Physical Medicine & Rehabilitation: Speech Therapy Policy

<table>
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<tr>
<th>Policy Number</th>
<th>2017R0097A</th>
<th>Annual Approval Date</th>
<th>7/12/2017</th>
<th>Approved By</th>
<th>Reimbursement Policy Oversight Committee</th>
</tr>
</thead>
</table>

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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**Application**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

This policy describes which codes will not be reimbursed for services reported by Speech-Language Therapists/Pathologists.

**Reimbursement Guidelines**

Consistent with coding guidelines of the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare will not reimburse speech-language therapists/pathologists for therapeutic procedures represented by Current Procedural Terminology (CPT ®) codes 97110, 97112, 97150 or 97530.

In addition, consistent with coding guidelines of CMS and the American Medical Association (AMA), UnitedHealthcare will not reimburse speech-language therapists/pathologists for evaluation and management services represented by CPT codes 99201-99499 or for adaptive behavior assessment codes 0359T-0363T.
Healthcare Common Procedure Coding System [HCPCS] informational modifiers GN (Services delivered under an outpatient speech-language pathology plan of care), GO (Services delivered under an outpatient occupational therapy plan of care) or GP (Services delivered under an outpatient physical therapy plan of care) may be reported to distinguish procedures provided by different specialists within a multi-specialty group.

Other reimbursement policies, such as the CCI Editing policy, that address reimbursement for codes reported in combination with other codes on the same date of service, may also apply.

**Attachments: Please right-click on the icon to open the file**

<table>
<thead>
<tr>
<th>Services Not Reimbursable to Speech-Language Therapists/Pathologists</th>
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<tbody>
<tr>
<td>A list of codes representing services that UnitedHealthcare does not reimburse when reported by speech-language therapists/pathologists</td>
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</table>

**Resources**


Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
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<tbody>
<tr>
<td>7/12/2017</td>
<td>Policy Approval Date Change, Logo, Preamble and Footer have been updated. (No new version)</td>
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<tr>
<td>7/13/2016</td>
<td>Policy Approval Date Change (No new version)</td>
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| 1/1/2016 – 12/31/2016 | Annual Policy Version Change  
Attachments Section: List updated  
History Section: Entries prior to 1/1/2014 archived. |
| 7/8/2015      | Policy Approval Date Change (No new version)                            |
| 1/1/2015 – 12/31/2015 | Annual Policy Version Change  
Attachments Section: List updated  
History Section: Entries prior to 1/1/2013 archived. |