



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

April 2017

Dear Medical Director:

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

This letter supports health plan payment for speech-language pathology services for treatment of stuttering. Speech-language pathology services are medically necessary to treat a stuttering disorder in children and adults and should be covered in health plan policies.

Research indicates growing support that stuttering is genetically and neurologically based. Many recent studies have indicated genetic (Drayna & Kang, 2011) and neurophysiological (Chang, 2014; Chang, Erickson, Ambrose, Hasegawa-Johnson, & Ludlow, 2008; Chang & Zhu, 2013) differences between people who stutter and people who do not stutter.

Stuttering is a disease that is classified as a diagnostic code (F80.81) in the International Classification of Diseases, 10th Revision. Disease is defined as “an impairment of the normal state.” (U.S. National Library of Medicine) The stutterer exhibits a dysfunction of the speech mechanism, evidenced by the lack of normal, fluent speech that impacts communication skills. Furthermore, the speaker may experience activity and participation restrictions including negative reactions, decreased communication skills, and/or impact on academic performance due to stuttering.

Stuttering treatment has positive outcomes data. More than 100 studies on adults who stutter concluded that significant improvement typically occurs as a result of treatment in 60% to 80% of cases. Studies of school-age children reveal an average reduction in stuttering frequency of approximately 61%. (See www.asha.org/uploadedFiles/public/TESSuttering.pdf)

The ASHA Practice Portal on Childhood Fluency Disorders provides information about prevalence, causes, assessment and treatment, and evidence maps. (See www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders/)

In an article titled, “Effectiveness of Behavioral Stuttering Treatment: A Systematic Review and Meta-Analysis,” published in the Contemporary Issues in Communication Science and Disorders (Spring 2006), the authors conclude that, “Behavioral stuttering interventions are effective treatments for people who stutter,” and that intervention for stuttering results in an overall positive effect.

Determination of medical necessity considers whether the service is essential and appropriate to the diagnosis and/or treatment of an illness, disease, or injury. Speech-language pathology services are essential and appropriate in treating the disfluencies associated with stuttering and good outcomes are achieved.

Additional support for health plan coverage comes from a 2003 ruling by a Michigan insurance commissioner, which concluded that the diagnosis of childhood apraxia of speech and stuttering can be viewed as both developmental and neurological. The ruling stated that developmental and neurological issues are not mutually exclusive, and both may exist in relation to a diagnosis. The independent review organization stated that the child's apraxia of speech and **stuttering may have neuropathological correlates**. The commissioner then ruled that the child's condition was not strictly developmental in nature and, therefore, the speech-language treatment was a covered service. (See www.apraxia-kids.org/library/insurance-commission-ruling-from-michigan/)

ASHA urges coverage of speech-language pathology treatment for stuttering as it is medically necessary to treat this physiologically based condition. Should you have any questions, please feel free to contact me, Janet McCarty, ASHA's director of private health plan reimbursement, by phone at 301-296-5674, or email at jmccarty@asha.org.

Sincerely,

A handwritten signature in black ink that reads "Janet McCarty". The signature is written in a cursive, flowing style.

Janet McCarty