Re: Coverage for Speech-Language Pathology Services

Dear Provider Relations Department:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to request clarification regarding a series of denials reported by our members. These denials indicate an issue with your classification of diagnosis codes from Chapter 5 (F01-F99) of the 2024 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).1

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

Denials are indicating that all codes found in Chapter 5 (F codes)—“Mental, behavioral, and neurodevelopmental disorders (F01-F99)”—are only allowable when billed by mental health professionals or when related to a mental health benefit. Historically, speech-language pathology services have been reimbursed when billed under this set of F codes.

Unfortunately, we have not been able to obtain documentation that provides a clear reason for the onset of these new denials. We believe this may come from a misinterpretation of the proposed amendments to the Mental Health Parity and Addiction Equity Act (MHPAEA), which cites “the plan’s or coverage’s definition of ‘mental health benefits’ must include all conditions covered under the plan or coverage, except for substance use disorders, that fall under any of the diagnostic categories listed in the mental, behavioral, and neurodevelopmental disorders chapter (or equivalent chapter) of the most current version of the ICD or that are listed in the most current version of the DSM.”2

If your plan is basing denials on the above-referenced definition of mental health benefits, ASHA respectfully notes that the act also states “any condition defined by the plan as being or as not being a mental health condition must be defined consistent with generally recognized independent standards of current medical practice.”3 Although SLPs do treat patients who may be diagnosed with conditions listed within Chapter 5—including Autism Spectrum Disorder (ASD)—their interventions are not classified as mental health services under current medical standards. SLPs play a central role in screening, evaluating, and treating individuals with ASD in areas including speech, language, social communication, swallowing, and feeding.4

There are also codes in a section of the chapter—“Pervasive and specific developmental disorders (F80-F89)”—that include conditions commonly treated by SLPs that are not considered mental health conditions. For example, SLPs are the preeminent providers treating communication disorders that are captured in section F80 for specific developmental disorders of speech and language.5 Unless a patient has an underlying medical diagnosis or there is no F code to represent the condition, codes from the F80-F89 section are the correct options for SLPs to assign and bill.6,7

Treatment for these developmental conditions is considered an essential health benefit under the Affordable Care Act.8,9,10 As such, many insurance plans cover these conditions under this benefit. Medicare also provides comprehensive coverage of speech-language pathology
services, including treatment of developmental speech, language, and communication disorders captured in Chapter 5, 7,8,11,12. To ensure your beneficiaries can be adequately served, we strongly urge you to add codes from sections F80-F89 of Chapter 5 into your speech-language pathology benefit and allow SLPs to accurately reflect the medically necessary reason for treatment.

Thank you for considering our recommendations. ASHA stands ready to offer input on your coding and coverage considerations. If you or your staff have any questions, please contact Meghan Ryan, MSL, ASHA's director of health care policy, private health plans, at mryan@asha.org.

Sincerely,

Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President

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3 Ibid.