance disorders			
R56.00	Simple febrile convulsions	NC	NC	NC
R56.01	Complex febrile convulsions	NC	NC	NC
R56.1	Post traumatic seizures	NC	NC	NC
R56.9	Unspecified convulsions	NC	NC	NC
R62.0	Delayed milestone in childhood	NC	NC	NC
R62.50	Unspecified lack of expected normal physiological development in childhood	NC	NC	NC
R62.59	Other lack of expected normal physiological development in childhood	NC	NC	NC
R63.8	Other symptoms and signs concerning food and fluid intake	NC	NC	
Z00.8	Encounter for other general examination	NC	NC	NC
Z02.0 – Z02.9	Encounter for administrative examination	NC	NC	NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out			NC
Z04.6	Encounter for general psychiatric examination, requested by authority	N/A	N/A	NC
Z04.8	Encounter for examination and observation for other specified reasons	NC	NC	NC
Z04.9	Encounter for examination and observation for unspecified reason	NC	NC	NC
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure	NC	NC	NC
Z55.0 – Z55.9	Problems related to education and literacy	NC	NC	NC
Z56.0 – Z56.9	Problems related to employment and unemployment	NC	NC	NC
Z57.0 – Z57.9	Occupational exposure to risk factors	NC	NC	NC
Z60.0 – Z60.9	Problems related to social environment	NC	NC	NC
Z62.0 – Z62.9	Problems related to upbringing	NC	NC	NC
Z63.0 – Z63.9	Other problems related to primary support group, including family circumstances	NC	NC	NC
Z64.0 – Z64.4	Problems related to certain psychosocial circumstances	NC	NC	NC
Z69.011	Encounter for mental health services for perpetrator of parental child abuse	NC	NC	NC
Z69.021	Encounter for mental health services for perpetrator of non-parental child abuse	NC	NC	NC
Z69.12	Encounter for mental health services for perpetrator of spousal or partner abuse	NC	NC	NC
Z69.82	Encounter for mental health services for perpetrator of other abuse	NC	NC	NC
Z71.89	Other specified counseling	NC	NC	NC
Z72.3	Lack of physical exercise	NC	NC	NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
Z72.51	High risk heterosexual behavior	N/A	N/A	NC
Z72.52	High risk homosexual behavior	N/A	N/A	NC
Z52.53	High risk bisexual behavior	N/A	N/A	NC
Z72.6	Gambling and betting	NC	NC	NC
Z72.810	Child and adolescent antisocial behavior	NC	NC	NC
Z72.811	Adult antisocial behavior	NC	NC	NC
Z72.820	Sleep deprivation	NC	NC	NC
Z72.821	Inadequate sleep hygiene	NC	NC	NC
Z72.89	Other problems related to lifestyle	NC	NC	NC
Z72.9	Problem related to lifestyle, unspecified	NC	NC	NC
Z73.0 – Z73.9	Problems related to life management difficulty	NC	NC	NC
Z86.51	Personal history of combat and operational stress reaction	NC	NC	NC
Z86.59	Personal history of other mental and behavioral disorders	NC	NC	NC
Z91.83	Wandering in diseases classified elsewhere	NC	NC	NC

SUMMARY OF CHANGES

Additions:

- Converted the policy to the new standardized template.
- Added central auditory processing disorder (CAPD) as experimental and investigational.

Deletions:

- Removed outdated references

Changes:

- Removed the numeric threshold requirement for speech therapy services related to acquired hearing loss, consistent with ASHA guidance.

Clarifications:

- Updated policy language for clarity

Past committee review dates: 01/1993,12/1999, 08/2001, 012/2001, 05/2002, 05/2003, 05/2004, 05/2005, 04/2006, 04/2007, 07/2007, 02/2008, 02/2009, 02/2010, 02/2011, 02/2012, 08/2012, 08/2013, 12/2013, 11/2014, 11/2015, 11/2016, 11/2017, 11/2018, 11/2019, 11/2020, 11/2021,11/2022, 11/2023, 11/2024, 05/2025, 05/2026

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