

PHYSICAL MEDICINE & REHABILITATION: SPEECH THERAPY POLICY

Policy Number: ADMINISTRATIVE 279.1 T0

Effective Date: October 1, 2020

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Related Policy
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care 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.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

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.

OVERVIEW

This policy describes CPT codes from the Physical Medicine and Rehabilitation, Evaluation and Management, Adaptive Behavior Assessment and other sections of the CPT manual that will not be reimbursed, when reported by Speech-Language Therapists/Pathologists.

REIMBURSEMENT GUIDELINES

Consistent with the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA), Oxford will not reimburse Speech-Language Therapists/Pathologists for therapeutic procedures, evaluation and

management services, adaptive behavior assessments, and other codes listed on the [Services Not Reimbursable to Speech-Language Therapists/Pathologists](#) code list.

Speech-language pathology services are those services provided:

- Within the scope of practice of Speech-Language Therapists/Pathologists and consistent with State and local law, in which the services are furnished.
- Necessary for the diagnosis and treatment of:
 - Speech and language disorders, which result in a communication disability; or
 - Swallowing disorders (dysphagia), regardless of the presence of a communication disability.

Consistent with CMS, services must relate directly and specifically to a written speech therapy treatment plan (also known as a plan of care or plan of treatment) and must be established before treatment has begun. Therapy may be initiated by a Speech-Language Therapist/Pathologist, based on the plan of care. The plan of care must specify the speech therapy services planned.

There shall be different plans of care for each type of therapy discipline. For example, a Speech Therapist may not provide services under a physical therapy plan of care. However, both may be treating the patient for the same condition.

Modifiers are used to identify therapy services, whether or not financial limitations are in effect. Healthcare Common Procedure Coding System (HCPCS) modifier GN (services delivered under an outpatient speech-language pathology plan of care) should be submitted with any speech therapy service codes, provided by a Speech-Language Pathologist, that are considered by CMS to be “always therapy” services. However, the use of the GN modifier does not allow a Speech Therapist/Pathologist to deliver services they are not qualified and recognized to perform.

Other Reimbursement Policies that address reimbursement for the codes reported may also apply.

APPLICABLE CODES

CPT/HCPCS Codes										
Services Not Reimbursable to Speech-Language Therapists/Pathologists										
Codes for services that Oxford does not reimburse when reported by Speech-Language Therapists/ Pathologists										
0362T	31575	70371	74230	76536	97010	97012	97014	97016	97018	97022
97024	97026	97028	97032	97110	97112	97113	97116	97140	97150	97151
97152	97161	97162	97163	97164	97165	97166	97167	97168	97169	97170
97171	97172	97530	98970	98971	98972	99091	99201	99202	99203	99204
99205	99211	99212	99213	99214	99215	99217	99218	99219	99220	99221
99222	99223	99224	99225	99226	99231	99232	99233	99234	99235	99236
99238	99239	99241	99242	99243	99244	99245	99251	99252	99253	99254
99255	99281	99282	99283	99284	99285	99288	99291	99292	99304	99305
99306	99307	99308	99309	99310	99315	99316	99318	99324	99325	99326
99327	99328	99334	99335	99336	99337	99339	99340	99341	99342	99343
99344	99345	99347	99348	99349	99350	99354	99355	99356	99357	99358
99359	99360	99367	99374	99375	99377	99378	99379	99380	99381	99382
99383	99384	99385	99386	99387	99391	99392	99393	99394	99395	99396
99397	99401	99402	99403	99404	99406	99407	99408	99409	99411	99412
99415	99416	99421	99422	99423	99429	99441	99442	99443	99446	99447
99448	99449	99450	99451	99452	99453	99454	99455	99456	99457	99458
99460	99461	99462	99463	99464	99465	99466	99467	99468	99469	99471
99472	99473	99474	99475	99476	99477	99478	99479	99480	99483	99484
99485	99486	99487	99489	99490	99491	99492	99493	99494	99495	99496
99497	99498	99499	G2061	G2062	G2063					

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REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2020R0097B]

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2020	<ul style="list-style-type: none">New Reimbursement Policy