Speech Language Therapy
Payment Policy

Policy
Blue Cross Blue Shield of Massachusetts (BCBSMA*) reimburses covered, medically necessary services to diagnose and treat speech and language disorders when the services are furnished by a contracted Speech Language Pathologist. These covered services include:
- Medical care services to diagnose or treat speech and language disorders
- Speech/language therapy.

General Benefit Information
Services and subsequent payment are based on the member’s benefit plan and provider agreement. Providers and their office staff may use our electronic technologies to verify effective dates and members’ cost-share prior to initiating services. Please visit our Technology Tools page to access links that will provide information on member eligibility and benefits. Member liability amounts may include, but are not limited to, copayments, deductibles, and/or co-insurance and will be applied depending upon the member’s benefit plan. Referral and authorization requirements can be found on BlueLinks for Providers.

Payment Information
Authorization may be required for Speech Language Therapy services. Referral and authorization requirements can be found on BlueLinks for Providers.

When patients receive both occupational and speech therapy, the therapies must provide distinctly different treatments.

Providers are reimbursed according to the Plans’ network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Billing Information
When submitting claims for reimbursement, providers should report all services:
- Using the most up-to-date industry-standard procedure, revenue, and diagnosis codes.
- Including modifiers where applicable.
- Submitting the modifier that will impact payment in the first modifier field, followed by informational modifiers.

Procedure codes should be referenced from the current CPT®, HCPCS Level II, and ICD-9-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to HCPCS, ICD-9, and CPT codes and definitions. For information about electronic or paper claims submission please refer to the Billing Guidelines section of the Blue Book.

Document History
8/1/2012 – Documentation of existing policy