Speech Language Therapy
Payment Policy

Policy
Blue Cross Blue Shield of Massachusetts (Blue Cross*) reimburses covered, medically necessary services to diagnose and treat speech and language disorders when the services are furnished by a contracted speech language pathologist. These covered services include:

- Medical care services to diagnose or treat speech and language disorders
- Speech and language therapy

General Benefit Information
Services and subsequent payment are based on the member’s benefit plan and provider Agreement. Providers and their office staff may use our electronic technologies to verify effective dates and members’ copayments before initiating services. Please visit our eTools page to access links that provide information on member eligibility and benefits. Member liability may include, but is not limited to, copayments, deductibles, and co-insurance and will be applied depending upon the member’s benefit plan.

Blue Cross covers medically necessary services to diagnose and treat speech, hearing, and language disorders when the services are furnished by a covered provider. No benefits are provided when these services are furnished in a school-based setting.

Certain services may require prior authorization or referral. Please refer to the member’s subscriber certificate and Authorization Requirements by Product for more information.

Payment Information
Blue Cross reimburses health care providers based on:

- Network provider reimbursement or contracted rates and
- Member benefits

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses:

- Speech language pathology services consistent with applicable state mandates
- Speech language pathology services, evaluations, and treatments
- Medical care to treat services as outlined above
- Diagnostic analysis of a cochlear implant
- Assessment of aphasia
- Speech language pathology services provided in the home
- Facility services in accordance with the outpatient surgical services payment policy when the approved medical services are delivered in the acute care hospital setting

Blue Cross does not reimburse:

- Individuals who are in training (examples: students, trainees, interns, residents, and fellows) unless otherwise communicated in writing
- School-based speech pathology services

General reimbursement information:

- When patients receive both occupational and speech therapy, the therapies must provide distinctly different treatments
Specific billing guidelines

Time-based service codes

- Time is face-to-face time with the patient.
- A unit of time is attained when the mid-point is passed. For example, for services billed in 30 minute units, providers should not report services performed for less than 16 minutes.

The absence or presence of a procedure code or service does not imply or guarantee coverage or reimbursement. Not all procedure codes may be applicable to your Blue Cross contract.

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0440-0449</td>
<td>Speech therapy</td>
<td></td>
</tr>
<tr>
<td>Modifiers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GN</td>
<td>Services delivered under an outpatient speech language pathology plan of care</td>
<td>Not required; informational only</td>
</tr>
</tbody>
</table>
| 96       | Habilitative services                                                               | • Use modifier 96 when submitting claims for members with a habilitation services benefit.  
                                         | • Habilitation services are defined as health care services that help a person keep, learn, or improve skills and functioning for daily living |
| CPT & HCPCS Codes |                                                                                   |                                                                          |
| 92507    | Treatment of speech, language, voice, communication, or auditory processing disorder; individual |                                                                          |
| 92508    | Treatment of speech, language, voice, communication, or auditory processing disorder; group, 2 or more individuals |                                                                          |
| 92521    | Evaluation of speech fluency (examples: stuttering, cluttering)                     |                                                                          |
| 92522    | Evaluation of speech sound production (examples: articulation, phonological process, apraxia, dysarthria |                                                                          |
| 92523    | Evaluation of speech sound production (examples: articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (examples: receptive and expressive language) |                                                                          |
| 92603-92604 | Diagnostic analysis of cochlear implant, age 7 years or older; with programming or subsequent reprogramming |                                                                          |
| 96105    | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, examples: by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour |                                                                          |
| S9128    | Speech therapy, in the home, per diem                                              |                                                                          |

Home Health

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue code</td>
<td>Speech therapy – language pathology</td>
<td>Use for visit</td>
</tr>
</tbody>
</table>
Skilled Nursing Facility

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue code 0441</td>
<td>Speech therapy – language pathology</td>
<td>Report with CPT codes 92507, 92521-92524</td>
</tr>
</tbody>
</table>

When submitting claims for reimbursement, report all services with:
- Up-to-date industry-standard procedure and diagnosis codes
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

Related Policies
General coding and billing
Physical and occupational therapy – independent practice
CPT and HCPCS modifier

Document History
08/01/2012  Documentation of existing policy.
10/02/2014  Annual review, template update and edits for clarity.
07/22/2015  Annual review, template update.
06/01/2017  Annual review; template update; inclusion of reimbursement guidelines for speech language therapy Services.
01/01/2018  Annual review; coding update; addition of new modifier 96; removal of deleted modifier SZ.

This document is designed for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

*Blue Cross refers to Blue Cross and Blue Shield of Massachusetts, Inc. and/or Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc. based on Product participation. ©2018 Blue Cross and Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc. ®Registered marks of the Blue Cross Blue Shield Association. ™ and SM Registered marks of Blue Cross Blue Shield of Massachusetts. ™ and SM Registered marks of their respective companies. All rights reserved. Blue Cross and Blue Shield of Massachusetts, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.

Payment policies are intended to assist providers in obtaining Blue Cross Blue Shield of Massachusetts’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment Policy formulation takes into consideration a variety of factors including: the terms of the participating providers’ contracts; scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.