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## **ASHA's Model Speech, Language and Hearing Benefits**

### ***Ideal Health Plan Coverage for Audiology and Speech-Language Pathology Services***

These model benefit plans for audiology and speech-language pathology services and devices were developed by the American Speech-Language-Hearing Association (ASHA) to provide a document that offers guidance as to appropriate coverage levels.

The model benefit plans include:

- Audiology and speech-language pathology services that should be included;
- The circumstances under which the services should be covered;
- Recommendations regarding appropriate coverage levels; and
- Recommendations for device allowances (e.g., hearing aids, augmentative and alternative communication devices).

All Current Procedural Terminology (CPT) codes are copyright American Medical Association.

For additional information on the model benefit plans, please contact [reimbursement@asha.org](mailto:reimbursement@asha.org).



## Model Hearing Benefit Plan

Services and Devices <sup>1</sup>	Coverage Level & Device Allowances	CPT and HCPCS Codes
<b>Evaluation &amp; Management:</b> Medical Team Conferences, Telephone Assessment and Management, and Online Assessment and Management	Covered in full for the pediatric and adult populations for all medical diagnoses that have an ICD-9-CM code.	Evaluation & Management codes include, but are not limited to: 98966, 98967, 98968, 98969, 99366, 99368
<b>Assessment:</b> Audiological, Tinnitus, Vestibular and Balance, Central Auditory, Cochlear Implant, Hearing Assistive Technology Systems (HATS), Auditory Rehabilitation, Hearing Aid Assessment and Fitting, Intraoperative Monitoring	Covered in full for the pediatric and adult populations for all medical diagnoses that have an ICD-9-CM code.	Assessment codes include, but are not limited to: 92537, 92538, 92540-92548, 92550, 92552-92568, 92570-92596, 92601-92604, 92620, 92621, 92625, 92626, 92627, 92640, 92700, 95907-95913, 95925, 95930, 95937, 95940, 95941, V5008, V5010, V5011, V5014, V5020
<b>Treatment:</b> Audiologic (Aural) Rehabilitation/Habilitation, Vestibular and Balance, Auditory Processing, Cerumen Management, Canalith Repositioning	Covered in full for the pediatric and adult populations for all medical diagnoses that have an ICD-9-CM code as long as measurable and positive functional change is noted in a reasonable time period. <sup>2</sup>	Treatment codes include, but are not limited to: 92630, 92633, 95992, 69209, 69210
<b>Devices:</b> Hearing Aid Devices, Hearing Assistive Technology Systems (HATS), Assisted Listening Devices (ALDs), Cochlear Implants, Osseointegrated Implants, and Accessories	<ul style="list-style-type: none"> <li>• \$3000 hearing aid or HATS allowance per ear every 3 years</li> <li>• Replacement earmolds covered in full up to four times per year for children 7 years of age or under</li> <li>• \$5000 cochlear implant speech processor allowance every 5 years</li> <li>• HATS for use specifically with a cochlear implant covered in full once every 5 years</li> </ul>	Device codes include, but are not limited to: V5030 through V5265, V5267 through V5269, V5273, V5275, V5281 through V5290, V5298, V5299, L7510, L8614 through L8629, L8690 through L8693, L8699, L9900

<sup>1</sup> Services and Devices should be provided by an ASHA Certified and, where applicable, state licensed audiologist.

<sup>2</sup> If a limit on the number of sessions is established, the audiologist should be given the flexibility to determine the frequency and length of the sessions as well as the duration of treatment.



## Model Speech and Language Benefit Plan

Services and Devices <sup>3</sup>	Coverage Level & Device Allowances	CPT and HCPCS Codes
<b>Evaluation &amp; Management:</b> Medical Team Conferences, Telephone Assessment and Management, and Online Assessment and Management	Covered in full for the pediatric and adult populations for all medical diagnoses that have an ICD-9-CM code.	Evaluation & Management codes include, but are not limited to: 98966, 98967, 98968, 98969, 99366, 99368
<b>Assessment:</b> Speech, Language, Voice, Stuttering, Communication, Cognitive, Auditory Processing, Auditory (Aural) Rehabilitation, Swallowing Function, Augmentative and Alternative Communication (AAC), Voice Prosthetic	Covered in full for the pediatric and adult populations for all medical diagnoses that have an ICD-9-CM code.	Assessment codes include, but are not limited to: 92511, 92520-92524, 92597, 92605, 92607, 92608, 92610, 92611, 92612, 92614, 92616, 92626, 92627, 96105, 96110, 96111, 96125
<b>Treatment:</b> Speech, Language, Voice, Stuttering, Communication, Auditory Processing, Auditory (Aural) Rehabilitation/Habilitation, Cognitive Rehabilitation, Swallowing Function, AAC, Voice Prosthetic	Covered in full for the pediatric and adult populations for all medical diagnoses that have an ICD-9-CM code as long as measurable and positive functional change is noted in a reasonable time period. <sup>4</sup>	Treatment codes include, but are not limited to: 92507, 92508, 92526, 92606, 92609, 92618, 92630, 92633, 97110, 97112, 97127, 97150, 97530, 97533 <sup>5</sup>
<b>Devices:</b> AAC and Prosthetic Devices and Accessories	Covered in full if recommended by an ASHA-certified, and/or licensed speech-language pathologist.	Device codes include, but are not limited to: E1902, E2500 through E2512, E2599, L8500 through L8515, V5336

<sup>3</sup> Services should be provided by an ASHA Certified and, where applicable, state licensed speech-language pathologist.

<sup>4</sup> If a limit on the number of sessions is established, the speech-language pathologist should be given the flexibility to determine the frequency and length of the sessions as well as the duration of treatment.

<sup>5</sup> The Centers for Medicare & Medicaid Services advises that use of physical medicine and rehabilitation codes (9700 series) are not appropriate for speech-language pathology or dysphagia services, except for 97532 (now 97127) and 97533. Some Medicare contractors and private payers may allow exceptions. Speech-language pathologists should discuss the appropriate use of the 9700 series of codes with the payer.



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## Resources

- [Qualified Providers of Speech, Language, and Hearing Services](#)
- [Current Procedural Terminology \(CPT\) Codes](#)
- [Healthcare Common Procedure Coding System \(HCPCS\)](#)
- [International Classification of Diseases, 10th Revision, Clinical Modification \(ICD-10-CM\)](#)