ASHA
American
Speech-Language-Hearing
Association

February 26, 2026

Ginnie Prater, MD
Medical Director
BlueCross BlueShield of Alabama
450 Riverchase Parkway
East Birmingham, AL 35244

RE: Services for Childhood Onset Fluency Disorder Are Medically Necessary

Dear Director Prater:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express concern over reports of increased denials for speech therapy services to treat children with disfluencies diagnosed with childhood onset fluency disorder.

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 210,000 ASHA members are certified SLPs.

We believe these speech therapy service denials may stem from the wording in your Rehabilitative/Habilitative Medical Criteria for Speech Therapy policy number 577. This states:

> "Rehabilitative and Habilitative Speech Therapy services are considered not medically necessary for dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors that are self-correcting."[1]

This language may unintentionally suggest that fluency disorders fall into the category of "self-correcting" conditions. When an SLP evaluates a child and determines that their fluency symptoms meet the criteria for an F80.81 for childhood onset fluency disorder diagnosis, their recommendations for treatment are medically necessary.[2,3] Denying coverage for these services, or excluding this diagnosis, limits access to care and may incur higher downstream costs.

Fluency disorder, also referred to as stuttering, is characterized by interruptions in the flow of speech that negatively impacts an individual's communication effectiveness, communication efficiency, and willingness to speak.[4] Studies show that people with fluency disorders may experience psychological, emotional, social, and functional impacts.[5] Individuals with fluency disorders may also experience limitations, discrimination, decreased earning potential, and glass ceiling-like effects.[6,7,8,9]

However, interventions from an SLP can significantly improve outcomes for children with fluency disorders. Children with a diagnosed fluency disorder who receive speech therapy from an SLP are 7.5 times more likely to reach their fluency goals than children denied treatment—and 73% to 87% of those children maintain their fluency in the following years.[10,11,12,13,14] Some may require additional intervention after follow-up to maintain their fluency goals. In addition to reduced stuttering frequency and severity, treatment from an SLP also improves communication

effectiveness, reduces anxiety and avoidance, and boosts communication attitudes and satisfaction.[15]

Given the long-term impact of stuttering and the effectiveness of childhood intervention, it is vital to ensure that childhood onset fluency disorders are covered when an SLP's assessment indicates treatment is medically necessary. An SLP's assessment seeks to determine whether a child's disfluencies are mild and will resolve on their own or are significant enough to warrant a childhood fluency disorder diagnosis and treatment. Payers should consider the SLP's clinical judgement when determining coverage for treatment.[16]

ASHA strongly urges you to reconsider the language in your policy to ensure that clinical reviewers are not inappropriately denying prior authorizations and treatment for medically necessary speech-language pathology services for the treatment of childhood onset fluency disorder. The current language in your policy does not clarify that an individual with more typical (e.g., using interjections like "uh, uh" and "you know") and occasional disfluencies is categorically different from an individual who has been assessed and determined to have a persistent fluency disorder that has a significant negative impact on daily life.

An SLP can differentiate between typical and stuttering-like disfluencies (e.g., repetitions of sounds and syllables, blocks, prolongations of sounds) and concomitant behaviors (e.g., extraneous motor movements, avoidance of talking). When an SLP's assessment determines a child meets the criteria to be diagnosed with childhood onset fluency disorder and recommends treatment, we ask that the recommended services be approved and reimbursed.

Listed below are ASHA resources that can help payers develop medical policies around the assessment and treatment of childhood onset fluency disorder:

- Stuttering, Cluttering, and Fluency (https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/)
- Assessment of Stuttering, Cluttering, and Fluency Disorders in the Context of the WHO ICF Framework (https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/assessment-of-fluency-disorders-in-the-context-of-the-who-icf-framework/)
- The Value of Speech-Language Pathology Services for Children Who Stutter (https://www.asha.org/siteassets/ebp/dov/children-who-stutter-dov-fact-sheet.pdf)

I would encourage you to review these resources and their citations and please reach out to Meghan Ryan, ASHA's director of health care policy, private health plans, at mryan@asha.org if you have any questions or would like additional information. Thank you for your consideration.

Sincerely,

Linda I. Rosa-Lugo

Linda I. Rosa-Lugo, EdD, CCC-SLP
2026 ASHA President

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[1] BlueCross BlueShield of Alabama. (2025). *Medical Policy Number 577 Rehabilitative/Habilitative Medical Criteria for Speech Therapy*. https://mypolicies.itilitihealth.us/policy/938125692074/577/vv001?lob=BCBS%20AL&service_date=2025-05-12

[2] American Speech-Language-Hearing Association. (2026). *ICD-10-CM Diagnosis Codes Related to Speech, Language, and Swallowing Disorders*. https://www.asha.org/siteassets/uploadedfiles/icd-10-codes-slp.pdf
[3] American Speech-Language-Hearing Association. (n.d.). *Assessment of Stuttering, Cluttering, and Fluency Disorders in the Context of the WHO ICF Framework*. https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/assessment-of-fluency-disorders-in-the-context-of-the-who-icf-framework/
[4] American Speech-Language-Hearing Association. (n.d.). *Stuttering, Cluttering, and Fluency*. https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/
[5] Tichenor, S. E., & Yaruss, J. S. (2019). Group Experiences and Individual Differences in Stuttering. *Journal of Speech, Language, and Hearing Research*, 62(12), 4335–4350. https://doi.org/10.1044/2019_JSLHR-19-00138
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[10] American Speech-Language-Hearing Association. (2025). *The Value of Speech-Language Pathology Services for Children Who Stutter*. https://www.asha.org/siteassets/ebp/dov/children-who-stutter-dov-fact-sheet.pdf
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[12] Guitar, B., Kazenski, D., Howard, A., Cousins, S. F., Fader, E., & Haskell, P. (2015). Predicting Treatment Time and Long-Term Outcome of the Lidcombe Program: A Replication and Reanalysis. *American Journal of Speech-Language Pathology*, 24(3), 533–544. https://doi.org/10.1044/2015_AJSLP-13-0156
[13] Jones, M., Onslow, M., Packman, A., O'Brian, S., Hearne, A., Williams, S., Ormond, T., & Schwarz, I. (2008). Extended follow-up of a randomized controlled trial of the Lidcombe Program of Early Stuttering Intervention. *International Journal of Language & Communication Disorders*, 43(6), 649–661. https://doi.org/10.1080/13682820801895599
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[15] American Speech-Language-Hearing Association. (n.d.) The Value of Speech-Language Pathology Services for Children Who Stutter. https://www.asha.org/siteassets/ebp/dov/children-who-stutter-dov-fact-sheet.pdf
[16] American Speech-Language-Hearing Association. (n.d.). *Assessment of Stuttering, Cluttering, and Fluency Disorders in the Context of the WHO ICF Framework*. https://www.asha.org/practice-portal/clinical-topics/fluency-disorders/assessment-of-fluency-disorders-in-the-context-of-the-who-icf-framework/