

Medical Necessity Guidelines: Rehabilitative Services: Speech Therapy

Effective: February 23, 2021

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</p> <p>TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</p>	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

- The treatment of speech, hearing, and language disorders, with appropriate primary care physician (PCP) referral, if medically necessary, is covered without prior authorization for up to 30 visits. After initial evaluation, prior to the initiation of treatment, a Precertification review may be requested should there be any concerns/questions as to the medical necessity of the diagnosis or condition relative to this rehabilitative benefit.
- The licensed speech-language pathologist or audiologist is responsible for intermittent reviews of the Member's progress from the initial evaluation throughout the course of the treatment.
- **Tufts Health Plan Commercial** Members are covered without prior authorization for up to 30 outpatient rehabilitative Speech Therapy (ST) visits from initial treatment per benefit year when referred by their PCP. **Tufts Health Direct** Members are covered without prior authorization for up to 30 outpatient rehabilitative ST visits per benefit year when referred by their PCP.
- Outpatient ST visits beyond the initial visits referred by their PCP require authorization under the coverage guidelines set forth herein through the applicable Tufts Health Plan Precertification Department.
- To request a review for prior authorization, complete and submit the [Rehabilitative Services: Speech Therapy Authorization Form](#).

Rehabilitative speech therapy visit **benefit limit** may vary depending on the terms of the plan benefit document.

CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize outpatient speech therapy and/or voice therapy, after an initial evaluation by a licensed speech and language pathologist or an audiologist and a PCP referral when the following criteria are met:

- For rehabilitative speech therapy, the Member must have a diagnosis of a speech, hearing or language disorder resulting from injury, trauma or a medically based illness or disease.

- Short-term cognitive retraining or cognitive rehabilitation services are covered when provided to restore cognitive function lost or impaired as the result of an accidental injury, trauma or a medically based illness.
- For voice therapy, the Member must have a voice disorder resulting from anatomic abnormalities, neurological conditions, malignancy and/or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, paradoxical vocal cord motion, spastic dysphonia) or following vocal cord surgery.

AND

- From initial evaluation through the entire course of treatment, **all** of the following must be met:
 - The Member has a clinically documented functional speech, cognitive and/or voice disorder resulting in an inability to perform at the previous functional level.
 - The services are **not** duplicative of services that are part of an individual educational plan (IEP) or an individual service plan (ISP) when applicable
 - Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in a reasonable and predictable period of time for the particular diagnosis and phase of recovery.
 - The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist.
 - The Member's condition can be classified and billed with one of the ICD-10 codes listed below, or when sufficient medical documentation is submitted to indicate that the Member suffers from a speech, hearing, or language disorder resulting from injury, trauma or a medically based illness or disease.

LIMITATIONS

The following conditions do not meet the medical necessity guidelines for rehabilitative speech therapy, and therefore coverage will not be authorized:

- Maintenance therapy when improvement is not expected
- Plan benefit exclusions, per individual member's plan document, including services that are primarily educational in nature and services that are vocationally and/or recreationally based, **and may include services that are developmental in nature.**
- Self-correcting disorders, (e.g., natural dysfluency or articulation errors that are self-correcting)
- Services that are not medically necessary
- Treatment of dialect and accent reduction
- Sensory integration therapy for any diagnosis other than autism spectrum disorder(s). (Refer to applicable MNG, [Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders: Medical Necessity Guidelines](#))
- Personal training, life coaching
- Treatment that is investigational or unproven, including, but not limited to facilitated communication, auditory integration therapy (AIT), holding therapy, Higashi (Daily Life Therapy)
- Custodial care (for the purposes of this guideline custodial care is "care, administered by trained personnel, to which the Member shows no beneficial response despite extended and/or repeated treatment trials")
- Any service, program, supply, or procedure performed in a non-conventional setting (this includes, but is not limited to, spas/resorts, educational, vocational, or recreational settings; Outward Bound or wilderness, camp or ranch programs). This is the case even if the services are performed by a licensed provider (including, but not limited to, mental health professionals, nutritionists, nurses or physicians).

Note: If requesting **Habilitative Services for PT, OT and/or ST**, please refer to the [Habilitative Services: Physical, Occupational and Speech Therapy Medical Necessity Guidelines](#).

NOTE: If requesting **Autism Services for PT, OT and/or ST**, please refer to the [Autism Services: Physical, Occupational and Speech Therapy for Autism Spectrum Disorders Medical Necessity Guidelines](#)

Note: If requesting **ABA (Applied Behavioral Analysis) Therapy and Habilitative Services for Autism Spectrum Disorders**, please refer to the applicable Medical Necessity Guidelines:

- [ABA \(Applied Behavioral Analysis\) Therapy and Habilitative Services for Autism Spectrum Disorders: Massachusetts Products](#)
- [ABA \(Applied Behavioral Analysis\) Therapy for Autism Spectrum Disorders: New Hampshire Products](#)
- [ABA \(Applied Behavioral Analysis\) Therapy for Autism Spectrum Disorders: Rhode Island Products](#)

CODES

Tufts Health Plan has concluded the following diagnoses have a medical basis that can result in speech disorders. Rehabilitative speech therapy will be covered for treatment of these diagnoses as long as the other clinical coverage criteria are met.

ICD-10 Rehabilitative Speech Therapy codes, covered if selection criteria are met (not all-inclusive)

ICD-10 Code	Description
B45.1	Cerebral cryptococcosis
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus

ICD-10 Code	Description
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C70.0	Malignant neoplasm of cerebral meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C76.0	Malignant neoplasm of head, face and neck
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx, unspecified
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D11.9	Benign neoplasm of major salivary gland, unspecified
D14.1	Benign neoplasm of larynx
D18.02	Hemangioma of intracranial structures
D32.0	Benign neoplasm of cerebral meninges
D32.9	Benign neoplasm of meninges, unspecified
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial

ICD-10 Code	Description
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D49.6	Neoplasm of unspecified behavior of brain
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucopolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F07.81	Postconcussional syndrome
G00.0	Hemophilus meningitis
G00.1	Pneumococcal meningitis
G00.2	Streptococcal meningitis
G00.3	Staphylococcal meningitis
G00.8	Other bacterial meningitis
G00.9	Bacterial meningitis, unspecified
G01	Meningitis in bacterial diseases classified elsewhere
G02	Meningitis in other infectious and parasitic diseases classified elsewhere
G03.0	Nonpyogenic meningitis
G03.1	Chronic meningitis
G03.8	Meningitis due to other specified causes
G03.9	Meningitis, unspecified
G04.00	Postinfectious acute disseminated encephalitis and encephalomyelitis (postinfectious ADEM)
G04.01	Postimmunization acute disseminated encephalitis, myelitis and encephalomyelitis
G04.02	Postimmunization acute disseminated encephalitis, myelitis and encephalomyelitis
G04.2	Bacterial meningoencephalitis and meningomyelitis, not elsewhere classified
G04.30	Postinfectious acute necrotizing hemorrhagic encephalopathy
G04.31	Postimmunization acute necrotizing hemorrhagic encephalopathy
G04.32	Postimmunization acute necrotizing hemorrhagic encephalopathy
G04.39	Other acute necrotizing hemorrhagic encephalopathy
G04.81	Other encephalitis and encephalomyelitis
G04.89	Other myelitis
G04.90	Encephalitis and encephalomyelitis, unspecified
G04.91	Myelitis, unspecified
G05.3	Encephalitis and encephalomyelitis in diseases classified elsewhere
G05.4	Myelitis in diseases classified elsewhere
G06.0	Intracranial abscess and granuloma
G06.1	Intraspinal abscess and granuloma
G06.2	Extradural and subdural abscess, unspecified
G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere

ICD-10 Code	Description
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G35	Multiple sclerosis
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G37.4	Subacute necrotizing myelitis of central nervous system
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.4	Transient global amnesia
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
G46.3	Brain stem stroke syndrome
G46.4	Cerebellar stroke syndrome
G46.5	Pure motor lacunar syndrome
G46.6	Pure sensory lacunar syndrome
G46.7	Other lacunar syndromes
G46.8	Other vascular syndromes of brain in cerebrovascular diseases
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G91.0	Communicating hydrocephalus
G91.1	Obstructive hydrocephalus
G91.3	Post-traumatic hydrocephalus, unspecified
G91.8	Other hydrocephalus
G91.9	Hydrocephalus, unspecified
G92	Toxic encephalopathy
G93.1	Anoxic brain damage, not elsewhere classified
G93.40	Encephalopathy, unspecified
G93.41	Metabolic encephalopathy
G93.49	Other encephalopathy
G93.5	Compression of brain
G93.89	Other specified disorders of brain
G93.9	Disorder of brain, unspecified
G94	Other disorders of brain in diseases classified elsewhere
H80.00	Otosclerosis involving oval window, nonobliterative, unspecified ear
H80.01	Otosclerosis involving oval window, nonobliterative, right ear
H80.02	Otosclerosis involving oval window, nonobliterative, left ear
H80.03	Otosclerosis involving oval window, nonobliterative, bilateral
H80.10	Otosclerosis involving oval window, obliterative, unspecified ear

ICD-10 Code	Description
H80.11	Otosclerosis involving oval window, obliterative, right ear
H80.12	Otosclerosis involving oval window, obliterative, left ear
H80.13	Otosclerosis involving oval window, obliterative, bilateral
H80.20	Cochlear otosclerosis, unspecified ear
H80.21	Cochlear otosclerosis, right ear
H80.22	Cochlear otosclerosis, left ear
H80.23	Cochlear otosclerosis, bilateral
H80.80	Other otosclerosis, unspecified ear
H80.81	Other otosclerosis, right ear
H80.82	Other otosclerosis, left ear
H80.83	Other otosclerosis, bilateral
H80.90	Unspecified otosclerosis, unspecified ear
H80.91	Unspecified otosclerosis, right ear
H80.92	Unspecified otosclerosis, left ear
H80.93	Unspecified otosclerosis, bilateral
H83.3x1	Noise effects on right inner ear
H83.3x2	Noise effects on left inner ear
H83.3x3	Noise effects on inner ear, bilateral
H83.3x9	Noise effects on inner ear, unspecified ear
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.5	Unspecified sensorineural hearing loss
H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.8	Mixed conductive and sensorineural hearing loss, unspecified
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H91.8x1	Other specified hearing loss, right ear
H91.8x2	Other specified hearing loss, left ear
H91.8x3	Other specified hearing loss, bilateral
H91.8x9	Other specified hearing loss, unspecified ear
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery

ICD-10 Code	Description
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I60.8	Other nontraumatic subarachnoid hemorrhage
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized
I61.8	Other nontraumatic intracerebral hemorrhage
I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I62.00	Nontraumatic subdural hemorrhage, unspecified
I62.01	Nontraumatic acute subdural hemorrhage
I62.02	Nontraumatic subacute subdural hemorrhage
I62.03	Nontraumatic chronic subdural hemorrhage
I62.1	Nontraumatic extradural hemorrhage
I62.9	Nontraumatic intracranial hemorrhage, unspecified
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery

ICD-10 Code	Description
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction to thrombosis of bilateral posterior cerebral arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery

ICD-10 Code	Description
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I64.433	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.8	Other cerebral infarction
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction

ICD-10 Code	Description
I63.9	Cerebral infarction, unspecified
I65.01	Occlusion and stenosis of right vertebral artery
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.1	Cerebral aneurysm, nonruptured
I67.2	Cerebral atherosclerosis
I67.4	Hypertensive encephalopathy
I67.5	Moyamoya disease
I67.6	Nonpyogenic thrombosis of intracranial venous system
I67.7	Cerebral arteritis, not elsewhere classified
I67.8	Other specified cerebrovascular diseases
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.83	Posterior reversible encephalopathy syndrome
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.85	Hereditary cerebrovascular diseases
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I67.858	Other hereditary cerebrovascular disease
I67.89	Other hereditary cerebrovascular disease
I67.9	Cerebrovascular disease, unspecified
I68.0	Cerebral amyloid angiopathy
I68.2	Cerebral arteritis in other diseases classified elsewhere

ICD-10 Code	Description
I68.8	Other cerebrovascular disorders in diseases classified elsewhere
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.190	Apraxia following nontraumatic intracerebral hemorrhage
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
I69.290	Apraxia following other nontraumatic intracranial hemorrhage
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
I69.390	Apraxia following cerebral infarction
I69.391	Dysphagia following cerebral infarction
I69.890	Apraxia following other cerebrovascular disease
I69.891	Dysphagia following other cerebrovascular disease
I69.990	Apraxia following unspecified cerebrovascular disease
I69.991	Dysphagia following unspecified cerebrovascular disease
J34.3	Hypertrophy of nasal turbinates
J37.0	Chronic laryngitis
J37.1	Chronic laryngotracheitis
J38.1	Polyp of vocal cord and larynx
J38.2	Nodules of vocal cords
J38.3	Other diseases of vocal cords
J38.4	Edema of larynx
J38.5	Laryngeal spasm
J38.6	Stenosis of larynx
R13.0	Aphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase
R13.13	Dysphagia, pharyngeal phase
R13.14	Dysphagia, pharyngoesophageal phase
R13.19	Other dysphagia
R47.01	Aphasia
S06.0X1S	Concussion with loss of consciousness of 30 minutes or less, sequela
S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela
S06.1X0S	Traumatic cerebral edema without loss of consciousness, sequela
S06.1X1S	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, sequela
S06.1X2S	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.1X3S	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.1X4S	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, sequela
S06.1X5S	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.1X6S	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.1X9S	Traumatic cerebral edema with loss of consciousness of unspecified duration, sequela
S06.2X0S	Diffuse traumatic brain injury without loss of consciousness, sequela

ICD-10 Code	Description
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela
S06.2X2S	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.2X3S	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.2X4S	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.2X5S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, sequela
S06.2X6S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.2X9S	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela
S06.300S	Unspecified focal traumatic brain injury without loss of consciousness, sequela
S06.301S	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, sequela
S06.302S	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.303S	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.304S	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.305S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.306S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.309S	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, sequela
S06.310S	Contusion and laceration of right cerebrum without loss of consciousness, sequela
S06.311S	Contusion and laceration of right cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.312S	Contusion and laceration of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.313S	Contusion and laceration of right cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.314S	Contusion and laceration of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.315S	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.316S	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.319S	Contusion and laceration of right cerebrum with loss of consciousness of unspecified duration, sequela
S06.320S	Contusion and laceration of left cerebrum without loss of consciousness, sequela
S06.321S	Contusion and laceration of left cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.322S	Contusion and laceration of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela

ICD-10 Code	Description
S06.323S	Contusion and laceration of left cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.324S	Contusion and laceration of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.325S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.326S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.329S	Contusion and laceration of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.330S	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, sequela
S06.331S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela
S06.332S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.333S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.334S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela
S06.335S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.336S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.339S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of unspecified duration, sequela
S06.340S	Traumatic hemorrhage of right cerebrum without loss of consciousness, sequela
S06.341S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.342S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.343S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.344S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.345S	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.346S	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.349S	Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, sequela
S06.350S	Traumatic hemorrhage of left cerebrum without loss of consciousness, sequela
S06.351S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.352S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.353S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela

ICD-10 Code	Description
S06.354S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.355S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.356S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.359S	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.360S	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, sequela
S06.361S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela
S06.362S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.363S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.364S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela
S06.365S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.366S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.369S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, sequela
S06.370S	Contusion, laceration, and hemorrhage of cerebellum without loss of consciousness, sequela
S06.371S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 30 minutes or less, sequela
S06.372S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.373S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.374S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 6 hours to 24 hours, sequela
S06.375S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.376S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.379S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of unspecified duration, sequela
S06.380S	Contusion, laceration, and hemorrhage of brainstem without loss of consciousness, sequela
S06.381S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 30 minutes or less, sequela
S06.382S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.383S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela

ICD-10 Code	Description
S06.384S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 6 hours to 24 hours, sequela
S06.385S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.386S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.389S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration, sequela
S06.4X0S	Epidural hemorrhage without loss of consciousness, sequela
S06.4X1S	Epidural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.4X2S	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.4X3S	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.4X4S	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.4X5S	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.4X6S	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.4X9S	Epidural hemorrhage with loss of consciousness of unspecified duration, sequela
S06.5X0S	Traumatic subdural hemorrhage without loss of consciousness, sequela
S06.5X1S	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.5X2S	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.5X3S	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.5X4S	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.5X5S	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.5X6S	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.5X9S	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, sequela
S06.6X0S	Traumatic subarachnoid hemorrhage without loss of consciousness, sequela
S06.6X1S	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.6X2S	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.6X3S	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.6X4S	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.6X5S	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.6X6S	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela

ICD-10 Code	Description
S06.6X9S	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, sequela
S06.810S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela
S06.811S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.812S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.813S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.814S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.815S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.816S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.819S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.820S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela
S06.821S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.822S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.823S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.824S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.825S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.826S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.829S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.890S	Other specified intracranial injury without loss of consciousness, sequela
S06.891S	Other specified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.892S	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.893S	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.894S	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.895S	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.896S	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela

ICD-10 Code	Description
S06.899S	Other specified intracranial injury with loss of consciousness of unspecified duration, sequela
S06.9X1S	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.9X2S	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.9X3S	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.9X4S	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.9X5S	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.9X6S	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.9X9S	Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
U07.1	COVID-19

CODES

Table 1: CPT Code(s)

CPT/HCPCS Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
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)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function
97129	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; initial 15 minutes
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)

REFERENCES

1. M.G.L. c. 176G, § 4N

APPROVAL HISTORY

October 2001: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- October 2002: No changes
- November 12, 2003: Reviewed and renewed. Description of benefit clarified.
- November 12, 2004: Reviewed and renewed
- November 4, 2005: Coverage for speech therapy for Members with autistic spectrum disorders added.
- November 17, 2006: Reviewed and renewed without changes
- November 13, 2007: Reviewed and renewed without changes
- March 26, 2008: Reviewed and renewed without changes
- August 1, 2008: Coding clarified, no other changes made
- April 6, 2009: Coding clarified, no other changes made
- October 1, 2009: Clarification of the ICD-9 codes listed on Attachment A. and 2010 ICD-9 codes added to Attachment B.
- November 2009: Administrative process changed
- February 5, 2010: Additional covered ICD-9 Codes added: 387.0-387.9, 388.10-388.12, 389.10-389.19, 389.20-389.22, 744.00-744.09, 756.51 and 951.5.
- April 14, 2010: Reviewed and renewed no changes
- April 2011: Reviewed by MSPAC, no changes
- July 1, 2011: Code 478.3 removed. Hyperlink to NC Codes updated
- April 11, 2012: Reviewed and renewed at Integrated Medical Policy Advisory Committee (IMPAC), no changes. ICD-10 codes may be added prior to the next IMPAC approval.
- August 17, 2012: Autism codes clarified; language added with a link to the specific Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders.
- August 21, 2012: ICD-9 codes removed, and added ICD-9 code 333.71.
- August 28, 2012: Codes added 359.0-359.1 and 359.21-359.29, removed 756.51 and 780.01.
- June 1, 2013: Non Covered Diagnosis Codes for Short Term Speech Therapy updated
- September 11, 2013: Reviewed by IMPAC, renewed without changes.
- November 3, 2014: Addition of sensory integration therapy without Autism Spectrum Disorder diagnosis to Limitations for clarification of coverage.
- December 10, 2014: Reviewed by IMPAC. Minor language addition to clarify request for Precertification review after initial Speech Therapy evaluation.
- May 13, 2015: Reviewed by IMPAC. The following changes made for effective date October 1, 2015: Additional coverage guidelines for Voice Therapy added. Additions to limitations section. ICD-9 code 478.70 and ICD-10 code J38.7 removed from list of covered diagnosis codes.
- August 12, 2015: Reviewed by IMPAC. For effective date October 15, 2015, ICD-9 diagnosis code 781.3 and ICD-10 diagnosis codes R27.0, R27.8 and R27.9 added to "Non Covered Diagnosis Codes for Short Term Speech Therapy".
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- December 9, 2015: Reviewed by IMPAC, renewed without changes
- January 13, 2016: Reviewed by IMPAC. Services provided in daycare or preschool settings removed from limitations section.
- March 25, 2016: Coding updated; ICD-9-CM codes removed
- June 8, 2016: Reviewed by IMPAC. Clarification to Speech Therapy visit benefit limit
- July 28, 2016: Tufts Health Direct Plan products added, effective April 1, 2016
- September 14, 2016: Reviewed by IMPAC for effective January 1, 2017. Changes to MNG language and ICD-10 coding made to define Rehabilitative ST benefit.
- October 1, 2016: Coding update. ICD-10 codes added/removed.
- October 24, 2016: Reviewed by IMPAC for effective date January 1, 2017. Criteria updated for consistency across all therapy guidelines. Criteria added to indicate services will not be authorized when duplicative of services which are part of member's IEP or ISP. Language in the Limitations sections updated. Changes to MNG language and ICD-10 coding made to define Rehabilitative ST benefit. Codes F84.0-F84.9, G12.0, G12.1, G71.0-G71.13, G71.2, G80.0-G80.9, Q04.9, Q07.00, Q07.9, Q16.0, Q16.1, Q16.3-Q16.9, Q35.1-Q35.9, Q36.0-Q36.9, Q37.0-Q37.9, Q85.1, Q90.0-Q90.9 added to Habilitative Services: PT/OT/ST MNG
- December 14, 2016: Speech Therapy reviewed by IMPAC, renewed without changes

- May 1, 2017: For effective date July 1, 2017 updates to prior authorization requirement language
- May 10, 2017: Reviewed by IMPAC. I69.090, I69.190, I69.290, I69.390, I69.890 and I69.990 added to covered Rehabilitative Speech Therapy ICD-10 code list
- July 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 1, 2017: Coding updated. Effective October 1, 2017 the following ICD-10-CM code(s) added: G12.23, G12.24.
- November 8, 2017: Reviewed by IMPAC, renewed without changes
- December 13, 2017: Reviewed by IMPAC. For effective date February 26, 2018, ICD-10 CM codes for traumatic brain injury added to list of covered diagnoses.
- October 1, 2018: Coding updated. Effective October 1, 2018 the following ICD-10-CM code(s) added: I63.81, I63.89, I67.85, I67.850, I67.858.
- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- August 19, 2020: Reviewed at IMPAC. For effective date October 1, 2020, updated clinical coverage criteria to clarify coverage of short-term cognitive retraining or cognitive rehabilitation for acute conditions. Added ICD-10 U07.1 to covered diagnosis codes. CPT 97129 and 97130 added to list of codes which require prior authorization for speech therapy.
- September 21, 2020: Fax number for Unify updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- Effective February 23, 2021: Coding updated. I63.8 and I67.85 removed

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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