January 16, 2019

Niles R. Rosen, MD  
Medical Director  
Linda S. Dietz, RHIA, CCS, CCS-P  
Coding Specialist  
National Correct Coding Initiative (NCCI)  
Correct Coding Solutions LLC  
P.O. Box 907  
Carmel, IN 46082-0907

RE:  National Correct Coding Initiative Policy Manual for Medicare Services, Chapter 11, Section H, Subsection 2

Dear Dr. Rosen and Ms. Dietz:

On behalf of the American Speech-Language-Hearing Association, I write to request a correction in response to revised coding instructions for cognitive treatment services in Chapter 11, Section H, Subsection 2 of National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services, which became effective January 1, 2019.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA specifically requests NCCI to correct a recent change that added the Medicare G-code for cognitive treatment—G0515 (cognitive skills development, each 15 minutes)—to the list of services that speech-language pathologists (SLPs) do not perform in Chapter 11, Section H, Subsection 2 of the NCCI Policy Manual. As noted in the manual, G0515 replaced CPT code 97532 in January 2018. However, 97532 was never included as a service not performed by SLPs nor are there any recent Medicare policy changes that ASHA is aware of that warrants the addition of G0515 to this list.

Evaluation and treatment of cognitive deficits is a well-established practice area for SLPs.¹ Medicare utilization data shows SLPs as a primary biller for cognitive treatment services in 2017.² Medicare notes in Change Request (CR) 10303—effective January 1, 2018—that G0515 is a service that may be furnished by therapists “under an SLP, OT, or PT plan of care”.³ In addition, ASHA’s review of current Medicare local coverage determinations (LCDs) related to speech-language pathology services confirms that G0515 is listed as a covered service in six distinct LCDs published by the following Medicare Administrative Contractors (MACs): Palmetto GBA, Novitas Solutions, Inc., CGS Administrators, LLC, National Government Services, Inc., and First Coast Service Options, Inc. For example, LCD L35070—Speech-
Language Pathology (SLP) Services: Communication Disorders—notes that G0515 “describes interventions used to improve, maintain, or prevent further deterioration of cognitive skills, (e.g., attention, memory, problem solving) with direct (one-on-one) patient contact by the clinician… As stated earlier, speech-language pathology services are covered when the services meet the medically reasonable and necessary criteria…”  

The NCCI Policy Manual, as written, contradicts both Medicare and MAC guidance, as outlined above. ASHA is concerned that this recent change is not based on an established Medicare policy. Therefore, ASHA respectfully requests that NCCI remove G0515 from the list of services not performed by SLPs in Chapter 11, Section H, Subsection 2 of the NCCI Policy Manual. We would like to work with the NCCI to resolve this issue as quickly as possible in order to ensure that Medicare beneficiaries continue to receive medically necessary cognitive treatment services provided by SLPs.

ASHA appreciates your consideration of this matter. If you or your staff have any questions, please contact Neela Swanson, ASHA’s director of health care policy, coding and reimbursement, at nswanson@asha.org.

Sincerely,

Jeffrey P. Regan, MA
Director, Government Affairs and Public Policy

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