

Local Coverage Article: Billing and Coding: Speech-Language Pathology (A52866)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Inc.	MAC			
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

Article Information

General Information

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Billing and Coding: Speech-Language Pathology

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Billing and Coding

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N/A

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N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This article contains coding and other guidelines that complement the Local Coverage Determination (LCD) for Speech-Language Pathology.

National Coverage Provisions

Speech-language pathology services are those services provided within the scope of practice of speech-language pathologists and necessary for the diagnosis and treatment of speech and language disorders, which result in communication disabilities and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability. (See CMS Publication 100-03, Medicare National Coverage Determinations (NCD) Manual, Part 3, Section 170.3) (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 230.3(A))

A qualified speech-language pathologist for program coverage purposes meets one of the following requirements:

- The education and experience requirements for a Certificate of Clinical Competence in (speech-language pathology) granted by the American Speech-Language Hearing Association; or
- Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification

(CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 230.3(B))An SLP normally has a master's degree and a Certificate of Clinical Competence (CCC-SLP) or all the requirements leading to a Certificate of Clinical Competence, that is, he or she is in their clinical fellowship year (CFY-SLP).

Speech-language pathology services may be considered reasonable and necessary when the following criteria are met:

- *The services shall be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition;*
- *The services shall be of such a level of complexity and sophistication or the condition of the patient shall be such that the services required can be safely and effectively performed only by a qualified therapist;*
- *If the contractor determines the services furnished were of a type that could have been safely and effectively performed only by or under the supervision of such a qualified professional, the contractor shall presume that such services were properly supervised when required. However, this presumption is rebuttable, and, if in the course of processing a claim, the contractor finds that services were not being furnished under proper supervision, it shall deny the claim and bring this matter to the attention of the Division of Survey and Certification of the Regional Office;*
- *While a beneficiary's particular medical condition is a valid factor in deciding if skilled therapy services are needed, a beneficiary's diagnosis or prognosis cannot be the sole factor in deciding that a service is or is not skilled. The key issue is whether the skills of a qualified therapist are needed to treat the illness or injury, or whether the services can be carried out by nonskilled personnel. Medicare coverage does not turn on the presence or absence of a beneficiary's potential improvement from the therapy, but rather on the beneficiary's need for skilled care; and*
- *The amount, frequency, and duration of the services must be reasonable under accepted standards of practice. The contractor shall consult local professionals or the state or national therapy associations in the development of any utilization guidelines and any one or more of the following:*
 1. *In the case of rehabilitative therapy, the patient's condition has the potential to improve or is improving in response to therapy, maximum improvement is yet to be attained; and there is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period of time; or*
 2. *The services must be necessary for the establishment of a safe and effective maintenance program required in connection with a specific disease state including evaluation, plan of treatment, and staff and family training, when the skills of an SLP are required; or*
 3. *In the case of a progressive degenerative disease, service may be intermittently necessary to determine the need for assistive equipment and/or establish a program to maximize function; or*
 4. *In the case of maintenance therapy, treatment by the therapist is necessary to maintain, prevent or slow further deterioration of the patient's functional status and the services cannot be safely carried out by the beneficiary him or herself, a family member, another caregiver or unskilled personnel.*

Evaluation of Language Disorders:

Re-evaluations are usually focused on the current treatment and might not be as extensive as initial evaluations. Continuous assessment of the patient's progress is a component of ongoing therapy services and is not payable as a re-evaluation. A re-evaluation is not a routine, recurring service but is focused on evaluation of progress toward current goals, making a professional judgment about continued care, modifying goals and/or treatment or terminating services. A formal re-evaluation is covered only if the documentation supports the need for further tests and measurements after the initial evaluation. Indications for a re-evaluation include new clinical findings, a significant change in the patient's condition, or failure to respond to the therapeutic interventions outlined in the plan of care.

A re-evaluation may be appropriate prior to planned discharge for the purposes of determining whether goals have been met, or for the use of the physician or the treatment setting at which treatment will be continued.

A re-evaluation 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 evaluation. The minutes for re-evaluation are documented in the same manner as the minutes for evaluation. Current Procedural Terminology does not define a re-evaluation code for speech-language pathology; use the evaluation code. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220.3.C)

Aural Rehabilitation:

The terms, aural rehabilitation, auditory rehabilitation, auditory processing, lipreading and speech reading are among the terms used to describe covered services related to perception and comprehension of sound through the auditory system. (CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 230.3.D.3)

Coding Guidelines:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed.

Under the Medicare Program, an independently practicing speech pathologist may now bill the Medicare program directly. Section 143 of the Medicare Improvements for Patients and Provider's Act of 2008 (MIPPA) authorizes the Centers for Medicare & Medicaid Services (CMS) to enroll speech-language pathologists (SLP) as suppliers of Medicare services and for SLPs to begin billing Medicare for outpatient speech-language pathology services furnished in private practice beginning July 1, 2009. Enrollment will allow SLPs in private practice to bill Medicare and receive direct payment for their services. Previously, the Medicare program could only pay SLP services if an institution, physician or nonphysician practitioner billed them.

However, the services of speech-language pathologists may continue to be billed by providers such as rehabilitation agencies, HHAs, CORFs, hospices, outpatient departments of hospitals, and suppliers such as physicians, non-physician practitioners (NPPs), physical and occupational therapists in private practice. When these services are billed by physicians or NPPs, they are covered when billed under the "incident to" provision. "Incident to" services or

supplies are defined as those furnished as an integral, although incidental, part of the physician's or NPPs personal professional services in the course of diagnosis or treatment of an injury or illness. These services must be related directly and specifically to a written treatment regimen established by the physician/NPP, after any needed consultation with a qualified speech pathologist, or by the speech pathologist providing such services.

The Medicare Physician Fee Schedule is the method of payment for outpatient physical therapy (which includes outpatient speech-language pathology). Providers must use modifier -GN to identify service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology Plan of Care. (CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 5, Section 20.1)

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. (CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 30.3.C)

CPT codes 92626 and 92627 have been added at the end of the comment period at the request of several commenters and are not restricted by the list of ICD-10-CM codes that support medical necessity.

ICD-10-CM code Z01.818 should be reported for pre-laryngectomy examinations.

Standardized cognitive performance testing (CPT code 96125) may be billed to assess cognitive status.

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within the LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Not only should documentation describe the condition of the patient that necessitates the skilled intervention of the speech-language pathologist, but should also report clinical judgment and describe the skilled nature of the treatment. Documenting the skilled components of activities will assist in supporting that the services are medically necessary.

Documentation of speech language services, like other therapy services, must be objective, clear and concise. Documentation in the clinical record must be descriptive, clearly related to functionality, and complement and correlate with other disciplines. Medical necessity may not be established if there is conflicting documentation between disciplines or widely fluctuating abilities indicating an unstable condition. Prior level of functioning must be documented and considered in the patient's treatment plan, to establish reasonable goals for the patient's present condition. Statements such as "mildly impaired to moderately impaired" or "fair plus to good minus" do not offer sufficient objective and measurable information to assess response to therapy and may result in denial of services as not medically necessary. Documentation of discharge planning should be indicated early in the treatment plan.

Rehabilitative Therapy:

When the goals of therapy are rehabilitative and a valid expectation of improvement existed at the time services were initiated, or thereafter, the services may be covered even though the expectation may not be realized. Progress reports must document a continued reasonable expectation that the patient's condition will improve significantly, i.e., a measurable and substantial increase in the patient's level of communication, independence, and functional competence compared to the level when treatment was initiated. Documentation should include whatever is deemed pertinent to justify the need for continued intervention, such as any improvements, setbacks, and intervening

medical complications.

Maintenance Therapy:

When the goals of therapy are to assist a beneficiary in maximizing or maintaining the progress he or she has made during therapy or to prevent or slow further deterioration due to a disease or illness (maintenance), and a valid expectation existed at the time services were initiated that skilled therapy intervention would achieve such goals, the services may be covered even though the expectation may not be realized. The record should also make clear why the services cannot be safely carried out by the beneficiary him or herself, a family member, another caregiver or unskilled personnel. Progress reports must document a continued reasonable expectation that the maintenance therapy goals are reasonable and achievable and that the skills of a therapist are required to meet those goals. Documentation should include whatever is deemed pertinent to justify the need for continued intervention, such as any improvements, setbacks, and intervening medical complications.

For additional information on Medicare documentation requirements for speech-language pathology services see: CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section, 220, including the subsections under Section 220.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY
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 (EG, STUTTERING, CLUTTERING)
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA);
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO

CODE	DESCRIPTION
	SUPPLEMENT ORAL SPEECH
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION
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)
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT, PER HOUR
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SURVEY, SPEECH AND LANGUAGE DELAY SCREEN), WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT
96112	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH INTERPRETATION AND REPORT; FIRST HOUR
96113	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH INTERPRETATION AND REPORT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR

CODE	DESCRIPTION
	SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; INITIAL 15 MINUTES
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE-ON-ONE) PATIENT CONTACT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT, EACH 15 MINUTES
G0451	DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT FORM

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The correct use of an ICD-10-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in the related determination.

ICD-10-CM code Z01.818 should be reported for a pre-laryngectomy examination.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F80.89	Other developmental disorders of speech and language
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression

ICD-10 CODE	DESCRIPTION
F81.89	Other developmental disorders of scholastic skills
F82	Specific developmental disorder of motor function
F88	Other disorders of psychological development
F98.5	Adult onset fluency disorder
G52.1	Disorders of glossopharyngeal nerve
G52.2	Disorders of vagus nerve
G52.3	Disorders of hypoglossal nerve
G52.7	Disorders of multiple cranial nerves
G52.8	Disorders of other specified cranial nerves
G60.8	Other hereditary and idiopathic neuropathies
H90.0	Conductive hearing loss, bilateral
H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.12	Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.5	Unspecified sensorineural hearing loss
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.A11	Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A12	Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted

ICD-10 CODE	DESCRIPTION
	hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H91.10	Presbycusis, unspecified ear
H91.93	Unspecified hearing loss, bilateral
H93.25	Central auditory processing disorder
H93.91	Unspecified disorder of right ear
H93.92	Unspecified disorder of left ear
H93.93	Unspecified disorder of ear, bilateral
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage

ICD-10 CODE	DESCRIPTION
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69.120	Aphasia following nontraumatic intracerebral hemorrhage
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69.220	Aphasia following other nontraumatic intracranial hemorrhage
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage
I69.228	Other speech and language deficits following other nontraumatic intracranial

ICD-10 CODE	DESCRIPTION
	hemorrhage
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage
I69.310	Attention and concentration deficit following cerebral infarction
I69.311	Memory deficit following cerebral infarction
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction
I69.313	Psychomotor deficit following cerebral infarction
I69.314	Frontal lobe and executive function deficit following cerebral infarction
I69.315	Cognitive social or emotional deficit following cerebral infarction
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction
I69.320	Aphasia following cerebral infarction
I69.321	Dysphasia following cerebral infarction
I69.322	Dysarthria following cerebral infarction
I69.323	Fluency disorder following cerebral infarction
I69.328	Other speech and language deficits following cerebral infarction
I69.391	Dysphagia following cerebral infarction
I69.392	Facial weakness following cerebral infarction
ICD-10 CODE	DESCRIPTION
I69.810	Attention and concentration deficit following other cerebrovascular disease
I69.811	Memory deficit following other cerebrovascular disease
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease
I69.813	Psychomotor deficit following other cerebrovascular disease
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.820	Aphasia following other cerebrovascular disease
I69.821	Dysphasia following other cerebrovascular disease
I69.822	Dysarthria following other cerebrovascular disease

ICD-10 CODE	DESCRIPTION
I69.823	Fluency disorder following other cerebrovascular disease
I69.828	Other speech and language deficits following other cerebrovascular disease
I69.891	Dysphagia following other cerebrovascular disease
I69.892	Facial weakness following other cerebrovascular disease
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease
I69.911	Memory deficit following unspecified cerebrovascular disease
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
I69.913	Psychomotor deficit following unspecified cerebrovascular disease
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69.920	Aphasia following unspecified cerebrovascular disease
I69.922	Dysarthria following unspecified cerebrovascular disease
I69.928	Other speech and language deficits following unspecified cerebrovascular disease
I69.990	Apraxia following unspecified cerebrovascular disease
J38.01	Paralysis of vocal cords and larynx, unilateral
J38.02	Paralysis of vocal cords and larynx, bilateral
J38.2	Nodules of vocal cords
J38.3	Other diseases of vocal cords
J38.5	Laryngeal spasm
K21.9	Gastro-esophageal reflux disease without esophagitis
R05	Cough
R13.0*	Aphagia
R13.10*	Dysphagia, unspecified
R13.11*	Dysphagia, oral phase
R13.12*	Dysphagia, oropharyngeal phase
R13.13*	Dysphagia, pharyngeal phase
R13.14*	Dysphagia, pharyngoesophageal phase
R13.19*	Other dysphagia

ICD-10 CODE	DESCRIPTION
R41.840	Attention and concentration deficit
R41.841	Cognitive communication deficit
R41.842	Visuospatial deficit
R41.843	Psychomotor deficit
R41.844	Frontal lobe and executive function deficit
R41.89	Other symptoms and signs involving cognitive functions and awareness
R47.01	Aphasia
R47.02	Dysphasia
R47.1	Dysarthria and anarthria
R47.81	Slurred speech
R47.82	Fluency disorder in conditions classified elsewhere
R47.89	Other speech disturbances
R48.0	Dyslexia and alexia
R48.1	Agnosia
R48.2	Apraxia
R48.8	Other symbolic dysfunctions
R49.0	Dysphonia
R49.1	Aphonia
T85.898A	Other specified complication of other internal prosthetic devices, implants and grafts, initial encounter
T85.898D	Other specified complication of other internal prosthetic devices, implants and grafts, subsequent encounter
T85.898S	Other specified complication of other internal prosthetic devices, implants and grafts, sequela
Z01.818	Encounter for other preprocedural examination
Z44.8	Encounter for fitting and adjustment of other external prosthetic devices
Z96.3	Presence of artificial larynx
Z97.4	Presence of external hearing-aid

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

*ICD-10-CM codes R13.0, R13.10, R13.11, R13.12, R13.13, R13.14 and R13.19 are only covered for CPT codes 92507, 92521, 92522, 92523 and 92524.

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

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.

N/A

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.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R6	Due to annual CPT/HCPC Updates, CPT code G0515 has been deleted from "CPT/HCPCS Codes" section Group 1 and the following new codes were added; 97129 and 97130. The descriptors have been changed for CPT codes 92626 and 92627.
12/19/2019	R5	This article was converted to the new Billing and Coding Article format.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>Bill types and Revenue codes have been removed from this article. Guidance on these codes is available in the Bill type and Revenue code sections.</p> <p>Asterisks were added to R13.0, R13.10, R13.11, R13.12, R13.13, R13.14 and R13.19 for clarification.</p>
01/01/2019	R4	Due to the annual CPT/HCPCS update, CPT code 96111 was deleted from the "CPT/HCPCS Codes" section and the following new codes were added; 96112 and 96113.
01/01/2018	R3	<p>Due to the annual HCPCS update, CPT code 97532 was deleted and removed from the "CPT/HCPCS Codes" section. An explanatory note regarding the code deletion was added to this section. HCPCS code G0515 was added as the replacement code.</p> <p>Removed template language.</p>
01/01/2017	R2	Due to annual HCPCS update, the descriptor was changed for CPT code 31579.
10/01/2015	R1	Removed place of service coding guidelines.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L33580 - Speech-Language Pathology

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/20/2019 with effective dates 01/01/2020 - N/A

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Keywords

N/A