

# Speech Therapy Payment Policy

## Policy

The Plan reimburses medically necessary covered speech therapy services furnished by plan providers including physicians, qualified non-physician practitioners (nurse practitioners, physician assistants, and clinical nurse specialists), and speech-language pathologists (also referred to as speech therapists) who are licensed by the state to furnish speech-language therapy services, and who also may appropriately furnish therapy services under Plan policy.

MassHealth has changed its policy regarding services rendered by therapy assistants. Beginning with dates of service on or after November 26, 2021, subject to the supervision requirements set forth in 130 CMR 432.000, MassHealth will reimburse for services of speech-language pathology assistants (SLPAs). This applies to both individually enrolled therapy providers and to therapy group practices under 130 CMR 432.404(E) ([MassHealth Transmittal Letter THP-27, November 2021](#)). This change in policy regarding services rendered by therapy assistants also applies to the Plan's MassHealth members.

Services of speech-language pathology assistants are not eligible for coverage for Medicare members (Medicare Benefit Policy Manual, Chapter 15, Section 230.3 - Practice of Speech-Language Pathology).

Fallon Health does not cover services provided by SLPAs for commercial plan members.

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

Effective March 10th, 2020, Governor Baker declared a State of Emergency in Massachusetts due to 2019 novel coronavirus (COVID-19). In light of the State of Emergency, MassHealth authorized certain COVID-19-related administrative flexibilities to long-term services and supports (LTSS) providers. These flexibilities were communicated in a guidance document titled [MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 \(COVID-19\)](#). Information provided in this guidance is effective for the duration of the State of Emergency declared via the [Governor's Executive Order No 591](#). The State of Emergency in Massachusetts ended on June 15, 2021.<sup>1</sup>

The following administrative requirements will be allowed 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 Plan.

---

<sup>1</sup> Order Announcing the Termination of the March 10, 2020 State of Emergency and Rescinding COVID-19 Executive Orders Issued Pursuant to the Massachusetts Civil Defense Act, available at: <https://www.mass.gov/info-details/covid-19-state-of-emergency>.

- **Telehealth** - A therapy provider may conduct required in-person activities via telehealth (including telephone and live video) in accordance with the standards set forth in the All Provider Bulletin 289, as determined necessary by the Therapy Provider. The performance and delivery of therapy services via telehealth must be clearly documented in the member's medical record. Please refer to Fallon Health's Telemedicine Payment Policy for additional information related to the delivery of therapy services via telehealth and billing/coding guidelines.

## 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.

Speech-language pathologist - A speech-language pathologist must be currently licensed by and in good standing with the Massachusetts Board of Registration in Speech-Language Pathology and Audiology as a speech/language therapist or speech/language pathologist.

Speech-language pathology assistant (SLPA) - An SLPA must be currently licensed by and in good standing with the Massachusetts Board of Registration in Speech-Language Pathology and Audiology as an SLPA. An SLPA must work under the supervision of a licensed Speech/Language pathologist. Supervision of SLPAs must be performed following state regulatory guidance. For speech/language pathologist, see 260 CMR 10.00: Use and Supervision of Speech-Language Pathology and Audiology Assistant.

## Reimbursement

Speech therapy services are reimbursed according to fee schedule arrangements.

Services provided by SLPAs must be billed using the NPI of the supervising therapist.

Effective for dates of service on or after March 1, 2022, the following HCPCS codes will deny vendor liable for all lines of business:

Code	Description
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

### Outpatient therapy services provided by skilled nursing facilities and home health agencies to Medicare members with Part B coverage

When allowed by their provider contract with the Plan, SNFs and home health agencies may provide outpatient therapy services under a therapy plan of care to Medicare members with Medicare Part B coverage in accordance with Medicare Benefit Policy Manual Chapter 15, Sections 220 and 230 and Medicare Claims Processing Manual, Chapter 5. Outpatient therapy services provided under a therapy plan of care must be billed with therapy procedure codes (CPT/HCPCS) therapy revenue codes (042X, 043X, 044X), therapy modifiers (GN, GO and GP) and therapy assistant modifiers (CQ and CO), as applicable.

- SNFs may bill for outpatient therapy services provided to residents who are not in a covered SNF stay and to nonresidents who are receiving outpatient rehabilitation services from the SNF.
- Home health agencies may bill for outpatient therapy services provided to patients who are not homebound or otherwise receiving services under a home health plan of care.

## Referral/notification/prior authorization requirements

Referral and prior authorization requirements vary according to product; contact Customer Service for eligibility and benefits.

Unlisted codes require prior authorization.

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

## Billing/coding guidelines

Services provided by SLPAs must be billed using the NPI of the supervising speech-language pathologist.

### Therapy Modifiers

To align with the Centers for Medicare & Medicaid Services (CMS), effective for dates of service on or after March 1, 2021, the Plan will require therapy modifiers on all claims for outpatient therapy services. This requirement applies to providers submitting professional claims (CMS-1500) including physicians, NPPs, physical therapists in private practice (PTPPs), occupational therapists in private practice (OTPPs), speech-language pathologists in private practice (SLPPs), and to providers submitting institutional claims (UB-04), including acute outpatient hospitals, comprehensive outpatient rehabilitation facilities (CORFs), skilled nursing facilities (SNFs) and home health agencies.

Claims for outpatient speech therapy services must include the following modifier to identify the plan of care under which the service is delivered:

- GN modifier – Services delivered under an outpatient speech-language pathology plan of care.

The GN cannot be reported with a physical therapy or occupation therapy modifier (i.e., GP or GO) on the same claim line.

Effective March 1, 2021, institutional claims for outpatient speech-language pathology services delivered under a speech-language pathology plan of care, must report revenue code 044X with a GN modifier, along with the procedure code for the service. Institutional claims for outpatient therapy services that do not meet this requirement will be returned to the provider.

### Outpatient cognitive rehabilitation services (CPT 97129 and 97130) for commercial plan members

Cognitive rehabilitation, as a distinct and definable component of the rehabilitation process, may be considered medically necessary in the rehabilitation of plan members with cognitive impairment due to COVID-19.

As required by Section 70 of Chapter 260 of the Acts of 2020, effective for dates of service on or after 01/01/2021, Fallon Health will waive cost-sharing for commercial plan members for cognitive rehabilitation (CPT 97129 and 97130) related to the treatment of COVID-19 when provided by both in-network and out-of-network providers.

Massachusetts Division of Insurance (DOI) Bulletin 2021-08 further requires these services to be provided without the use of prior authorization processes.

Per ICD-10-CM instructions, for sequela of COVID-19, assign a code(s) for the specific symptom(s) or condition(s) first, followed by U09.9, Post COVID-19 condition, unspecified, in a secondary position.

- For dates of service 01/01/2021 through 09/30/2021, ICD-10-CM diagnosis code B94.8, Sequelae of other specified infectious and parasitic diseases, will waive cost-sharing.
- For dates of service 10/01/2021 and onward, ICD-10-CM diagnosis code U09.9, Post COVID-19 condition, unspecified, will waive cost-sharing.

## Speech-Language Pathology Services Procedure Codes

Code	Description
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, two 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
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral pharyngeal swallowing function
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 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)

## Speech-Language Pathology Modifier

Effective for dates of service on or after March 1, 2021, the Plan will require therapy modifiers on all claims for outpatient therapy services.

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: May 2017 – Updated authorization requirements and added GN modifier.  
 July 2018 – Annual review, no updates.  
 July 2019 – Annual review, no updates.  
 June 1, 2020 - Updates for COVID-19 for MassHealth ACO and NaviCare in accordance with MassHealth LTSS guidance.  
 June 26, 2020 - Updates for COVID-19 for Summit ElderCare in accordance with MassHealth LTSS guidance.  
 January 2021 - Added requirement for therapy modifier on claims for speech therapy services

July 2021 – Clarified modifier requirements under Billing/coding guidelines.

January 2022 – Updated to include coverage for services of speech-language pathology assistants (SLPAs) for MassHealth members for dates of service on or after November 26, 2021; notification that HCPCS codes V5362, V5363, V5364 will deny vendor liable effective for dates of service on or after March 1, 2022.

April 2022 – Billing/coding guidelines updated to include cognitive rehabilitation services.

*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.*