



MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Speech Therapy and Language Disorder Rehabilitation-GA MCD-MM-0714	12/01/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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The MEDICAL Policy Statement detailed above has received due consi

- 1.5 *Developmental language disorder (specific language impairment)*
- 1.6 *Dyslexia*
- 1.7 *Epilepsy or other seizure disorder*
- 1.8 *Fetal alcohol syndrome*
- 1.9 *Genetic syndrome, with associated language disorder*
- 1.10 *Hearing disorders (eg, auditory processing disorder and hearing loss)*
- 1.11 *Inborn error of metabolism (eg, phenylketonuria galactosemia)*
- 1.12 *Intellectual or developmental disability*
- 1.13 *Language based learning disabilities*
- 1.14 *Premature birth or low birth weight*
- 1.15 *Receptive-expressive language impairment (also referred to as mixed receptive-expressive language impairment)*
- 2. *Impairment of function (clinically significant) relative to the developmental normative data, as indicated by 1 or more of the following:*
 - 2.1 *Decreased ability to recall specific content of information read or heard*
 - 2.2 *Decreased oral and written language comprehension, processing and expression*
 - 2.3 *Decreased preliteracy of literacy skills*
 - 2.4 *Decreased sentence or utterance length and complexity*
 - 2.5 *Decreased social communication skills*
 - 2.6 *Difficulty organizing, planning and formulation content or oral and written expressive language*
 - 2.7 *Difficulty with syntax and grammar in oral and written language*
 - 2.8 *Pragmatic deficits*
 - 2.9 Decreased receptive OR expressive language**
- 3. *Recent change in language status as indicated by 1 or more of the following:*
 - 3.1 *Change of symptoms or function in patient with previous chronic or stable pediatric or development language disorder*
 - 3.2 *Recent diagnosis of medical condition or language delay/disorder*
- B. *Extended therapy when **ALL** of the following are present:*
 - 1. *Functional progress has been made during initial therapy, or patient requires maintenance therapy plan to prevent further deterioration or preserve existing function.*
 - 2. *Generalization and carryover of targeted skills into natural environment is occurring.*
 - 3. *Goals of therapy are not yet met.*
 - 4. *Patient is actively participating in treatment sessions.*

E. Conditions of Coverage

N/A

F. Related Policies/Rules

N/A

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.



G. Review/Revision

ACTION	
Date Issued	New Policy
Date Revised	Removed language with PA limits on 2- and under. Bolded 2.8 Decreased receptive OR expressive language. Removed Covid red box; updated references; title Highlighted slight change in MCG from 25 th to 26 th ed
Date Effective	Updated references. Approved at committee.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.