

**Physical Medicine & Rehabilitation:  
 Speech Therapy Policy, Professional**

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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Application
<p>This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.</p> <p>United Healthcare Commercial            This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.</p> <p>UnitedHealthcare Individual Exchange            This Reimbursement Policy applies to all Individual Exchange benefit plans</p>

Policy
<p><b>Overview</b></p> <p>This policy describes CPT codes from the Physical Medicine and Rehabilitation, Evaluation and Management, Adaptive Behavior Assessment and other sections of the CPT manual that will not be reimbursed, when reported by Speech-Language Therapists/ Pathologists.</p>
<p><b>Reimbursement Guidelines</b></p> <p>Consistent with the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA), UnitedHealthcare will not reimburse Speech-Language Therapists/Pathologists for therapeutic procedures, evaluation</p>

and management services, adaptive behavior assessments and other codes listed on the “Services Not Reimbursable to Speech-Language Therapists/Pathologists” code list found below.

Speech-language pathology services are those services provided:

- Within the scope of practice of Speech-Language Therapists/Pathologists and consistent with State and local law, in which the services are furnished.
- Necessary for the diagnosis and treatment of speech and language disorders, which result in a communication disability; or
- For the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability.

Consistent with CMS, services must relate directly and specifically to a written speech therapy treatment plan (also known as a plan of care or plan of treatment) and must be established before treatment has begun. Therapy may be initiated by a Speech-Language Therapist/Pathologist, based on the plan of care. The plan of care must specify the speech therapy services planned.

There shall be different plans of care for each type of therapy discipline. For example, a Speech Therapist may not provide services under a physical therapy plan of care. However, both may be treating the patient for the same condition.

Modifiers are used to identify therapy services, whether or not financial limitations are in effect. Healthcare Common Procedure Coding System (HCPCS) modifier GN (services delivered under an outpatient speech-language pathology plan of care) should be submitted with any speech therapy service codes, provided by a Speech-Language Pathologist, that are considered by CMS to be “always therapy” services. However, the use of the GN modifier does not allow a Speech Therapist/Pathologist to deliver services they are not qualified and recognized to perform.

Other reimbursement policies that address reimbursement for the codes reported may also apply.

### Attachments

[Services Not Reimbursable to Speech-Language Therapists/Pathologists](#)

A list of codes representing services that UnitedHealthcare does not reimburse when reported by Speech-Language Therapists/Pathologists

### Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

### History

<b>1/1/2026</b>	Policy Version Change Attachments Section: List updated History Section: Entries prior to 1/1/2024 archived
<b>6/29/2025</b>	Policy Version Change Attachments Section: List updated



	History Section: Entries prior to 6/29/2023 archived
<b>1/1/2025</b>	Policy Version Change Attachments Section: List updated
<b>6/30/2024</b>	Policy Version Change Attachments Section: List updated History Section: Entries prior to 6/30/2022 archived
<b>4/1/2024</b>	<b>Template Update</b> <ul style="list-style-type: none"><li>• Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans.</li><li>• Updated Application section to indicate this Reimbursement Policy applies to:<ul style="list-style-type: none"><li>○ All UnitedHealthcare Commercial benefit plans</li><li>○ All Individual Exchange benefit plans</li></ul></li></ul>
<b>1/1/2024</b>	Policy Version Change Logo Updated Attachments Section: List updated History Section: Entries prior to 1/1/2022 archived
<b>6/29/2007</b>	Policy initial publication