

Prior Authorization Procedure List: Musculoskeletal Speech Therapy Management

				Jefferson Health Plans		Health Partners Plans	
Category	CPT® Codes	CPT® / HCPCS Description	Notations	JHP Commercial (ACA)	JHP Medicare	HPP Medicaid CHIP Excluded for Speech	DHS Healthy Beginnings
ST	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92521	Evaluation of speech fluency (e.g., stuttering, cluttering)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92524	Behavioral and qualitative analysis of voice and resonance		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92526	Treatment of swallowing dysfunction and/or oral function for feeding.		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92610	Evaluation of oral and pharyngeal swallowing function		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour.		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
ST	97535	Self-care/home management training (eg, activities of daily living (ADL) & compensatory training, meal preparation, safety procedures, & instructions in use of assistive technology devices/adaptive equipment) direct 1:1 contact by provider, each 15 min.		Out Of Scope	Included	Included - Out of Scope for CHIP	Included

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