

# Speech Language Pathology Services (for North Carolina Only)

Guideline Number: CSNC.CDG.112.02  
Effective Date: October 1, 2021

[➔ Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> <li>• <a href="#">Cochlear Implants (for North Carolina Only)</a></li> <li>• <a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for North Carolina Only)</a></li> <li>• <a href="#">Home Health Care, Skilled Care, and Custodial Care Services (for North Carolina Only)</a></li> </ul>

## Application

This Coverage Determination Guideline only applies to the state of North Carolina.

## Coverage Rationale

### Sites of Service

Sites of service for outpatient speech language pathology services must be Medically Necessary, including cost effective, as defined below.

An outpatient hospital site of care for outpatient therapy is considered Medically Necessary for an individual who meets any of the following conditions:

- Part of an annual or semi-annual Comprehensive Care Management assessment clinic visit for:
  - Paraplegia
  - Quadriplegia
  - Traumatic brain injury
- Medical complications related to the following:
  - Immediately following amputation
  - Major multiple trauma
  - Post-acute stroke
  - Severe burn injury

The following will be taken into account to determine whether the speech language pathology services sessions can be performed in a more cost-effective setting:

- State Medicaid contract;
- Applicable federal and/or state requirements;
- Geographic availability of an in-network provider; and
- Free standing clinic/facility capability to accommodate all Medically Necessary services

Speech and Language Therapy for the treatment of disorders of speech, language, voice, communication and auditory processing are covered and medical necessary under certain circumstances. For clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Specialized Therapies](#), 10A, Outpatient Specialized Therapies.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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
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
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
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

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HCPCS Code	Description
S9152	Speech therapy, re-evaluation
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

Revenue Code	Description
0440	Speech pathology
0441	Visit charge
0442	Hourly charge

Revenue Code	Description
0443	Group rate
0444	Evaluation or reevaluation
0449	Other speech-language pathology
0979	Speech pathology

## References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Outpatient Specialized Therapies, No: 10A. [NC Medicaid: Outpatient Specialized Therapies, 10A](#). Accessed July 21, 2021.

## Guideline History/Revision Information

Date	Summary of Changes
10/01/2021	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> <li>Archived previous policy version CSNC.CDG.112.01</li> </ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.