

Draft LCD for Outpatient Speech Language Pathology (DL28693)

Draft

Please note: This is a Draft policy.

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Future

Please note: This is a Future Draft LCD.

Contractor Information

Future

Future

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Contractor Name

Palmetto GBA

Contractor Number

01101

Contractor Type

MAC - Part A

LCD Information

Future

Future

Draft

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LCD ID Number

DL28693

LCD Title

Outpatient Speech Language Pathology

Contractor's Determination Number

J1A-09-0003-L

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862(a)(7) excludes routine physical examinations.

Title XVIII of the Social Security Act, §1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, §1835 (2)(D) lists requirements for certification and recertification of outpatient speech pathology services.

Title 42, Code of Federal Regulations, §§410.61, 424.24, 485.705 and 485.715

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 6, §20.4.1

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 12, §§10, 20.1, 30, and 40.4

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §§220, 220.1, 220.1.1, 220.1.2, 220.1.3, 220.1.4, 220.2, 220.3, 230, 230.3, 230.5 and 230.6

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, §§50.1, 50.2, 50.3, and 50.4

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 3, §§170.1, 170.2, and 170.3

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 5, §§10, 20, 20.2, and 40.2-40.5

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §30.3

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 23, §10

CMS Manual System, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.1(B)

CMS Manual System, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.5.1

Primary Geographic Jurisdiction

Oversight Region

Region I

Projected Determination Effective Date

For services performed on or after 06/25/2009

Original Determination Ending Date

Revision Effective Date

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Speech-Language Pathology (SLP) services are those services necessary for the diagnosis and treatment of speech, language and cognitive communication disorders which result in communication disabilities. Speech-Language Pathology also includes evaluation and treatment of swallowing.

Speech-Language Pathology services are part of a constellation of rehabilitative services designed to improve or restore cognitive functioning, communication skills and/or swallowing skills following congenital or acquired disease or injury. "Acquired etiologies include but are not limited to stroke, brain tumor, traumatic brain injury, anoxic or toxic encephalopathy, and nondegenerative and degenerative neurologic diseases (including the dementias)." Speech-Language Pathologists use the clinical history, cognitive/language examination and a variety of evaluations to characterize individuals with impairments, activity limitations, disabilities and participation restrictions. Impairments, functional limitations and disabilities thus identified are then addressed by the design and implementation of therapeutic intervention tailored to the specific needs of the individual patient. The specific interventions most commonly utilized are tasks/exercises to improve, maintain, train or retrain speech/language and/or cognitive/memory skills, swallowing skills and overall functional communication skills; either verbal or non-verbal so the individual can communicate and function as effectively as possible with daily activities. In order to facilitate increased participation in life, interventions may also include individualized communication partner training and education in order to help the individual achieve relevant personal goals appropriate to his or her cultural and/or language community.

For outpatient settings, references to "physicians" throughout this policy include the following non-physician practitioners (NPP): nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners may certify, order and establish the plan of care for Speech-Language Pathology and dysphagia services by Speech-Language Pathologists as authorized by State law.

1. Laryngoscopy, flexible or rigid, with stroboscopy (CPT code 31579)

Flexible fiberoptic nasoendoscopy or rigid fiberoptic oral endoscopy is performed using a strobe light correlated to voice fold vibration, which permits vocal tract structures to be visualized in an apparent slow motion format in order to assess the effect of pathology on the process of voicing and to determine appropriate therapy strategies.

The Speech–Language Pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function, conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions and developing a treatment plan employing appropriate compensations and therapy techniques.

2. Speech/language/hearing evaluation (CPT code 92506)

Evaluation is a comprehensive service that requires professional skills to make clinical judgments about conditions for which services are indicated based on objective measurements and subjective evaluations of patient performance and functional abilities. Evaluation is warranted e.g., for a new diagnosis or when a condition is treated in a new provider setting. These evaluative judgments are essential to development of the plan of care, including goals and the selection of interventions. The time spent in the evaluation does not also count as treatment time.

Reevaluation is periodically indicated during an episode of care when the professional assessment indicates a significant improvement or decline in the patient’s condition or functional status. Some regulations and state practice acts require reevaluation at specific intervals. A reevaluation is focused on evaluation of progress toward current goals and making a professional judgment about continued care, modifying goals and/or treatment or terminating services. Reevaluation requires the same professional skills as an evaluation.

Note: Current Procedural Terminology does not define a reevaluation code for Speech-Language Pathology: use the evaluation code.

The evaluation is the identification, assessment, and diagnosis of the following disorders:

- a. Speech, articulation, fluency, and voice (including respiration, phonation, and resonance)
- b. Language skills (involving the parameters of phonology, morphology, syntax, semantics, and pragmatics, and including disorders of receptive and expressive communication in oral, written, graphic, and manual modalities)
- c. Cognitive aspects of communication (including communication disability and other functional disabilities associated with cognitive impairment)
- d. Aural rehabilitation

Note: The condition for which the Speech–Language Pathologist is seeing the patient must be expected to improve.

3. Evaluation of patient for prescription of voice prosthetic (CPT code 92506)

The patient is evaluated for a voice prosthetic. The patient's ability to perform the mechanics necessary to provide voice, care and cleaning of the unit are evaluated, as well as the patient's preference for the unit (examples of voice prosthetics are tracheoesophageal valves, electrolarynges, speaking valves, and voice amplifiers).

4. Modification or training in use of voice prosthetic (CPT code 92507)

Modifications in voice prosthetic to supplement oral speech would be appropriate and should be carried out by a Speech-Language Pathologist. (Modification of the voice prosthetic would involve programming or reprogramming the device to meet the patient's needs.)The patient is seen for sizing, fitting, placement or replacement and training of the voice prosthetic.

5. Speech/language/hearing therapy (CPT code 92507)

Speech/language/hearing therapy is the treatment/intervention, (e.g., prevention, restoration, amelioration, and compensation) and follow-up service for disorders of speech, articulation, fluency and voice, and language skills as well as for impairments of cognition, language and pragmatics found in cognitive communication disorders:

- a. Providing consultation, counseling, and making referrals when appropriate;
- b. Providing education, training and support to family members/caregivers and other communication partners of individuals with speech, voice, language, cognitive communication disorders, fluency, hearing and swallowing disabilities;
- c. Developing and establishing effective augmentative and alternative communication techniques and strategies, including selecting, prescribing and dispensing of aids and devices as identified by State Practice Acts and training individuals, their family members/caregivers, and other communication partners in their use. Regarding speech-generating devices, use CPT code 92607 for selection and prescription; use CPT code 92609 for adaptation and training;
- d. Selecting, fitting, and establishing effective use of appropriate prosthetic/adaptive devices for speaking;
- e. Providing aural rehabilitation and related counseling services to individuals with hearing loss and to their family members/caregivers; and /or
- f. Providing interventions for individuals with central auditory processing disorders.

Treatment may include individualized communication partner/education and training appropriate to the individual's cultural and language community.

6. Audiologic rehabilitation(group)(CPT code 92508)

“Audiologic rehabilitation is a facilitative process that provides intervention to address the impairments, activity limitations, participation restrictions, and possible environmental and personal factors that may affect the communication, functional health, and well-being of persons with hearing impairment or by others who participate with them in those activities.”

A group for the purpose of performing group therapy will be defined as:

- a. 2-4 patients per therapy receiving active therapy but not one on one treatment and

b. the patients may be performing the same therapy or a different therapy but the Speech Language Pathologist is instructing all the patients in the group.

Note: Regardless of the therapy being performed, if the patient is not receiving direct one on one contact but is being supervised by the therapist, the group therapy code should be used.

7. Nasopharyngoscopy with endoscope (CPT code 92511)

Nasopharyngoscopy with endoscope is the visualization of the nasopharynx and vocal tract during speech production with an endoscope to assess and treat patients with resonance and/or aeromechanical disorders.

The Speech–Language Pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function, conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions and developing a treatment plan employing appropriate compensations and therapy techniques.

8. Nasal Function Studies (CPT code 92512)

Nasometry assessment is an instrumental assessment of resonance. This assessment provides numbers that represent a ratio between oral resonance and nasal between oral resonance and nasal resonance during production of specific syllables, phrases, and reading passages. Normative data is available so that a patient's scores can be interpreted relative to normal. Nasometry helps quantify hypernasality and hyponasality. It also provides a baseline for measuring change following management-therapeutic or surgical.

The speech-language pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitate therapy techniques. The equipment that is used in the examination may be portable, mobile, or fixed. Professional guidelines recommended that the service be provided in a team setting with a physician available to provide interpretation of revealed medical conditions. This typically involves 1 hour of face-to-face time with the speech-language pathologist.

9. Laryngeal function studies (CPT code 92520)

Laryngeal function studies are the acoustic and aerodynamic measures used to evaluate vocal function.

10. Oral function therapy (CPT code 92526)

Oral function therapy involves the treatment for impairments and/or functional limitations of mastication (i.e. chewing), and/or swallowing (including preparatory, oral, pharyngeal, laryngeal, and esophageal phases). Oral function therapy may also involve indirect treatment to include recommendations regarding therapeutic diet, compensatory strategies/techniques and instructions to facilitate oral motor control for feeding.

11. Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech (CPT code 92597)

Evaluation of a patient for fitting of speech devices such as a one way valve for tracheo-esophageal punctures for laryngectomy procedures. These devices are not directly attached to the patient and are a supplement for a non-verbal patient. The voice prosthetic allows the patient to use his own vocal production to communicate to other people.

12. Evaluation for prescription of non-speech-generating augmentative and alternative communication device (CPT code 92605)

Evaluation of patients who are non-verbal or who do not have the capacity for verbal communication, that may need augmented communication devices for communication purposes. Augmented communication devices may include the use of a computer device, book communication, pad/writing tools, etc.

13. Therapeutic service(s) for the use of non-speech generating device, including programming and modification (CPT code 92606)

Treatment of patients who are non-verbal or who do not have the capacity for verbal communication, that may need augmented communication devices for communication purposes. Augmented communication devices may include the use of a computer device, book communication, pad/writing tools, etc.

14. Evaluation of a patient for prescription of speech-generating devices (CPT codes 92607/92608)

Evaluation of a patient for prescription of speech-generating devices includes evaluation of language comprehension and production across modalities: written, spoken, and gestural. This may also include evaluation of motor skills and nonverbal communication strategies (e.g. words, pictures, and vocalizations). Evaluation includes the ability to operate and effectively use a speech-generating device or aid.

15. Re-evaluation of a patient using speech-generating devices: (CPT codes 92607/92608)

Re-evaluation of the patient using speech-generating devices or aids to supplement oral speech, assess the need for continued use or identify the need for changes in objectives.

16. Patient adaptation and training for use of speech-generating devices (CPT code 92609)

Patient adaptation and training for use of speech-generating devices includes the development of operational competence in using a speech-generating device or aids to include customizing the features of the device to meet the specific communication needs of each patient and providing opportunities for developing skill in all aspects of device use.

17. Clinical evaluation of swallowing function (CPT code 92610)

Clinical evaluation of swallowing function is the evaluation of oropharyngeal swallowing dysfunction including the phases of oral preparatory, oral/voluntary and pharyngeal in reference to oral and motility problems in the oral cavity and pharynx.

The bedside clinical examination may include:

- a. History of patient's disorder and awareness of swallowing disorder, and indications of localization and nature of disorder
- b. Medical status including nutritional and respiratory status
- c. Oral anatomy/physiology (labial control, lingual control, palatal function)
- d. Pharyngeal function

e. Laryngeal function

f. Ability to follow directions (alertness)

g. Interventions used to facilitate normal swallow (compensatory strategies such as chin tuck, dietary changes, etc.)

h. Identifying symptoms during attempts to swallow

The clinical examination can be divided into two phases:

a. The pre-swallowing assessment/preparatory examination with no swallow, and

b. the initial swallow examination with actual swallow while physiology is observed

Note: Based on the findings of the clinical evaluation, an instrumental examination may or may not be recommended. Despite positive clinical findings there are times when an instrumental examination may not be indicated (e.g., the patient is too medically unstable to tolerate a procedure, the patient is unable to cooperate or participate in an instrumental exam, in the Speech-Language Pathologist's judgment, the instrumental exam would not change the clinical management of the patient). In addition, because of the documented limitations of the clinical evaluation of swallowing, there may be scenarios where despite a "negative" clinical examination an instrumental examination may still be indicated. In these cases, information supporting the medical necessity of the instrumental examination should be documented in the medical records.

18. Evaluation of swallowing involving swallowing of radio-opaque materials (CPT code 92611)

Evaluation of swallowing involving swallowing of radio-opaque materials is the evaluation of oropharyngeal swallowing dysfunction including the phases of oral preparatory, oral/voluntary, pharyngeal, laryngeal, and esophageal in reference to oral and pharyngeal transit times during deglutition and motility problems in the oral cavity and pharynx, and the determination of the swallowing process.

The Speech–Language Pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the radiological examination and interpretation of medical conditions revealed in it.

The instrumental examination may include:

a. History of patient's disorder and awareness of swallowing disorder, and indications of localization and nature of disorder

b. Medical status including nutritional and respiratory status

c. Oral anatomy/physiology (labial control, lingual control, palatal function)

d. Pharyngeal function

e. Laryngeal function

f. Ability to follow directions (alertness)

g. Interventions used to facilitate normal swallow (compensatory strategies such as chin tuck, dietary changes, etc.)

h. Presence or absence of aspiration

Note: Diagnostic radiographic studies are recommended when results of the bedside or clinical evaluation are inconclusive or suggest dysphagia and/or aspiration.

19. Endoscopic study of swallowing function (FEES) (CPT code 92612)

Evaluation of swallowing (FEES) involves placement of a flexible endoscope transnasally to the hypopharynx. The procedure permits direct visualization of anatomy as well as an assessment of amplitude, speed/briskness, and symmetry of movement of the velopharyngeal sphincter, base of tongue, pharynx, and larynx. Sensation is assessed by noting the reaction of the patient to the presence of the endoscope. Findings include briskness of swallow initiation, timing of bolus flow and swallow initiation, adequacy of bolus driving/clearing forces, adequacy of velar and laryngeal valving forces, penetration and/or aspiration, before or after the swallow, and presence of hypopharyngeal reflux.

The Speech–Language Pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function, conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions and developing a treatment plan employing appropriate compensations and therapy techniques.

20. Sensory testing during endoscopy study of swallowing (CPT code 92614)

A fiberoptic endoscopic evaluation of swallowing with sensory testing is the performance of a FEES with the incorporation of sensory testing. The sensory evaluation is completed by delivering pulses of air at sequential pressures to elicit the laryngeal adductor reflex. A sensory threshold is thus established.

Motor evaluation is completed by giving various food items with different consistencies while factors such as oral transit time, inhibition of swallowing, laryngeal elevation, spillage, residue, condition of swallow, laryngeal closure, reflux, aspiration, and ability to clear residue are monitored. The entire procedure may be done at bedside. The use of anesthesia may interfere with the sensory test and is usually not indicated.

Note: Other instrumental assessments may be indicated to study swallowing. The appropriateness of the assessment procedure will be based on the nature of the disorder and standard of practice.

21. Swallowing and laryngeal sensory testing (CPT code 92616)

Swallowing and laryngeal sensory testing using a flexible fiberoptic endoscope is the evaluation of swallowing and laryngeal sensory testing by cine or video recording.

The Speech–Language Pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function, conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions and developing a treatment plan employing appropriate compensations and therapy techniques.

22. Speech/Aural rehabilitation, and Aural rehabilitation following cochlear ear implant (CPT codes 92626, 92627, 92630 and 92633)

Aural rehabilitation consists of treatment that focuses on comprehension, and production of language in oral, signed or written modalities; speech and voice production, auditory training, speech reading, multimodal (e.g. visual, auditory-visual, and tactile) training, communication strategies, education and counseling. In determining the necessity for treatment, the patient's performance in both clinical and natural environment should be considered.

Aural rehabilitation following cochlear implant includes evaluation or aural rehabilitation status and hearing, and therapeutic services with or without speech processor programming. This may include:

- a. Extensive auditory rehabilitation therapy for patients with cochlear implants focusing on audition, cognition, language and speech skills
- b. Family member or caregiver training for auditory verbal techniques
- c. Improve patients' auditory skills pertaining to the suprasegmental aspects
- d. Improve patients' ability to discriminate and exhibit improvements in patient's speech (manner, place and voicing)

Note: Speech processor programming is usually performed by an audiologist.

23. Tensilon test for myasthenia gravis (CPT code 95857)

The role of the Speech-Language Pathologist is to assess the patient's speech characteristics (e.g., dysarthria, intensity, voice quality, strength, resonance and endurance in isolated word production task, conversation, and speech) during Tensilon testing.

24. Assessment of aphasia (CPT code 96105)

Evaluation, assessment, diagnosis, and identification of a communication disorder characterized by complete or partial impairment of language comprehension, formulation and use; excluding disorders associated with primary sensory, general mental deterioration or psychiatric disorders by standardized or informal measures.

25. Developmental testing; limited (CPT code 96110)

This includes screening/observations of cognitive abilities, gross and fine motor abilities and communication abilities necessary for performing daily activities, with interpretation and report.

26. Developmental testing; extended (CPT code 96111)

This includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments; with interpretation and report.

27. Neurobehavioral status exam (CPT code 96116)

This is a clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report.

28. Standard Cognitive Performance Testing (CPT code 96125)

Evaluate abilities of executive (cognitive) function including: assessment of learning abilities, memory and working memory, abstract thought, language, and attention.

29. Cognitive skills development (CPT code 97532)

This is the developing or restoring of cognitive status (alertness, orientation, attention, memory, problem solving, recall, affect, reasoning, judgment, organization, and retention) and (informal assessment/observation of cognitive abilities necessary for performing daily activities); with interpretation and report.

30. Sensory Integration (CPT Code 97533)

This modality may be used for patients needing oral sensory stimulation. The use of sensory integrative techniques is considered reasonable and necessary when patients must develop adaptive skills for sensory processing. When there has been a disruption of the auditory, vestibular, proprioceptive, tactile and/or visual system, interventions are required to assist the patient in remaining functional in their environment. The loss of sensory systems often compromises the safety of the patient; therefore therapy should provide adaptations that allow the patient to interact with their environment that promotes well-being.

31. Self-care/home and community reintegration management training (CPT code 97535)

Self-care/home and community reintegration management training includes but is not limited to compensatory training for life participation in communication situations in both home and community environments, meal preparation, safety procedures, and instructions in use of assistive technology methods/devices/adaptive equipment.

Coverage Topic

Physical, Occupational, and Speech Therapy

Coding Information

Future Future

Draft Draft Draft

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
18x	Hospital-swing beds
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
74x	Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97)
75x	Clinic-CORF
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

044X	Speech language pathology-general classification
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CPT/HCPCS Codes

31579	Diagnostic laryngoscopy
92506	Speech/hearing evaluation
92507	Speech/hearing therapy
92508	Speech/hearing therapy
92511	Nasopharyngoscopy
92512	Nasal function studies

92520	Laryngeal function studies
92526	Oral function therapy
92597	Oral speech device eval
92605	Eval for nonspeech device rx
92606	Non-speech device service
92607	Ex for speech device rx, 1hr
92608	Ex for speech device rx addl
92609	Use of speech device service
92610	Evaluate swallowing function
92611	Motion fluoroscopy/swallow
92612	Endoscopy swallow tst (fees)
92614	Laryngoscopic sensory test
92616	Fees w/laryngeal sense test
92626	Eval aud rehab status
92627	Eval aud status rehab add-on
92630	Aud rehab pre-ling hear loss
92633	Aud rehab postling hear loss
95857	Tensilon test
96105	Assessment of aphasia
96110	Developmental test, lim
96111	Developmental test, extend
96116	Neurobehavioral status exam
96125	Cognitive test by hc pro
97532	Cognitive skills development
97533	Sensory integration
97535	Self care mngment training

ICD-9 Codes that Support Medical Necessity

294.11*	DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE
307.0	STUTTERING
307.23	TOURETTE'S DISORDER
307.50	EATING DISORDER UNSPECIFIED
307.59	OTHER DISORDERS OF EATING
307.9	

OTHER AND UNSPECIFIED SPECIAL SYMPTOMS OR SYNDROMES NOT ELSEWHERE CLASSIFIED

310.1	PERSONALITY CHANGE DUE TO CONDITIONS CLASSIFIED ELSEWHERE
310.2	POSTCONCUSSION SYNDROME
315.00 - 315.09	DEVELOPMENTAL READING DISORDER UNSPECIFIED - OTHER SPECIFIC DEVELOPMENTAL READING DISORDER
315.31	EXPRESSIVE LANGUAGE DISORDER
315.32	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER
315.34	SPEECH AND LANGUAGE DEVELOPMENTAL DELAY DUE TO HEARING LOSS
315.39	OTHER DEVELOPMENTAL SPEECH DISORDER
315.4	DEVELOPMENTAL COORDINATION DISORDER
315.5	MIXED DEVELOPMENT DISORDER
315.8	OTHER SPECIFIED DELAYS IN DEVELOPMENT
333.71	ATHETOID CEREBRAL PALSY
333.79	OTHER ACQUIRED TORSION DYSTONIA
333.82	OROFACIAL DYSKINESIA
341.0 - 341.9	NEUROMYELITIS OPTICA - DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM UNSPECIFIED
342.00 - 342.92	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING UNSPECIFIED SIDE - UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
343.0 - 343.9	CONGENITAL DIPLEGIA - INFANTILE CEREBRAL PALSY UNSPECIFIED
344.81 - 344.89	LOCKED-IN STATE - OTHER SPECIFIED PARALYTIC SYNDROME
344.9	PARALYSIS UNSPECIFIED
351.0 - 351.9	BELL'S PALSY - FACIAL NERVE DISORDER UNSPECIFIED
352.1 - 352.2	GLOSSOPHARYNGEAL NEURALGIA - OTHER DISORDERS OF GLOSSOPHARYNGEAL (9TH) NERVE
358.00	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION
358.01	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION
358.2 - 358.9	TOXIC MYONEURAL DISORDERS - MYONEURAL DISORDERS UNSPECIFIED
359.21	MYOTONIC MUSCULAR DYSTROPHY

359.22	MYOTONIA CONGENITAL
359.23	MYOTONIC CHONDRODYSTROPHY
359.24	DRUG INDUCED MYOTONIA
359.29	OTHER SPECIFIED MYOTONIC DISORDER
359.3	PERIODIC PARALYSIS
359.4	TOXIC MYOPATHY
388.40	ABNORMAL AUDITORY PERCEPTION UNSPECIFIED
388.41	DIPLACUSIS
388.43	IMPAIRMENT OF AUDITORY DISCRIMINATION
388.45	ACQUIRED AUDITORY PROCESSING DISORDER
389.00 - 389.04	CONDUCTIVE HEARING LOSS UNSPECIFIED - CONDUCTIVE HEARING LOSS INNER EAR
389.05	CONDUCTIVE HEARING LOSS, UNILATERAL
389.06	CONDUCTIVE HEARING LOSS, BILATERAL
389.08	CONDUCTIVE HEARING LOSS OF COMBINED TYPES
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.20 - 389.22	MIXED HEARING LOSS, UNSPECIFIED - MIXED HEARING LOSS, BILATERAL
389.7	DEAF, NONSPEAKING, NOT ELSEWHERE CLASSIFIABLE
438.10 - 438.19	SPEECH AND LANGUAGE DEFICIT UNSPECIFIED - OTHER SPEECH AND LANGUAGE DEFICITS
438.81	APRAXIA CEREBROVASCULAR DISEASE
438.82	DYSPHAGIA CEREBROVASCULAR DISEASE
438.83	FACIAL WEAKNESS
476.0 - 476.1	CHRONIC LARYNGITIS - CHRONIC LARYNGOTRACHEITIS
478.20 - 478.29	UNSPECIFIED DISEASE OF PHARYNX - OTHER DISEASES OF PHARYNX OR NASOPHARYNX
478.30 - 478.34	

UNSPECIFIED PARALYSIS OF VOCAL CORDS -
COMPLETE BILATERAL PARALYSIS OF VOCAL
CORDS

478.4	POLYP OF VOCAL CORD OR LARYNX
478.5	OTHER DISEASES OF VOCAL CORDS
478.6	EDEMA OF LARYNX
478.70 - 478.79	UNSPECIFIED DISEASE OF LARYNX - OTHER DISEASES OF LARYNX
507.0	PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS
524.20	UNSPECIFIED ANOMALY OF DENTAL ARCH RELATIONSHIP
524.21 - 524.29	MALOCCLUSION, ANGLE'S CLASS I - OTHER ANOMALIES OF DENTAL ARCH RELATIONSHIP
524.50	DENTOFACIAL FUNCTIONAL ABNORMALITY, UNSPECIFIED
529.8	OTHER SPECIFIED CONDITIONS OF THE TONGUE
530.0	ACHALASIA AND CARDIOSPASM
530.3	STRICTURE AND STENOSIS OF ESOPHAGUS
530.6	DIVERTICULUM OF ESOPHAGUS ACQUIRED
530.81	ESOPHAGEAL REFLUX
748.3	OTHER CONGENITAL ANOMALIES OF LARYNX TRACHEA AND BRONCHUS
749.00 - 749.04	CLEFT PALATE UNSPECIFIED - CLEFT PALATE BILATERAL INCOMPLETE
749.10 - 749.14	CLEFT LIP UNSPECIFIED - CLEFT LIP BILATERAL INCOMPLETE
749.20 - 749.25	CLEFT PALATE WITH CLEFT LIP UNSPECIFIED - OTHER COMBINATIONS OF CLEFT PALATE WITH CLEFT LIP
750.0	TONGUE TIE
750.10 - 750.19	CONGENITAL ANOMALY OF TONGUE UNSPECIFIED - OTHER CONGENITAL ANOMALIES OF TONGUE
780.99	OTHER GENERAL SYMPTOMS
781.8	NEUROLOGICAL NEGLECT SYNDROME
783.3	FEEDING DIFFICULTIES AND MISMANAGEMENT
783.42	DELAYED MILESTONES
784.3	APHASIA
784.40 - 784.49	VOICE DISTURBANCE UNSPECIFIED - OTHER VOICE DISTURBANCE
784.5	OTHER SPEECH DISTURBANCE

784.60 - 784.69	SYMBOLIC DYSFUNCTION UNSPECIFIED - OTHER SYMBOLIC DYSFUNCTION
784.99	OTHER SYMPTOMS INVOLVING HEAD AND NECK
786.1	STRIDOR
786.2	COUGH
787.20	DYSPHAGIA, UNSPECIFIED
787.21	DYSPHAGIA, ORAL PHASE
787.22	DYSPHAGIA, OROPHARYNGEAL PHASE
787.23	DYSPHAGIA, PHARYNGEAL PHASE
787.24	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE
787.29	OTHER DYSPHAGIA
807.5 - 807.6	CLOSED FRACTURE OF LARYNX AND TRACHEA - OPEN FRACTURE OF LARYNX AND TRACHEA
873.70 - 873.72	OPEN WOUND OF MOUTH UNSPECIFIED SITE COMPLICATED - OPEN WOUND OF GUM (ALVEOLAR PROCESS) COMPLICATED
873.74 - 873.79	OPEN WOUND OF TONGUE AND FLOOR OF MOUTH COMPLICATED - OPEN WOUND OF OTHER AND MULTIPLE SITES COMPLICATED
874.10 - 874.11	OPEN WOUND OF LARYNX WITH TRACHEA COMPLICATED - OPEN WOUND OF LARYNX COMPLICATED
874.5	OPEN WOUND OF PHARYNX COMPLICATED
907.0	LATE EFFECT OF INTRACRANIAL INJURY WITHOUT SKULL FRACTURE
933.1	FOREIGN BODY IN LARYNX
934.0	FOREIGN BODY IN TRACHEA
934.1	FOREIGN BODY IN MAIN BRONCHUS
V10.21	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARYNX
V40.1	MENTAL AND BEHAVIORAL PROBLEMS WITH COMMUNICATION (INCLUDING SPEECH)
V41.2	PROBLEMS WITH HEARING
V41.4	PROBLEMS WITH VOICE PRODUCTION
V41.6	PROBLEMS WITH SWALLOWING AND MASTICATION
V43.81	LARYNX REPLACEMENT STATUS
V48.2 - V48.7	MECHANICAL AND MOTOR PROBLEMS WITH HEAD - DISFIGUREMENTS OF NECK AND TRUNK
V52.8	FITTING AND ADJUSTMENT OF OTHER SPECIFIED PROSTHETIC DEVICE

***NOTE: ICD-9 code 294.11 must be billed in conjunction with the following ICD-9 codes. Code first the underlying physical condition as : dementia in:**

- Alzheimer's disease 331.0
- Cerebral lipidoses 330.1
- Dementia with Lewy bodies 331.82
- Dementia with Parkinsonism 331.82
- Epilepsy 345.0-345.9
- Frontal dementia 331.19
- Frontotemporal dementia 331.19
- General paresis [syphilis] 094.1
- Hepatolenticular degeneration 275.1
- Huntington's chorea 333.4
- Jakob-Creutzfeldt disease 046.1
- Multiple Sclerosis 340
- Pick's disease of the brain 331.11
- Polyarteritis nodosa 446.0
- Syphilis 094.1

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

N/A

General Information



Documentation Requirements

Coverage criteria for outpatient therapy services and documentation requirements are found in CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15.

1. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to Intermediary upon request.
2. The documentation in the medical records should have sufficient information to determine that a service was performed on specific dates, and the medical necessity of the service(s) rendered.
3. If the signed order includes a plan of care, no further certification of the plan is required. Payment is dependent on the certification of the plan of care rather than the order, but the use of an order is prudent to determine that a physician is involved in care and available to certify the plan.

4. Required documentation:

- Evaluation/and Plan of care
- Certifications and recertifications
- Progress reports
- Treatment notes for each treatment day (may also serve as progress notes)
- When appropriate, a separate justification statement for services that are more extensive than is typical for the condition treated

5. Documentation should justify:

- the individual is under the care of a physician or non-physician practitioner
- services require the skills of a therapist
- services are of the appropriate type, frequency, intensity and duration for the individual needs of the patient

6. Documentation should establish:

- variables that influence the patient's condition
- services provided at the time of treatment
- objective measurements that the patient is making progress toward goals. Measurements include but are not limited to standardized tests, rating scales, consumer self-ratings of communication participation, and measureable changes in communicative participation as gauged by changes in actual life roles and situations outside the treatment room.
- clinical rationale for continued treatment and/or reasons for lack of progress
- recommended changes to the plan of care
- ongoing reassessment of the patient's response to treatment

MAINTENANCE PROGRAMS

During the last visits for rehabilitative treatment, the clinician may develop a maintenance program. The goals of a maintenance program would be, for example, to maintain functional status or to prevent decline in function. The specialized skill, knowledge and judgment of a therapist would be required, and services are covered, to design or establish the plan, assure patient safety, train the patient, family members and/or unskilled personnel and make infrequent but periodic reevaluations of the plan.

The services of a qualified professional are not necessary to carry out a maintenance program, and are not covered under ordinary circumstances. The patient may perform such a program independently or with the assistance of unskilled personnel or family members.

Where a maintenance program is not established until after the rehabilitative therapy program has been completed (and the skills of a therapist are not necessary) development of a maintenance program would not be considered reasonable and necessary for the treatment of the patient's condition. It would be excluded from coverage under §1862 (a)(1) of the Act unless the patient's safety was at risk.

Evaluation and Maintenance Plan without Rehabilitative Treatment

After the initial evaluation of the extent of the disorder, illness, or injury, if the treating qualified professional determines the potential for rehabilitation is insignificant, an appropriate maintenance program may be established prior to discharge. Since the skills of a therapist are required for the development of the maintenance program and training the patient or caregivers, this service is covered.

Skilled Maintenance Therapy for Safety

If the services required to maintain function involve the use of complex and sophisticated therapy procedures, the judgment and skill of a therapist may be necessary for the safe and effective delivery of such services. When the patient's safety is at risk, those reasonable and necessary services shall be covered, even if the skills of a therapist are not ordinarily needed to carry out the activities performed as part of the maintenance program.

Appendices

N/A

Utilization Guidelines

“For evaluation of auditory processing disorders and speech-reading or lip-reading, by speech-language pathologists, use the untimed code 92506 with “1” as the unit of service, regardless of the duration of the service on a given day. This “always therapy” evaluation code must be provided by speech-language pathologists.”

“For treatment of auditory processing disorders or auditory rehabilitation/auditory training (including speech-reading or lip-reading), 92507, and 92508 are used to report a single encounter with “1” as the unit of service, regardless of the duration of the service on a given day. These codes always represent SLP services. These SLP evaluation and treatment services are not covered when performed or billed by audiologists, even if they are supervised by physicians or nonphysician practitioners.”

“For evaluation of auditory rehabilitation to instruct the use of residual hearing provided by an implant or hearing aid related to hearing loss, the timed codes 92626 and 92627 are used. These are not “always therapy” codes. Evaluation of auditory rehabilitation shall be appropriately provided by an audiologist or speech-language pathologist. Evaluation of auditory rehabilitation is a covered diagnostic test when performed and billed by an audiologist and is a SLP evaluation service covered under the SLP benefit when performed by a speech-language pathologist.”

“The services of a speech-language pathologist may be covered for SLP services provided after implantation of auditory devices. Use 92626 and 92627 for auditory (aural) rehabilitation evaluation following cochlear implantation or for other hearing impairments.”

Sources of Information and Basis for Decision

American Speech/Hearing/Language Association; *Preferred Practice Patterns for the Professions of Speech-Language Pathology and Audiology*. 1997.

American-Speech-Language Hearing Association. *Roles of Speech Language Pathologists in the Identification, Diagnosis, and Treatment of Individuals with Cognitive Communication Disorders: Position Statement* [Position Statement]. 2005. Available at: www.asha.org/policy.

American Speech-Language-Hearing Association. *Evidence-Based Practice in Communication Disorders* [Position Statement]. 2005. Available at: www.asha.org/policy.

American Speech-Language-Hearing Association. *Preferred Practice Patterns for the Profession of Audiology* [Preferred Practice Patterns]. 2006. Available at: www.asha.org/policy.

Nicolosi L, Harryman E, and Kerscheck J. *Terminology of Communication Disorders*. Maryland: The Williams & Williams Company. 1978.

International Classification of Functioning, Disability and Health (ICF). Geneva: World Health Organization; 2001.

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which include representatives from the affected provider community.

Contractor Advisory Committee meeting dates:

California - March 18, 2009

Hawaii - March 6, 2009

Nevada - March 12, 2009

Start Date of Comment Period

03/06/2009

End Date of Comment Period

04/20/2009

Start Date of Notice Period

Revision History Number

Revision History Explanation

Reason for Change

Other

Last Reviewed On Date

02/11/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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