SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.46 SPEECH THERAPY

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

SPEECH THERAPY BILLING GUIDELINES

Providers must adhere to the billing guidelines below when rendering speech therapy services.

General Guidelines

Speech therapy services for a given date of service must be billed on a single claim form. Each applicable code (CPT, HCPCS, etc.) must be listed once per date of service with the appropriate number of units. Date ranges or span dates are prohibited on individual claim lines, as such billing could result in inaccurate payments relative to services rendered.

Speech therapy services may only be billed if rendered by a provider licensed to perform speech therapy services and operating within the scope of such licensure. These services are only billable by audiologists when treating Central Auditory Processing Disorder. Outside of this scenario, audiologists or any other provider type not licensed to perform speech therapy services shall not bill for speech therapy services.

Services provided to members should only be billed if medically necessary and in accordance with applicable health plan benefits. Any services rendered should be clinically appropriate for the member's condition regarding the type, frequency and duration of treatment. Such services should align with generally accepted standards of care.

Time-Based Services

Louisiana Blue adheres to the American Medical Association® CPT guidelines for the billing of time-based codes. For the purpose of code selection, billed time is considered to be the amount of time spent delivering skilled services to the patient using face-to-face contact. A unit of time is attained when the mid-point is surpassed unless specific CPT guidelines state otherwise. If the mid-point of the unit of time is not surpassed during the rendering of services, the code should not be billed.

Comprehensive Speech Therapy Codes

CPT codes 92507, 92508 and 92526 are comprehensive speech therapy codes generally inclusive of all components of treatment and are not time-based. These codes are reported only one time per session and should be billed with only one unit per date of service. CPT codes 92507 and 92526 require direct individual one-on-one patient contact.

Physical Medicine Services

Speech therapy providers must use the most specific code available in accordance with these guidelines to describe services. Speech therapy providers are prohibited from billing physical medicine CPT codes (e.g., 97110, 97112, 97150, 97530, 97535). Physical medicine services are generally recognized as performed by chiropractors or physical or occupational therapists. Billing of physical medicine codes by speech therapy providers is generally prohibited and not reimbursable. For more information about physical medicine codes, please refer to the Chiropractic and Physical Medicine section of the *Professional Provider Office Manual*.

No Duplication of Treatment

If patients receive physical, occupational and speech therapy, they must have separate goal and treatment plans. There should be no duplication of treatment. If billing a time-based service, there must be no overlap between other services performed on the same date of service. Please refer to "Time Based Services" guidelines in this section for additional information.