# Speech Therapy Services Payment Policy

## Policy Statement

Speech-language therapy services assist with the development of human communication and evaluate and/or treat speech, language, cognitive-linguistic, feeding, or swallowing impairments related to a specific illness, injury, or congenital or neurodevelopmental condition.

## Scope

This policy applies to:

☒**Medicaid** *excluding Extended Family Planning (EFP)*
☒**INTEGRITY**
☒**Commercial**

## Prerequisites

Members must receive an order for outpatient therapy services from their primary care provider (PCP) or treating physician that is separate and distinct from the practice providing therapy. The ordering/referring provider must be documented in the member's medical record, as well as, noted in Box 17 (referring provider) on the claim.

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Clinical Medical Policies.

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

## Coverage Requirements

Rehabilitative speech services are covered for members with neurodevelopmental disorders when recommended by a medical provider to address a specific condition, deficit, or dysfunction.

Treatment modalities are expected to be evidence-based and available within the Neighborhood network. The treatment goals must systematically address a specific diagnosis, deficit, or dysfunction for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time.

Children up to age three (3) years with developmental delays and related conditions, should be referred to Early Intervention for evaluation and treatment, prior to requesting services from Neighborhood.

## Coverage

A speech therapy session is generally defined as face-to-face time with the patient for a length of time compliant with nationally recognized professional speech-language pathology standards for a typical session.

## Coverage Limitations/Prior Authorization Requirements

**INTEGRITY**

- **Outpatient Speech Therapy** – No authorization needed for the first 24 visits per calendar year.* Prior authorization is required for anything over 24 visits.

* 24 visits per discipline (Physical, Occupational, Speech Therapy)

**Commercial and Medicaid**

- Effective June 1, 2024, Neighborhood is partnering with Evolent Health to manage physical medicine services. Authorization will be required for all speech therapy services as of June 15th, 2024.

## Coverage Exclusions

Speech services that are not generally covered include:

- Therapy for a condition when the therapeutic goals of a treatment plan have been achieved and no progress is apparent or expected to occur.
- Non-skilled services, including treatments that do not require the skills of a qualified provider or procedures that may be carried out effectively by the child, family or caregivers
- Maintenance programs, including drills, techniques and exercise that preserve the child's present level of function and prevent regression of that function.
- Swallowing/feeding therapy for food aversions or food selectivity which are NOT resultant from an underlying medical condition or neurodevelopmental disorder are not covered, unless they have weight loss and are at risk of failure to thrive.
- Oral sensorimotor therapy or myofunctional therapy is not covered as isolated therapy for the treatment of tongue thrust, deviant or reverse swallow or oral myofunctional disorders in members who do not have a diagnosed neuromuscular disease.
- Vocational rehabilitation, testing and screening focusing on job adaptability, job placement.
- Rehabilitative services to restore function for a member's specific occupation.

- Services provided solely for the convenience of the member or service provider.
- Services associated with use of Altered Auditory Feedback (AAF) devices, including the devices.
- Conditions which are considered to be appropriate for behavioral management rather than medical/rehabilitative therapies will be referred appropriately
- Services that would result in the individual receiving duplicative or substantially identical services as those provided by another Medicaid funded service.

## Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

## Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

## Member Responsibility

**Commercial** plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

## Coding

The codes in Table 1 below are required to be billed with GN modifier to distinguish the discipline under which the service was delivered according to the CMS Medicare sometimes/always therapy coding guidance.[1] If the required modifier is not appended these codes will deny.

**Table 1: Medicare Sometimes/Always Therapy Speech Therapy Evaluation and Treatment Codes**

| CPT Code | Description |
|---|---|
| **92507** | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |

[1] http://www.cms.gov/manuals/downloads/clm104c05.pdf

| CPT Code | Description |
|---|---|
| **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 |
| **92608** | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) |
| **92609** | Therapeutic services for the use of speech-generating device, including programming and modification |
| **92610** | Evaluation of oral and pharyngeal swallowing function |
| **97129** | 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; initial 15 minutes |
| **97130** | 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; each additional 15 minutes (List separately in addition to code for primary procedure) |

**Table 2: Speech Therapy Evaluation and Treatment Codes**

| Code | Description |
|---|---|
| **92521** | Evaluation of speech fluency (eg, stuttering, cluttering) |
| **92522** | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); |
| **92523** | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, 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 |
| **92607** | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour |

| | |
|---|---|
| **S9152** | Speech therapy, re-evaluation |

## Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

## Document History

| Date | Action |
|---|---|
| **06/01/2024** | Annual Review. Updated authorization language for Medicaid and Commercial. |
| **10/01/2023** | Updated visit limits and authorization requirement language for Integrity |
| **04/18/2023** | Annual Review. Policy Updates: Removed exclusion for group therapy and added CPTs 97129 and 97130 and direction on using GN modifier with Medicare Sometimes/Always Therapy codes |
| **01/01/2023** | Effective date for update to INTEGRITY to remove language around auth requirement after 24 visits |
| **11/15/2022** | Added CPT 92597 |
| **04/12/2022** | Annual Review, no changes |
| **03/01/2022** | Update to include requirement for referring provider |
| **04/01/2021** | Policy Update: Remove benefit limit of 24 visits for Medicaid and Commercial LOB's effective 4/1/21. |
| **01/01/2021** | Policy Updates: Benefit limit/prior authorization requirements for Commercial and INTEGRITY. Medicaid limit updated to calendar year instead of rolling year. |
| **11/05/2020** | Policy Review/Approval Date for 1/1/21 changes |
| **10/01/2020** | Policy Effective Date |
| **09/14/2020** | Policy Review/Approval Date |