



MEDICAL COVERAGE POLICY

SERVICE: Therapy Services

Policy Number: 272

Effective Date: 08/01/2025

Last Review: 06/09/2025

Next Review: 06/09/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

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PRIOR AUTHORIZATION: Required. (See exceptions below)

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there are no applicable NCD or LCD criteria, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

Authorization Exception: Prior authorization is NOT required for children-members enrolled in the Early Childhood Intervention (ECI) program, to include: evaluations, re-evaluations, seating assessments, therapy services, Specialized Skills Training (SST), and Targeted Case Management (TCM).

Therapy services (Physical, Occupational, Speech) may be indicated when **1 or more** of the following are met:

A. **Request is for initial treatment - ALL** of the following must be met:

1. Document setting and **ONE or more** of the following:
 - a. The member requires therapy in the **outpatient** setting
 - b. The member requires therapy in the **home** setting and **ONE or more** of the following:
 - The member has a Medicaid or CHIP policy
 - The member has a Commercial, or Medicare policy and the member is homebound, as indicated by the following: The member's medical condition **restricts** the ability to leave home without the assistance of another individual or without the assistance of a supportive device.

Note: If the member chooses to leave home frequently, even though leaving home requires a considerable and taxing effort, the member would not be considered homebound (this does not apply to Medicaid or CHIP).



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2. Evaluation performed in the last 60 days of receipt of request for prior authorization
3. Plan of care is signed by evaluating therapist and **ONE or more** of the following:
 - a. Member has a Commercial, Medicare, or CHIP plan
 - b. The member has a Medicaid Plan and the request includes ONE or more of the following: *This is in accordance with the Texas Medicaid Provider Procedure Manual (TMPPM) Section 5.2*
 - prescribing provider's signed order
 - plan of care signed by prescribing provider
 - prior authorization form signed by prescribing provider
4. The services requested can only be effectively performed by or under the supervision of a licensed occupational, physical, or speech therapist, and requires the skills and judgment of the licensed therapist to perform education and training
5. Functional goals (written in SMART^(A) format) are designed to improve the health, safety or independence of the member in the context of everyday environments.
6. Objective tests and measures are documented
7. Documentation does not include any non-covered services (*see exclusions list*)
8. Frequency and duration are considered medically necessary as indicated by **ONE or more** of the following (see below for more information regarding frequency and duration):
 - a. High
 - b. Moderate
 - c. Low
 - d. Maintenance (*The reference to "maintenance" is applicable to clients who are 20 years of age and younger.*)

B. Request is for continued treatment and ALL of the following are met:

1. Document setting and **ONE or more** of the following:
 - a. The member requires therapy in the **outpatient** setting
 - b. The member requires therapy in the **home** setting and **ONE or more** of the following:
 - The member has a Medicaid or CHIP policy
 - The member has a Commercial, or Medicare policy and the member is homebound, as indicated by the following: The member's medical condition **restricts** the ability to leave home without the assistance of another individual or without the assistance of a supportive device.

Note: If the member chooses to leave home frequently, even though leaving home requires a considerable and taxing effort, the member would not be considered homebound (this does not apply to Medicaid or CHIP)

2. Re-evaluation is current within the last 60 days of receipt of the request for prior authorization or Progress note is current within last 30 days of receipt of the request for prior authorization
3. Plan of care is signed by evaluating therapist and ONE or more of the following:
 - a. Member has a Commercial, Medicare, or CHIP plan
 - b. Member has a Medicaid plan and request includes ONE or more of the following (*This is in accordance with the Texas Medicaid Provider Procedure Manual (TMPPM), Physical*



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Therapy, Occupational Therapy, and Speech Therapy Services Handbook, Section 5.2):

- prescribing provider's signed order
 - plan of care signed by prescribing provider
 - prior authorization form signed by prescribing provider
4. The services requested can only be effectively performed by or under the supervision of a licensed occupational, physical therapist or speech therapist, and requires the skills and judgment of the licensed therapist to perform education and training
 5. Functional and measurable goals with baseline and current status are provided on unmet goals or is identifiable within the document and show functional progress
 6. Caregiver and/or member is compliant with home program
 7. Objective tests and measures are documented
 8. Documentation does not include any non-covered services (*see exclusions list*)
 9. Frequency and duration are considered medically necessary as indicated by **ONE or more** of the following (see below for more information regarding frequency and duration):
 - a. High
 - b. Moderate
 - c. Low
 - d. Maintenance (*The reference to "maintenance" is applicable to clients who are 20 years of age and younger.*)

Therapy Exclusions (services that are not medical necessary):

- A. Therapy services that are provided after the member has reached maximum level of improvement or is now functioning within normal limits.
- B. Massage therapy that is sole therapy or is not part of the therapeutic plan of care to address an acute condition.
- C. VitalStim® must be a component of a comprehensive feeding treatment plan to be considered medically necessary.
- D. Repetitive therapy services that are designed to maintain function once the maximum level of improvement has been reached, which no longer requires the skills of a therapist to provide or oversee.
- E. Therapy services for members whose condition is neither regressing nor improving and does not meet for maintenance therapy.
- F. Therapy services related to activities for the general good and welfare of members who are not considered medically necessary because they do not require the skills of a therapist, such as:
 1. Therapy services to provide diversion or general motivation
 2. Therapy services to provide supervised exercise for weight loss
 3. Therapy services for general exercise to promote overall fitness and flexibility or to improve athletic performance
- G. Emotional support, adjustment to extended hospitalization, and/or disability, and behavioral readjustment.
- H. Therapy prescribed primarily as an adjunct to psychotherapy.
- I. Treatment solely for the instruction of other agency or professional in the member's physical or occupational or speech therapy program.
- J. Treatments not supported by medically peer-reviewed literature, including but not limited to

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investigational treatments such as: hippotherapy, myofunctional therapy, facilitated communication, sensory integration, vestibular rehabilitation for the treatment of attention deficit disorder, anodyne therapy, craniosacral therapy, interactive metronome therapy, cranial electro stimulation, low energy neuro feedback, and the Wilbarger brushing protocol.

- K. Therapy requested is for general conditioning or fitness, or for educational, recreational, or work-related activities that do not require the skills of a therapist.
- L. Therapy not expected to result in practical functional improvements in the member's level of functioning.
- M. Treatments do not require the skills of a licensed therapist to perform in the absence of complicating factors (i.e.: massage, general range of motion exercises, repetitive gait, activities and exercises that can be practiced by the member on their own or with a responsible adult's assistance)
- N. Services are being duplicated by another professional.
- O. Treatment is primarily educational in nature (ex. Reading, handwriting, phonics, reading fluency, advanced vocabulary, complex syntax, punctuation)
- P. Therapies for picky eaters and/or those with selective eating behaviors who can chew and swallow normally and do not have a medical diagnosis related to malnutrition. Therapy to introduce more variety, and less rejection of, food items is considered not medically necessary
- Q. Swallowing/feeding therapy for food aversions
- R. Medicaid adult members who are 21 years of age or older:
 - 1. Chronic therapy services are not covered - limited to 120 days from start of therapy; unless member has a new diagnosis or an acute exacerbation of a chronic condition.
 - 2. Speech therapy provided in the home to adults who are 21 years of age or older.

Documentation Required for Review:

- A. **Initial Authorization for Visits – Evaluation** (Acute and Chronic services)
 - 1. All of the following documentation is required when submitting an initial request for therapy services initiated after the completion of the evaluation:
 - a. Member's medical history and background
 - For speech therapy requests, include member's dominant language and languages spoken in the home.
 - Bilingual members should be evaluated in their dominant language or in both languages.)
 - b. All medical and treatment diagnoses related to member's condition
 - c. Date of onset of the member's condition requiring therapy or exacerbation date as applicable
 - d. Date of evaluation
 - e. Baseline objective measurements standardized testing performed or other assessment tools with reported raw scores and interpretation of test results
 - f. Safety risks
 - g. Member specific measurable short-term and long-term functional goals within the length of

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time the service is requested. Goals should include 'SMART':

- S - Specific to the member and situation
 - M – Measurable
 - A – Attainable
 - R - Relevant and realistic
 - T - Time frame should be attached to goal
- h. Interpretation of the results of the evaluation, including recommendations for therapy amount, frequency per week and duration of services
 - i. Therapy treatment plan/POC to include specific modalities and treatments planned
 - j. Documentation of member's age and date of birth
 - k. Prognosis for improvement
 - l. Requested dates of service for planned treatments after completion of the evaluation
 - m. Member or responsible adult's expected involvement in member's treatment
 - n. History of prior therapy and referral as applicable
 - o. Signature and date of treating therapist
2. A therapy evaluation is considered current when it is performed within 60 days before the prior authorization request is received.
 3. Objective Tests/measurements should be specific to the therapy provided.
 4. For Acute therapy services, prior authorization requests may not exceed a 60-day period per each request. After two 60-day authorized periods, any continued requests for therapy services must be considered chronic (see Medicaid adult member exclusions for chronic conditions)
 5. For chronic therapy services (ages 0 – 20 only) prior authorization may be granted for up to 180 days with documentation of medical necessity.

B. Continued Authorization for Visits – Progress Note Summary (Acute Therapy Services or Chronic Therapy Services that are not yet due for a 180-day re-evaluation)

1. Prior authorization for recertification requests may be considered for each request with documentation supporting the medical necessity.
2. A progress summary is required, which may be contained in the last treatment note, must be included with the recertification request and contain all of the following:
 - a. Date therapy started
 - b. Date summary completed
 - c. Time period (dates of service) covered by the summary
 - d. Member's medical and treatment diagnoses
 - e. Note completed within the past 30 days of request date
 - f. A summary of member's response to therapy and current treatment plan, to include:
 - i. Documentation of any issues limiting the member's progress
 - ii. Documentation of objective measures of functional progress related to each treatment goal established on the initial evaluation
 - iii. An assessment of the member's prognosis and overall functional progress
 - iv. Documentation of member's participation in treatment
 - v. Member or responsible caregiver's participation or adherence to home program
 - vi. Updated and/or new functional and measurable short- and long-term treatment goals

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- with time frames (If goal not met, must include baseline status and current status)
- vii. Documentation of member's continued need for therapy
- viii. Clearly established discharge criteria

C. Continued Authorization for Visits – Re-evaluation (due every 180 days)

1. Prior authorization for recertification requests may be considered for each request with documentation supporting the medical necessity.
2. A re-evaluation must include a revised treatment plan or plan of care including all of the following:
 1. Date therapy services started
 2. Changes in treatment plan, the rationale, and the requested change in frequency of visits
 3. Documentation of reasons continued therapy services are medically needed
 4. Documentation of member's participation in treatment
 5. Member or responsible adult's participation or adherence to home program
 6. Baseline objective measurements based on standardized testing performed or other standard assessment tools with reported raw scores and interpretation of test results
 7. New treatment plan or POC for the recertification dates of service requested
 8. Updated or new functional and measurable short- and long-term treatment goals with new time frames, as applicable.
 - i. Previous authorization period goals and progress must be included.
 - ii. If goal not met, must include objectively measured baseline status, objectively measured current status
 - iii. Prognosis with clearly established discharge criteria. The discharge plan must reflect realistic expectations from the episode of therapy.
3. A complete recertification request must be received no earlier than 60 days before the current authorization period expires.
4. Requests for recertification services received after the current authorization expires will be denied for the dates of service that occurred before the date the new request was received.
5. A re-evaluation is a comprehensive evaluation and must take place every 180 days and contain all the elements of an initial evaluation.
6. A re-evaluation is considered current if performed within the last 60 days of request date
7. Routine assessments that occur during each treatment session or visit or for a progress report required for an extension of services or discharge summary are not considered a comprehensive re-evaluation.
8. Objective tests/measurements must be specific to the therapy provided.

D. Developmental Delay Criteria (ages 0-20 years)

1. To establish a developmental delay, all of the following criteria must be met:
 - a. Tests used must be norm-referenced, standardized, and specific to the therapy provided.
 - b. Retesting with norm-referenced standardized test tools for re-evaluations must occur every 180 days. Tests must be age appropriate for the child being tested and providers must use the same testing instrument as used in the initial evaluation. If reuse of the initial testing instrument is not appropriate, (i.e., due to change in client status or restricted age range of the testing tool) provider should explain the reason for the change.

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- c. Eligibility for therapy will be based upon a score that falls 1.5 standard deviations (SD) or more below the mean in at least one subtest area of composite score on a norm-referenced, standardized test. Raw scores must be reported along with score reflecting SD from mean.
- d. When the client's test score is less than 1.5 SD below the mean informed evidenced-based clinical opinion must be included to support the medical necessity of services
- e. If a child cannot complete norm-referenced standardized assessments, then a functional description of the child's abilities and deficits must be included. Measurable functional short- and long-term goals will be considered along with test results. Documentation of the reason a standardized test could not be used must be included in the evaluation.
2. Specific developmental delay criteria requirements for speech diagnoses are as follows:
 - a. Language—at least one norm-referenced, standardized test with good reliability and validity, a score that falls 1.5 SD or more below the mean, and clinical documentation of an informal assessment that supports the delay
 - b. Articulation—at least one norm-referenced, standardized test with good reliability and validity, a score that falls 1.5 SD or more below the mean, and clinical documentation of an informal assessment that supports the delay
 - c. Apraxia—at least one norm-referenced, standardized test with good reliability and validity, a score that falls 1.5 SD or more below the mean, and clinical documentation of an informal assessment that supports the delay
 - d. Fluency—at least one standardized test that shows severity and clinical documentation of an informal assessment that supports the disorder
 - e. Voice—a medical evaluation is required for eligibility and based on medical referral
 - f. Oral Motor/Swallowing/Feeding—an in-depth, functional profile of oral motor structures and function. Clinical documentation that supports how the delay or disorder impacts the member's health, safety and/or independence.
 - g. **Bilingual Testing Requirements**
 - i. Bilingual and multilingual speakers are frequently misclassified as developmentally delayed. Equivalent proficiency in both languages should not be expected.
 - ii. Criterion-referenced assessment tools can be used to identify and evaluate a member's strengths and weaknesses, as opposed to norm-referenced testing, which assesses an individual relative to a group.
 - iii. When possible, use culturally and linguistically adapted test equivalents in both languages to compare potential deficits and include in the documentation. The therapist will show the highest score of the two languages to determine whether the child qualifies, and which language will be used for the child's therapy. Testing for all subsequent re-evaluations should only be conducted in the language used in therapy.

E. Frequency and Duration Criteria

1. Frequency and duration must always be commensurate with the member's medical and skill therapy needs, level of disability and standards of practice; it is not for the convenience of the member or the responsible adult.
2. Exceptions to therapy limitations may be covered if the medically necessary criteria are met for the following:
 - a. Presentation of new acute condition

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- b. Therapist intervention is critical to the realistic rehabilitative/restorative goal, provided documentation proving medical necessity is received.
3. When therapy is initiated, the therapist must provide education and training of the member and responsible caregivers, by developing and instructing them in a home treatment program to promote effective carryover of the therapy program and management of safety issues.
4. Providers may request high, moderate, or low frequencies as follows:
 - a. High Frequency
 - i. High frequency (3 times per week) can only be considered for a limited duration (approximately 4 weeks or less) or as otherwise requested by the prescribing provider with documentation of medical need to achieve an identified new skill or recover function lost due to surgery, illness, trauma, acute medical condition, or acute exacerbation of a medical condition, with well-defined specific, achievable goals within the intensive period requested.
 - ii. Therapy provided three times a week may be considered for 2 or more of these exceptional situations:
 - The member has a medical condition that is rapidly changing
 - The member has a potential for rapid progress (e.g., excellent prognosis for skill acquisition) or rapid decline or loss of functional skill (e.g., serious illness, recent surgery).
 - The member's therapy plan and home program require frequent modification by the licensed therapist.
 - iii. On a case-by-case basis, a high frequency requested for a short-term period (4 weeks or less) which does not meet the above criteria may be considered with all of the following documentation:
 - Letter of medical need from the prescribing provider documenting the member's rehabilitation potential for achieving the goals identified
 - Therapy summary documenting all of the following:
 - Purpose of the high frequency requested (e.g., close to achieving a milestone)
 - Identification of the functional skill which will be achieved with high frequency therapy
 - Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.
 - iv. A higher frequency (4 or more times per week) may be considered on a case-by-case basis with clinical documentation supporting why 3 times a week will not meet the client's medical needs.
 - b. Moderate Frequency - therapy provided 2 times a week may be considered when documentation shows one or more of the following:
 - i. The member is making very good functional progress towards goals
 - ii. The member is in a critical period to gain new skills or restore function or is at risk for regression
 - iii. The licensed therapist needs to adjust the member's therapy plan and home program weekly or more often than weekly based on member's progress and medical needs.
 - iv. The member has complex needs requiring ongoing education of the responsible adult.
 - c. Low Frequency - therapy provided 1 time per week or every other week may be considered

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when the documentation shows one or more of the following:

- i. The member is making progress toward the member's goals, but the progress has slowed, or documentation shows the member is at risk of deterioration due to the member's development or medical condition.
 - ii. Therapist is required to adjust the member's therapy plan and home program weekly to every other week based on member's progress.
 - iii. Every other week is supported for members whose medical condition is stable, they are making progress, and it is anticipated the client will not regress with every other week therapy.
- d. Maintenance Level
- i. For clients who are 20 years of age and younger only, this frequency level (e.g., every other week, monthly, every 3 months) is used when the therapy plan changes very slowly, the home program is at a level that may be managed by the client or the responsible adult, or the therapy plan requires infrequent updates by the skilled therapist.
 - ii. A maintenance level or preventive level of therapy services may be considered when a client requires skilled therapy for ongoing periodic assessments and consultations and the client meets one of the following criteria:
 - Progress has slowed or stopped, but documentation supports that ongoing skilled therapy is required to maintain the progress made or prevent deterioration.
 - Documentation shows that the member may be making limited progress towards goals or that goal attainment is extremely low.
 - Factors identified that inhibit the member's ability to achieve established goals (eg. Behavior issues, poor attendance).
 - Documentation shows the member and the responsible adult have a continuing need for education, a periodic adjustment of the home program, or regular modification of equipment to meet the member's needs.

F. Discontinuation of Therapy

1. Member no longer demonstrates functional impairment or has achieved goals set forth in the treatment plan or plan of care.
2. Member has returned to baseline function.
3. Member can continue therapy with a home treatment program and deficits no longer require a skilled therapy intervention and, for members who are 20 years of age and younger only, maintain status.
4. Member has adapted to impairment with assistive equipment or devices.
5. Member is able to perform ADLs with minimal to no assistance from caregiver.
6. Member has achieved maximum functional benefit from therapy in progress or will no longer benefit from additional therapy.
7. Member is unable to participate in the treatment plan or plan of care due to medical, psychological, or social complications; and responsible adult has had instruction on the home treatment program and the skills of a therapist are not needed to provide or supervise the service.



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8. Testing shows member no longer has a developmental delay.
9. Plateau in response to therapy/lack of progress towards therapy goals. Indication for therapeutic pause in treatments or, for those under age 21, transition to chronic status and maintenance therapy (DOES NOT APPLY TO MEDICARE)
10. Non-compliance due to poor attendance with member or responsible adult, non-compliance with therapy and non-compliance with home program.
11. If therapy no longer appears to be clinically appropriate and/or beneficial to the member for any reason, including those identified above, a recommendation for discontinuation (denial) should be referred to the medical director for final review and determination.

G. Group Therapy (PT/OT CPT code 97150 and ST code 92508)

1. Criteria for all individualized therapy has been met
2. Treatment under general supervision of a qualified licensed therapist
3. Individualized treatment plan that includes frequency and duration of the prescribed group therapy and individualized treatment goals.
4. Specific treatment techniques utilized during group therapy session and how the techniques that will restore function

H. Telehealth Services

Providers must defer to the needs of the member receiving services, allowing the mode of service delivery (synchronous audiovisual or in-person) to be accessible, person- and family-centered, and primarily driven by the member's choice and not provider convenience. Evaluation, reevaluation, and treatment of some PT, OT, and ST services may be provided by synchronous audiovisual technology. Telehealth services for OT, PT or ST by synchronous audiovisual technology are allowed for specific procedure codes if clinically appropriate as determined by the practitioner, per standard of care, safe, agreed to by the person receiving services or by the legally authorized representative (LAR), and in compliance with each discipline's rules. (** this mode of delivery only applies if it is a covered benefit for the member's plan**)

Footnote: ^[A]SMART goals: Specific to the member, measurable, attainable, in relation to member's prognosis, relevant to the member and family with specific time frame

BACKGROUND:

Physical and Occupational Therapy are defined as therapeutic interventions and services that are designed to improve, develop, ameliorate, rehabilitate, habilitate or prevent the worsening of physical functions and functions that affect activities of daily living that have been lost, impaired, or reduced as a result of an acute or chronic medical condition, congenital anomaly or injury. Various types of interventions and techniques are used to focus on treatment of dysfunctions involving neuromuscular, musculoskeletal, or integumentary systems to optimize functioning levels and improve quality of life.

Speech Therapy is designed to ameliorate, restore, or rehabilitate speech language communication and swallowing disorders that have been lost or damaged as a result of a chronic, acute, or acute exacerbation of a medical condition due to recent injury, disease, or other medical conditions, or



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congenital anomalies or injuries. Speech-language pathologists treat speech sound and motor speech disorders, stuttering, voice disorders, aphasia and other language improvements, cognitive disorders, social communication disorders and swallowing (dysphagia) deficits.

Physical therapy, occupational therapy, and speech therapy services must be medically necessary to the treatment of the individual's chronic or acute need. A diagnosis alone is not sufficient documentation to support the medical necessity of therapy. To be considered medically necessary, all of the following conditions must be met:

- The services requested must be considered under the accepted standards of practice to be a specific and effective treatment for the member's condition
- The services requested must be of a level of complexity or the member's condition must be such that the services required can only be effectively performed by or under the supervision of a licensed physical therapist, occupational therapist, or speech therapist and requires the skills and judgement of the licensed therapist to perform education and training.

Functional goals refer to a series of behaviors or skills that allow the member to achieve an outcome relevant to his/her health, safety, or independence within the context of everyday environments.

Functional goals must be specific to the client, objectively measurable within a specific time frame, attainable in relation to the member's prognosis or developmental delay, relevant to client and family, and based on medical need.

Definitions

Word/Term/Abbreviation	Definition
Chronic	Persisting over a long period of time or marked by frequent recurrence.
Medically Necessary Services	Services or treatments which are prescribed by an examining physician, or other licensed practitioner, which diagnose or correct or significantly ameliorate defects, physical conditions and health conditions.
Ameliorate	To optimize a member's health condition, to compensate for a health problem, to prevent serious medical deterioration, or to prevent the development of additional health problems.
Plateau	Where no additional meaningful improvements are being measured or are expected to occur; a period of four weeks or dependent on the specific condition and/or individual situation, a lesser period of time that is seen as generally accepted.
Acute Services	Short term treatment of an acute medical condition or acute exacerbation of a chronic medical condition and treatment is expected to improve condition within 60 days and a maximum of 120 days from start of therapy.
Chronic Services	When the medical condition is no longer considered acute and exceeds 120 days from start of therapy.
Critical Period	Developmental period during which the most rapid progress occurs; For skill acquisition the general window of rapid progress opportunity appears to be open from the prenatal period to around age five.
Sensory Integration	Process by which brain organizes and interprets external stimuli such as touch, movement, body awareness, sight, sound and gravity.



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Dysphagia Therapy	Treatment for impairments in any of the following swallowing phases: oral phase (sucking, chewing and moving food into the throat), pharyngeal phase (starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking), or esophageal phase (relaxing and tightening the openings at the top and bottom of the feeding tube in the throat (esophagus) and squeezing food through the esophagus into the stomach). Treatment provided by the speech-language pathologist may include: specific swallowing treatment (exercises to improve muscle movement), positions or strategies to help the individual swallow more effectively, or specific food and liquid textures that are easier and safer to swallow.
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MANDATES:

[Title 8, Subtitle C, Chapter 1271.156 Benefits for Rehabilitation Services and Therapies](#)

- If benefits are provided for rehabilitation services and therapies under an Evidence Of Coverage, the provision of a rehabilitation service or therapy that, in the opinion of a physician, is medically necessary may not be denied, limited, or terminated if the service or therapy meets or exceeds treatment goals for the enrollee.
- For an enrollee with a physical disability, treatment goals may include maintenance of functioning or prevention of or slowing of further deterioration.

CODES:

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes Requiring Authorization	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 92526 - Treatment of swallowing dysfunction and/or oral function for feeding 92630 - Auditory rehabilitation; pre-lingual hearing loss 92633 - Auditory rehabilitation; post-lingual hearing loss 97012 - Application of a modality to 1 or more areas; traction, mechanical 97016 - Application of a modality to 1 or more areas; vasopneumatic devices 97018 - Application of a modality to 1 or more areas; paraffin bath 97022 - Application of a modality to 1 or more areas; whirlpool 97024 - Application of a modality to 1 or more areas; diathermy (eg, microwave) 97026 - Application of a modality to 1 or more areas; infrared 97028 - Application of a modality to 1 or more areas; ultraviolet 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities 97113 - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises 97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair
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	climbing) 97124 - Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) 97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes 97150 - Therapeutic procedure(s), group (2 or more individuals) 97151 - Behavior identification assessment 97153 - Adaptive behavior treatment 97154 - Group adaptive behavior treatment 97155 - Adaptive behavior treatment 97156 - Family adaptive behavior treatment 97158 - Group adaptive behavior treatment 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97535 - Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes 97537 - Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes 97750 - Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes 97760 - Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes 97761 - Prosthetic training, upper and/or lower extremity(s), each 15 minutes 97763 - Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes 99366 - Medical team conference
CPT Codes NOT Requiring Authorization	31579 - Diagnostic laryngoscopy with stroboscopy 92506 - Evaluation of speech, language, voice, communication, and/or auditory processing 92511 - Nasopharyngoscopy with endoscope (separate procedure) 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 92597 - Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech 92605 - Evaluation for prescription for non-speech generating AAC device, face-to-face with the patient; first hour 92606 - Therapeutic services for use of non-speech generating devices, including programming and modification

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- 92607 - Evaluation for prescription of speech-generating AAC device, first hour
- 92608 - Evaluation [92607], each additional 30 minutes
- 92609 - Therapeutic services for use of speech-generating device, including programming and modification
- 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 (FEES)
- 92613 - interpretation and report
- 92614 - Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
- 92615 - interpretation and report
- 92616 - Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording (FEESST)
- 92617 - interpretation and report
- 92618 - Evaluation [92605], each additional 30 minutes
- 92626 - Evaluation of auditory rehabilitation status, first hour
- 92627 - Evaluation of auditory rehabilitation status, each additional 15 minutes
- 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
- 96110 - Developmental screening, with interpretation and report, per standardized instrument form
- 96111 - Developmental testing, (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
- 96125 - Standardized cognitive performance testing (eg, 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.
- 97010 - Application of a modality to 1 or more areas; hot or cold packs
- 97014 - Unattended electrical stimulation therapy
- 97032 - Electrical stimulation (manual) applied to one or more areas, each 15 minutes
- 97035 - Therapeutic ultrasound
- 97039 - Unlisted modality (specify type and time if constant attendance)
- 97127 - Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact
- 97139 - Unlisted therapeutic procedure (specify)
- 97532 - Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
- 97533 - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes



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	97542 - Wheelchair management (eg, assessment, fitting, training), each 15 minutes 97545 - Work hardening/conditioning; initial 2 hours 97546 - Physical performance test or measurement (e.g musculoskeletal, functional capacity), with written report, each 15 minutes 97755 - assistive technology assessment 97799 - Unlisted physical medicine/rehabilitation service or procedure
HCPCS Codes	G0151 - Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes G0153 - Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes G0157 - Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes G0159 - Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes G0161 - Establishment or delivery of a safe and effective speech-language pathology maintenance program, also each 15 minutes G2169 - Services performed by an occupational therapist assistant in a home health setting for a safe and effective occupational therapy maintenance program, also in 15-minute increments. G0283 - Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care G0451 - Developmental testing, with interpretation and report, per standardized instrument form G0515 - Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each
HCPCS Codes Not Covered	S8940 - Equestrian/hippotherapy, per session
ICD-10 Codes	
ICD-10 Codes Not Covered	

POLICY HISTORY:

Status	Date	Action
New	08/27/2020	New policy
Updated	11/19/2020	Title changed to permit use across all plans.
Reviewed	08/26/2021	Extensive revision
Reviewed	06/23/2022	Add Exclusion for therapies for “picky eaters”
Reviewed	07/27/2023	Add bilingual testing requirement for development delay. Other minor clarifications. Hippotherapy added to Exclusions. Added ECI exclusion.
Reviewed	07/24/2024	Formatting changes, added hyperlinks to Mandates and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.



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Reviewed	06/09/2025	Formatting changes, spelling error correction; Added Telehealth Section; updated definition of "critical period"; updated CPT Codes NOT Requiring Authorization to include 97014, 97032, 97035; updated HCPCS Codes to include G0153, G0161, G2169; additional reference added
Updated	08/11/2025	Removed, "Medicare NCD or LCD specific InterQual criteria may be used when available."

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available, and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. TMHP- Texas Medicaid Provider Procedures Manual (May 2025). Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook (Vol.2).
2. American Physical Therapy Association, Guidelines: Physical Therapy Documentation of Patient/Client Management (2014)
3. American Speech-Language-Hearing Association: Medical Necessity for Speech-Language Pathology and Audiology Services (2004)
4. American Occupational Therapy Association. Standards of Practice for Occupational Therapy. The Journal of Occupational Therapy. Nov/Dec 2010, 64:6.
5. The American Physical Therapy Association (APTA). Criteria for Standards of Practice for Physical Therapy (2014).
6. Chugani, HT. A critical period of brain development: studies of cerebral glucose utilization with PET. Preventive Medicine. Volume 27, Issue 2, March 1998, pages 184-188.
7. Mundkur, Nandini. Neuroplasticity in Children. Indian Journal of Pediatrics. 2005; 72 (10): 855-857.
8. HB3041- Allows a physician or provider to request renewal of an existing prior authorization at least 60 days before it expires. The health plan must issue a determination, if practicable, before the existing prior authorization expires.
9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296637/>
10. Márcio Alexandre Homem,¹ Raquel Gonçalves Vieira-Andrade,² Saulo Gabriel Moreira Falci,³ Maria Letícia Ramos-Jorge,⁴ and Leandro Silva Marques. Effectiveness of orofacial myofunctional therapy in orthodontic patients: A systematic review. 2014 Jul-Aug; 19(4): 94–99. The findings of the present systematic review demonstrate the scarcity of consistent studies and scientific evidence supporting the use of OMT in combination with orthodontic treatment to achieve better results in the correction of dentofacial disorders in individuals with orofacial abnormalities.
11. Hyun C, Kim K, Lee S, et al. The short-term effects of hippotherapy and therapeutic horseback riding on spasticity in children with cerebral palsy: A meta-analysis. *Pediatr Phys Ther.* 2022;34(2):172-178.
12. Miller G. Management and prognosis of cerebral palsy. UpToDate [online serial]. Waltham, MA: UpToDate; reviewed November 2015.
13. [INSURANCE CODE CHAPTER 1271. BENEFITS PROVIDED BY HEALTH MAINTENANCE ORGANIZATIONS; EVIDENCE OF COVERAGE; CHARGES \(texas.gov\)](#)
14. Morgan, Catherine et al, Harnessing neuroplasticity to improve motor performance in infants with cerebral palsy: a study protocol for the GAME randomised controlled trial, *BMJ Open*, 2023 Mar 10;13(3):e070649.



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Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.