



January 27, 2022

National Government Services, Inc.
Medical Policy Unit
Attention: LCD Reconsideration Request
P.O. Box 7108
Indianapolis, IN 46207-7108

To Whom it May Concern:

On behalf of the American Speech-Language-Hearing Association, I write regarding appropriate coding for dysphagia services provided by speech-language pathologists as outlined in the local coverage determination L33580 (Speech-Language Pathology) and associated coverage article (A52866).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

The local coverage determination (LCD) L33580 states that it includes swallowing and dysphagia services, but there is no guidance outlined related to dysphagia evaluation and treatment within the LCD. In addition, the associated coverage article does not include any of the Current Procedural Terminology (CPT®) codes that represent dysphagia evaluation and treatment. These codes include 92526, 92610, 92611, and 92612. The article also states that the diagnosis codes for dysphagia (R13.0, R13.10, R13.11, R13.12, R13.13, R13.14, and R13.19) should be billed with CPT codes that are not associated with dysphagia evaluation and treatment such as CPT code 92507, which reflects speech and language treatment.

The omission of CPT coding guidance for dysphagia and linking dysphagia diagnosis codes to speech and language services threatens the integrity of utilization data used by the National Government Services (NGS), the Centers for Medicare & Medicaid Services (CMS), and other stakeholders. For example, the American Medical Association (AMA) and specialty societies rely on the accuracy of this data to make informed decisions during the CPT code development and valuation process. It is critical to use CPT and diagnosis codes as they were intended to develop an effective and accurate picture of the range of clinical conditions for which Medicare beneficiaries receive evaluation and treatment services and to ensure coverage policies are comprehensive. Based on NGS's current guidance, speech-language pathologists (SLPs) may be using CPT codes for speech and language services to bill for dysphagia evaluation and treatment services. This is unnecessary and does not align with coding policies established by the AMA, the ICD-10-CM Coordination and Maintenance Committee, and the World Health Organization.

In addition, the absence of dysphagia coding guidance fails to recognize the unique role SLPs play in the evaluation and treatment of this clinical condition as supported in Chapter 15 of the Medicare Benefit Policy Manual. For example, Section 230.3.D.4 clearly delineates the role of SLPs in dysphagia evaluation and treatment:

“Dysphagia, or difficulty in swallowing, can cause food to enter the airway, resulting in coughing, choking, pulmonary problems, aspiration or inadequate nutrition and hydration with resultant weight loss, failure to thrive, pneumonia

and death. It is most often due to complex neurological and/or structural impairments including head and neck trauma, cerebrovascular accident, neuromuscular degenerative diseases, head and neck cancer, dementias, and encephalopathies. For these reasons, it is important that only qualified professionals with specific training and experience in this disorder provide evaluation and treatment.

The speech-language pathologist performs clinical and instrumental assessments and analyzes and integrates the diagnostic information to determine candidacy for intervention as well as appropriate compensations and rehabilitative therapy techniques. The equipment that is used in the examination may be fixed, mobile or portable. Professional guidelines recommend that the service be provided in a team setting with a physician/NPP who provides supervision of the radiological examination and interpretation of medical conditions revealed in it.

Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function; conducting an oral, pharyngeal, laryngeal, and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions; and developing a treatment plan employing appropriate compensations and therapy techniques.”

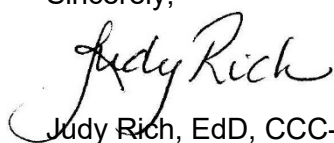
Therefore, ASHA recommends the inclusion of the following CPT codes in the coverage article for speech-language pathology, which are included in the CMS list of approved therapy codes:¹

- 92526, Treatment of swallowing dysfunction and/or oral function for feeding;
- 92610, Evaluation of oral and pharyngeal swallowing function;
- 92611, Motion fluoroscopic evaluation of swallowing function by cine or video recording;
- 92612, Flexible endoscopic evaluation of swallowing by cine or video recording;
- 92614, Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; and
- 92616, Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording.

ASHA also recommends that NGS update the article to reflect the need to accurately report diagnosis codes associated with dysphagia when billing the dysphagia evaluation and treatment codes listed above.

Thank you for your consideration of this request. If you or your staff have any questions, please contact Sarah Warren, MA, ASHA’s director of health care policy, Medicare, at swarren@asha.org.

Sincerely,



Judy Rich, EdD, CCC-SLP, BCS-CL
2022 ASHA President

¹ Centers for Medicare & Medicaid Services. (2021). *2022 Therapy Code List and Disposition*. <https://www.cms.gov/files/zip/2022-therapy-code-list-and-dispositions.zip>.