

Speech-Language Pathology Services for the Treatment of Dysphagia (NCD 170.3)

Policy Number	170.3	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	03/26/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation.

Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Dysphagia is a swallowing disorder that may be due to various neurological, structural, and cognitive deficits. Dysphagia may be the result of head trauma, cerebrovascular accident, neuromuscular degenerative diseases, head and neck cancer, and encephalopathies. While dysphagia can afflict any age group, it most often appears among the elderly.

Patients who are motivated, moderately alert, and have some degree of deglutition and swallowing functions are appropriate candidates for dysphagia therapy. Elements of the therapy program can include thermal stimulation to heighten the sensitivity of the swallowing reflex, exercises to improve oral-motor control, training in laryngeal adduction and compensatory swallowing techniques, and positioning and dietary modifications. Design all programs to ensure swallowing safety of the patient during oral feedings and maintain adequate nutrition.

Reimbursement Guidelines

Speech-language pathology services are covered under Medicare for the treatment of dysphagia, regardless of the presence of a communication disability.

CPT/HCPCS Codes

Code	Description
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
74230	Swallowing function, with cineradiography/videoradiography
92506	Evaluation of speech, language, voice, communication, and/or auditory processing
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
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function

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92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only
92700	Unlisted Otorhinolaryngological Service Or Procedure
97150	Therapeutic Procedure(S), Group (2 Or More Individuals)

Modifiers

Code	Description
26	Professional component
TC	Technical component

References Included (but not limited to):

CMS NCD

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CMS LCDs

Numerous LCDs

CMS Benefit Policy Manual

Chapter 1; § 50 Other Diagnostic or Therapeutic Items or Services; § 110 Inpatient Rehabilitation Facility (IRF) Services

Chapter 7; § 10.1 National 60-Day Episode Rate; § 10.11 Consolidated Billing, § 30.2.9 Termination of the Plan of Care - Qualifying Services, § 30.4 Needs Skilled Nursing Care on an Intermittent Basis (Other than Solely Venipuncture for the Purposes of Obtaining a Blood Sample), Physical Therapy, Speech-Language Pathology Services, or Has Continued Need for Occupational Therapy, § 30.5.1 Content of the Physician Certification, § 40.2 Skilled Therapy Services, § 40.2.1 General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy, § 40.2.3 Application of the General Principles to Speech-Language Pathology Services, § 50.1 Skilled Nursing, Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy

Chapter 8; § 30.4.2 Speech-Language Pathology, §50.3 Physical Therapy, Speech-Language Pathology and Occupational Therapy Furnished by the SNF or by Others Under Arrangements With the Facility and Under Its Supervision

Chapter 12; § 40.4 Speech-Language Pathology Services

Chapter 15; § 220 Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance, § 230.3 Practice of Speech-Language Pathology

CMS Claims Processing Manual

Chapter 5; § 10 Part B Outpatient Rehabilitation and Comprehensive Outpatient Rehabilitation Facility (CORF) Services - General

CMS Transmittals

Transmittal 165, Change Request 8005, Dated 12/21/2012 (Implementing the Claims-Based Data Collection Requirement for Outpatient Therapy Services -- Section 3005(g) of the Middle Class Tax Relief and Jobs

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Creation Act (MCTRJCA) of 2012)

Transmittal 2622, Change Request 8005, Dated 12/21/2012 (Implementing the Claims-Based Data Collection Requirement for Outpatient Therapy Services -- Section 3005(g) of the Middle Class Tax Relief and Jobs Creation Act (MCTRJCA) of 2012)

Transmittal 55, Change Request 4014, Dated 05/05/2006 (Changes Conforming to CR3648 for Therapy Services)

Transmittal 106, Change Request 6381, Dated 04/24/2009 (Speech-Language Pathology Private Practice Payment Policy)

UnitedHealthcare Medicare Advantage Coverage Summaries

Rehabilitation - Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation)

UnitedHealthcare Reimbursement Policies

Multiple Procedure Payment Reduction (MPPR) For Therapy Services

History

Date	Revisions
03/26/2014	<ul style="list-style-type: none">• Annual review• Added CPT code 92700 and 97150
03/27/2013	<ul style="list-style-type: none">• Annual review• Administrative updates
09/12/2012	Administrative updates