

Speech Therapy Payment Policy

Policy

The Plan reimburses covered, medically necessary speech therapy services when the services are furnished by contracted, licensed speech-language pathologists or audiologists.

Updates related to coronavirus disease 2019 (COVID-19) for MassHealth ACO, NaviCare and Summit ElderCare:

Effective March 12th, 2020, in response to the State of Emergency in Massachusetts due to 2019 novel coronavirus (COVID-19), therapy providers (physical, occupational, speech) are permitted to provide therapy services via telehealth in accordance with MassHealth LTSS guidance. Please refer to the Fallon Health's Telemedicine Payment Policy for additional information related to the delivery of therapy services via telehealth and billing/coding guidelines.

Additionally, the following administrative requirements will be modified during the State of Emergency in accordance with LTSS guidance:

- **Prior authorization extensions** - Therapy Providers may request the continuation of an existing prior authorization. The provider must submit an extension request prior to the end date of the existing prior authorization. Extension requests may be approved for periods up to 30 days depending on the therapy provider's ability to assess the member's continuing need for therapy services. PA extensions will not be approved for requests to increase the frequency of services.
- **Medical referral requirements** - If a therapy provider is unable to acquire a written medical referral from a licensed physician prior to initiation of therapy services, or for any subsequent 60-day period, as described in 130 CMR 432.415, the therapy provider may obtain a verbal medical referral from a licensed physician approving the provision of therapy services. The verbal medical referral for therapy services must include the date and time acquired, as well as the signature of the licensed therapist obtaining the verbal medical referral, and must be maintained in the member's record. The therapist provider must acquire the written medical referral for therapy services prior to billing the MassHealth agency.

Definitions

Speech therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other symbol systems used for communication.

Reimbursement

Speech therapy treatments are reimbursed according to fee schedule arrangements and are subject to a daily payment maximum.

Referral/notification/prior authorization requirements

Authorization requirements vary according to Plan product; contact Customer Service for eligibility and benefits.

Billing/coding guidelines

The following codes should be used:

Code	Description
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92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
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
Modifier	Description
GN	Services delivered under an outpatient speech language pathology plan of care

Policy history

Origination date:	04/01/2016
Previous revision date(s):	07/01/2016 – Introduced policy.
Connection date & details:	<p>May 2017 – Updated authorization requirements and added GN modifier.</p> <p>July 2018 – Annual review, no updates.</p> <p>July 2019 – Annual review, no updates.</p> <p>June 1, 2020 - Updates for COVID-19 for MassHealth ACO and NaviCare in accordance with MassHealth LTSS guidance.</p> <p>June 26, 2020 - Updates for COVID-19 for Summit ElderCare in accordance with MassHealth LTSS guidance</p>

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.