

97 Modifier For Physical Therapy

The 97 Modifier for Physical Therapy: A Comprehensive Guide

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Introduction: Understanding the 97 Modifier in Physical Therapy

The healthcare landscape is constantly evolving, with the increasing adoption of telehealth and remote patient monitoring (RPM). This evolution necessitates a clear understanding of billing modifiers, especially for procedures delivered outside the traditional in-person setting. The 97 modifier, specifically, plays a crucial role in accurately reflecting the method of service delivery for physical therapy services. This in-depth report will explore the 97 modifier for physical therapy, its applications, implications, and the crucial details providers need to know to ensure correct billing and avoid potential reimbursement issues.

What is the 97 Modifier?

The 97 modifier, "Independent diagnostic testing," indicates that a service was performed independently of, or in addition to, other services performed by the same provider or another provider on the same date of service. In the context of physical therapy, the 97 modifier for physical therapy signifies that the service was provided through telehealth or RPM. It's crucial to understand

that simply using telehealth doesn't automatically necessitate the 97 modifier. The application depends on the specific service provided and whether it constitutes an "independent" evaluation or treatment.

When to Use the 97 Modifier for Physical Therapy

The 97 modifier for physical therapy is typically used when a physical therapist provides a service remotely, such as:

Telehealth Evaluations: A comprehensive initial evaluation conducted through a virtual platform like video conferencing, where the therapist assesses the patient's condition remotely.

Telehealth Re-evaluations: Follow-up evaluations conducted remotely to monitor progress and adjust treatment plans.

Remote Therapeutic Interventions: Certain therapeutic interventions, such as instruction on exercise programs or home exercise plans delivered through telehealth platforms. However, note that all telehealth physical therapy services do not require the 97 modifier. Direct patient interaction via video conferencing for ongoing treatment usually doesn't require the 97 modifier.

Remote Patient Monitoring (RPM): Using technology to collect patient data remotely (e.g., wearable sensors tracking activity levels) and providing subsequent analysis and feedback. This frequently necessitates the 97 modifier.

CPT Codes and the 97 Modifier

The 97 modifier isn't a standalone code. It must always accompany a relevant CPT code describing the specific physical therapy service provided. For instance, a telehealth evaluation might use CPT code 97161 (physical therapy evaluation) with the 97 modifier to indicate it was performed remotely.

Medicare and Medicaid Coverage of 97 Modifier Services

Medicare and Medicaid policies regarding telehealth and RPM are constantly evolving. Providers must remain updated on the specific coverage guidelines for their respective state and payer. Generally, both programs have expanded coverage for telehealth services during the COVID-19 pandemic and beyond, but specific CPT codes and the applicability of the 97 modifier for physical therapy remain subject to change.

Avoiding Common Billing Errors with the 97 Modifier

Several common errors can arise when utilizing the 97 modifier for physical therapy:

Incorrect CPT code selection: Using an inappropriate CPT code that doesn't accurately reflect the service provided.

Improper application of the 97 modifier: Using the modifier when it's not needed, or failing to use it when it's required.

Lack of proper documentation: Insufficient documentation to support the medical necessity of the telehealth or RPM service, and specifically its independence.

Documentation Requirements for the 97 Modifier

Comprehensive and accurate documentation is paramount when using the 97 modifier for physical therapy. The documentation should clearly indicate:

The type of service provided: Specify whether it was a telehealth evaluation, re-evaluation, therapeutic intervention, or RPM service.

The method of service delivery: Detail the telehealth platform used (e.g., Zoom, Skype) or the specific RPM technology employed.

The patient's location: Clearly state that the service was rendered remotely.

Medical necessity: Justify the use of telehealth or RPM for this specific patient.

Research and Data Supporting the Use of the 97 Modifier

Numerous studies highlight the effectiveness and efficiency of telehealth and RPM in physical therapy. Research demonstrates comparable outcomes between in-person and telehealth interventions for various conditions, supporting the use of the 97 modifier for appropriate services. However, further research is needed to comprehensively assess the long-term effects and cost-effectiveness of different telehealth models and their associated billing practices. (Citations to relevant research would be included here in a full-length article.)

Future Trends and Considerations

The use of telehealth and RPM in physical therapy is expected to continue growing. As technology advances, new methods of delivering remote care will emerge, requiring ongoing updates to billing guidelines and a thorough understanding of the 97 modifier for physical therapy. The continued evolution of payer policies will also play a crucial role in shaping the use of the 97 modifier.

Conclusion

The 97 modifier for physical therapy is a crucial tool for accurately billing telehealth and RPM services. Understanding its application, alongside appropriate CPT codes and comprehensive documentation, is essential for successful reimbursement. Providers must stay informed about evolving payer policies and guidelines to ensure compliance and avoid costly billing errors. Proactive adherence to documentation standards, combined with a deep understanding of the nuances of the 97 modifier, will streamline the billing process and contribute to the sustained growth and success of telehealth and RPM services in physical therapy.

FAQs

1. Can I use the 97 modifier for all telehealth physical therapy visits? No. The 97 modifier is used only when the telehealth service is considered independent, separate, or in addition to other services.
2. What if my payer doesn't accept the 97 modifier? Contact your payer directly to inquire about their specific billing guidelines for telehealth and RPM services.
3. Is there a specific timeframe within which I need to bill using the 97 modifier? Generally, claims should be submitted promptly following the date of service, according to the payer's guidelines.
4. What type of documentation is sufficient to support the use of the 97 modifier? Detailed documentation that clearly identifies the type of service, method of delivery, patient location, and medical necessity is essential.
5. Can I use the 97 modifier for home health physical therapy? The use of the 97 modifier is specifically for services rendered via telehealth or RPM, not traditional in-home physical therapy visits.
6. What happens if I incorrectly apply the 97 modifier? You may face claim denials or reimbursement delays, potentially necessitating corrections and appeals processes.
7. Are there any specific training programs available to learn more about the 97 modifier? Several coding and billing courses specifically cover telehealth billing and the use of modifiers such as the 97.
8. Does the 97 modifier apply to all types of healthcare providers delivering telehealth services? While the principle of independent diagnostic testing applies across various healthcare disciplines, the specific applicability and payer policies might vary.
9. How can I stay updated on changes to the 97 modifier and telehealth billing guidelines? Regularly consult resources such as the Centers for Medicare & Medicaid Services (CMS) website and professional medical billing organizations.

Related Articles

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2. **CPT Code 97161: A Deep Dive:** A detailed explanation of CPT code 97161 (physical therapy evaluation) and its appropriate use.
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thrive in today's competitive healthcare landscape.

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Physical Therapy, 4th Edition is a perfect resource for both students and practitioners alike. Year after year, this text is recommended as the primary preparatory resource for the Geriatric Physical Therapy Specialization exam. And this new fourth edition only gets better. Content is thoroughly revised to keep you up to date on the latest geriatric physical therapy protocols and conditions. Five new chapters are added to this edition to help you learn how to better manage common orthopedic, cardiopulmonary, and neurologic conditions; become familiar with functional outcomes and assessments; and better understand the psychosocial aspects of aging. In all, you can rely on Guccione's Geriatric Physical Therapy to help you effectively care for today's aging patient population. - Comprehensive coverage of geriatric physical therapy prepares students and clinicians to provide thoughtful, evidence-based care for aging patients. - Combination of foundational knowledge and clinically relevant information provides a meaningful background in how to effectively manage geriatric disorders - Updated information reflects the most recent and relevant information on the Geriatric Clinical Specialty Exam. - Standard APTA terminology prepares students for terms they will hear in practice. - Expert authorship ensures all information is authoritative, current, and clinically accurate. - NEW! Thoroughly revised and updated content across all chapters keeps students up to date with the latest geriatric physical therapy protocols and conditions. - NEW! References located at the end of each chapter point students toward credible external sources for further information. - NEW! Treatment chapters guide students in managing common conditions in orthopedics, cardiopulmonary, and neurology. - NEW! Chapter on functional outcomes and assessment lists relevant scores for the most frequently used tests. - NEW! Chapter on psychosocial aspects of aging provides a well-rounded view of the social and mental conditions commonly affecting geriatric patients. - NEW! Chapter on frailty covers a wide variety of interventions to optimize treatment. - NEW! Enhanced eBook version is included with print purchase, allowing students to access all of the text, figures, and references from the book on a variety of devices.

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pathophysiology put the codes into perfect context.

97 modifier for physical therapy: Handbook of Outpatient Treatment of Adults Barry A. Edelstein, Michel Hersen, M.E. Thase, 2013-06-29 During the past several decades, the field of mental health care has expanded greatly. This expansion has been based on greater recognition of the prevalence and treatability of mental disorders, as well as the availability of a variety of forms of effective treatment. Indeed, throughout this period, our field has witnessed the introduction and the wide spread application of specific pharmacological treatments, as well as the development, refinement, and more broadly based availability of behavioral, psychodynamic, and marital and family interventions. The community mental health center system has come into being, and increasing numbers of mental health practitioners from the fields of psychiatry, psychology, social work, nursing, and related professional disciplines have entered clinical practice. In concert with these developments, powerful sociopolitical and socioeconomic forces-including the deinstitutionalization movement of the late 1960s and early 1970s and the cost-containment responses of the 1980s, necessitated by the spiraling cost of health care-have shaped the greatest area of growth in the direction of outpatient services. This is particularly true of the initial assessment and treatment of nonpsychotic mental disorders, which now can often be managed in ambulatory-care settings. Thus, we decided that a handbook focusing on the outpatient treatment of mental disorders would be both timely and useful. When we first began outlining the contents of this book, the third edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III) was in its fourth year of use.

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97 modifier for physical therapy: Communicating Clinical Decision-Making Through Documentation: Coding, Payment, and Patient Categorization Eric Shamus, Debra F. Stern, William F. McGehee, 2021-02-01 Publisher's Note: Products purchased from Third Party sellers are not guaranteed by the publisher for quality, authenticity, or access to any online entitlements included with the product. Clear, concise, and simple to follow—everything you need to master the documentation process quickly and easily Communicating Clinical Decision Making Through Documentation is the top choice for professionals and students seeking complete coverage of the documentation process including billing and coding. It shows how to ensure every service rendered and billed is supported by showing what to document, how to do it, and why it is so important. This text includes a refreshing student-friendly approach to the topic. You will find an abundance of cases portraying real-life case scenarios and it delivers must-know information on writing patient/client care notes, incorporating document guidelines, documenting clinical decision making (includes evidence-based practice), and performing billing and coding tasks. With Communicating Clinical Decision Making Through Documentation, you'll effectively maintain and organize records, record appropriate information, and receive proper payment based on the documentation content. A to Z coverage of physical therapy documentation, including: Documentation Standards and Guidelines Medicare Home Health Electronic Medical Records (EMR) International Classification of Functioning (ICF) Model and Application Pediatrics Legal Issue Utilization Review & Management Skilled Nursing Facilities Sample Documentation Content Initial Examination and Evaluation Criteria Continuum of Care Content and Goal Writing Exercises Documentation Aspects of Supervising PTAs Abbreviations Payment ICD-10 and CPT Codes and Application Chapter Review Questions Content Principles

97 modifier for physical therapy: Neuromuscular Rehabilitation in Manual and Physical Therapies Eyal Lederman, 2010 Neuromuscular Rehabilitation in Manual and Physical Therapy explores the vast and complex discipline of neuromuscular rehabilitation and simplifies it for clinical use. It is a practical source book for practitioners of manual and physical therapy who work with movement rehabilitation after musculoskeletal injury and pain conditions, sports rehabilitation, surgery and central nervous system damage. The book is a synthesis of over half a century of research and can be described as 'neuromuscular rehabilitation made easy'. It explores movement control and how it is affected by injury, pain and central damage. It provides practical solutions and

comprehensive demonstrations (DVD) of movement rehabilitation for the upper and lower limbs and the trunk/spine. 1. Introduction 2. Motor control 3. Motor abilities 4. Sensory abilities 5. Motor adaptation 6. Plasticity in the motor system 7. Motor reorganisation in musculoskeletal injury 8. Cognitive and behavioural considerations in neuromuscular rehabilitation 9. Managing non-traumatic pain conditions 10. Neuromuscular considerations in managing individuals with CNS damage 11. Developing a rehabilitation programme 12. Motor abilities, assessment to challenge: re-abilitation 13. Optimising proprioceptive recovery 14. Neuromuscular rehabilitation: summary

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97 modifier for physical therapy: Functional Movement Development Across the Life Span Donna Joy Cech, Suzanne Tink Martin, 2011-09-06 Providing a solid foundation in the normal

development of functional movement, *Functional Movement Development Across the Life Span*, 3rd Edition helps you recognize and understand movement disorders and effectively manage patients with abnormal motor function. It begins with coverage of basic theory, motor development and motor control, and evaluation of function, then discusses the body systems contributing to functional movement, and defines functional movement outcomes in terms of age, vital functions, posture and balance, locomotion, prehension, and health and illness. This edition includes more clinical examples and applications, and updates data relating to typical performance on standardized tests of balance. Written by physical therapy experts Donna J. Cech and Suzanne Tink Martin, this book provides evidence-based information and tools you need to understand functional movement and manage patients' functional skills throughout the life span. - Over 200 illustrations, tables, and special features clarify developmental concepts, address clinical implications, and summarize key points relating to clinical practice. - A focus on evidence-based information covers development changes across the life span and how they impact function. - A logical, easy-to-read format includes 15 chapters organized into three units covering basics, body systems, and age-related functional outcomes respectively. - Expanded integration of ICF (International Classification of Function) aligns learning and critical thinking with current health care models. - Additional clinical examples help you apply developmental information to clinical practice. - Expanded content on assessment of function now includes discussion of participation level standardized assessments and assessments of quality-of-life scales. - More concise information on the normal anatomy and physiology of each body system allows a sharper focus on development changes across the lifespan and how they impact function.

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Medicare Claims Processing Manual - Centers for Medicare

CAHs, SNFs, CORFs, outpatient rehabilitation agencies, and outpatient physical therapy providers for which they have received a tie in notice from the RO. Carriers process claims ...

Chapter 25: Physical Medicine Services - Labor & Industries ...

Bill the appropriate HCPCS code for each dressing item using this modifier -1S for each item. Use this modifier to bill for surgical dressing supplies dispensed for home use. ... Physical Therapy ...

Procedure to Modifier Policy, Professional - UHCprovider.com

codes are considered always therapy services, regardless of who performs them, and require one of the applicable therapy modifiers (GN, GO, or GP) to indicate that they are furnished under a ...

Specialized Therapies (ST/OT/PT) Questions & Answers

- For physical therapy, are any of the PHPs requiring modifier CQ, if the patient was treated by a PTA instead of a PT? Yes, the CQ and CO modifiers are required to be used, when applicable, ...

NEW YORK STATE MEDICAID PROGRAM

The same therapy service(s) and/or treatment(s) provided by more than one therapy type (e.g., both Physical and Occupational Therapy, or both Occupational and Speech Therapy); OR the ...

New Occupational Therapy Evaluation Coding Overview

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NEW YORK STATE MEDICAID PROGRAM REHABILITATION ...

Medicaid will pay for up to 40 physical therapy visits, 20 occupational therapy visits, and 20 speech therapy visits per enrollee in a twelve-month benefit year. For Medicaid fee -for-service ...

Bulletin Number: MSA 18-29 Practitioners, Local Health ...

Oct 1, 2018 · Modifiers GP, GO, or GN should be used to identify physical, occupational, or speech-language therapy services respectively. Services should also be reported with the ...

Reimbursement Policy - Anthem Provider

Modifier 22 Modifier 24 Modifiers 25 and 57 Modifiers 26 and TC Modifiers 50 and 51: Multiple and Bilateral Surgery Modifiers 52, 53, 73, and 74: Reduced or Discontinued Services Modifier 62 ...

PHYSICAL THERAPY EVALUATION REFERENCE TABLE 97161 ...

The table on page 2 summarizes the requirements for reporting physical therapy evaluation services. QUICK GUIDE TO THE 3 LEVELS OF PHYSICAL THERAPY EVALUATION 97161 ...

CMS Manual System - Centers for Medicare & Medicaid Services

Hospitals and other providers of physical therapy, occupational therapy, speech-language pathology, diabetes self-management training and medical nutrition therapy services that ...

11 Part B Billing Scenarios for PTs and OTs - Centers for ...

The therapist would use the -59 modifier to bill for both group therapy and individual therapy CPT codes to distinguish that the two coded services represent different sessions or separate ...

Commercial Reimbursement Policy - Anthem

Maine Allows modifier 25 to be appended to CPT Code 99211 New Hampshire Requires Modifier SG: Ambulatory surgical center (ASC) facility service to be billed on a CMS-1500. Procedures ...

Modifier Rules HLK 090124 v2 - HealthLink

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Outpatient Rehabilitation Therapy Modifier Coding Policy

Modifier GO - Occupational Therapy Modifier GP - Physical Therapy Therapy modifiers indicating the related discipline/POC (Plan of Care) are GP, GO or GN for PT, OT, and SLP services, ...

CMS Manual System - Centers for Medicare & Medicaid ...

97168) to replace the 4-code set (97001-97004) for physical therapy (PT) and occupational therapy (OT) evaluative procedures. The new CPT code descriptors for PT and OT evaluative ...

Physical Medicine & Rehabilitation: PT, OT and Evaluation ...

CQ and CO modifiers are required to be used for services furnished In Whole or In Part by a Physical Therapy Assistant (PTA) or Occupational Therapy Assistant (OTA). These modifiers ...

Billing and Coding Guidelines for Outpatient Rehabilitation ...

GP - Service Delivered Under An Outpatient Physical Therapy Plan of Care . The claim must include one of the following modifiers to distinguish the discipline of the plan of care under ...

MLN901705 - Telehealth & Remote Patient Monitoring

Use modifier 95 for outpatient therapy services provided via telehealth by qualified physical therapists, occupational therapists, or speech language pathologists employed by hospitals. ...

Habilitation Vs. Rehabilitation Services: Understanding the ...

o Example: Therapy to help a person from a stroke re-learn how to groom and dress. How to Submit a Claim for Habilitation and Rehabilitation Services On introduced January 1, 2018, the ...

Medicare 8 Minute Rule - PT Billing Services

One of the most confusing aspects of Physical Therapy billing is for time-based codes. Medicare's 8 Minute Rule Physical Therapy billing codes are either timed codes or untimed codes for ...

Manipulative Therapy Commercial and Individual Exchange ...

medicine (OMM), manipulative and body-based practice, manual therapy, or physical touch methods is defined as a ... 94 individuals, 95% CI -4.04, 0.97). The authors concluded MT can ...

Medicaid Certified School Match Program Fee Schedule

Physical Therapy Services Code Modifier Description of Service Maximum Fee Maximum ... \$51.05 1 per year 97164 Physical Therapy Re-Evaluation \$51.05 1 per 6 months 97110 ...

Educational Sheet for Physical Therapy (PT) Re-Evaluation

services and Column Two codes of the physical therapy and occupational therapy re-evaluation CPT® codes of 97164 and 97168 respectively. The re-evaluation services shall not be routinely ...

WBCBS-CD-RP-066413-24 Mod Usage FINAL - Anthem ...

Modifier Usage . Policy Number: G-06006. Policy Section: Coding. Last Approval Date: 01/16/2024. Effective Date: 01/16/2024 **** Visit our provider website for the most current ...

CMS SPECIALTY CODES/HEALTHCARE PROVIDER TAXONOMY ...

Therapy (OMM) 204D00000X ; Allopathic/Osteopathic Physicians . Neuromusculoskeletal Medicine & OMM (11) 13. ... Physical Medicine and Rehabilitation ; 208100000X

Coding Guidelines Chiropractic Services - Centers for ...

Physical Exam: In lieu of an x-ray, a subluxation may be demonstrated by physical examination meeting the ... 98940, 98941, or 98942. If you do not use this modifier, your care will be ...

Modifier 59 - What you need to know - Novitas Solutions

Billing Reminders •Evaluate other modifiers to determine whether modifier 59 is the most appropriate. •Bill all services performed on one day on the same claim. •Report each service ...

Combined Use of 97012, 97110, and 97010 - ACA Today

Frequently Asked Questions about Physical Medicine and Rehabilitation. Definition/Question: A provider uses a chair that provides heat, massage, and traction all at the same time. Is it ...

G Codes For Hand Splint Therapy

Billing For Physical Therapy G Codes KX Modifier. Low Temperature Thermoplastic Splints Orthoses Made by. Costs GC Hand Therapy. G Codes For ... 'G Codes for Physical Therapy ...

2022 Annual Update of Per-Beneficiary Threshold Amounts

Nov 5, 2021 · KX modifier thresholds and related policy for calendar year 2022 (CY 2022) • The CY 2022 KX modifier threshold amounts are: • \$2,150 for Physical Therapy (PT) and Speech ...

Physical Medicine & Rehabilitation: Speech Therapy Policy, ...

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 ...

Medicare Part B Billing, Therapy and Modifier 59 - Montero ...

Services (CMS) set to implement some changes to billing Modifier 59, a common modifier used in physical, occupational and speech therapy services in the skilled nursing facility setting. Let's ...

FUNCTIONAL LIMITATIONS REPORTING Frequently Asked ...

returning for therapy until after the last claim is submitted, the therapist cannot report the discharge status. When functional reporting is required on a claim for therapy services, two G ...

MLN905365 Complying with Outpatient Rehabilitation ...

CQ Modifier: Outpatient physical therapy services furnished, in whole or in part, by a physical therapist assistant CO Modifier: Outpatient occupational therapy services furnished, in whole or ...

Physical Therapy, Occupational Therapy, and Speech and ...

Physical Therapy, Occupational Therapy, and Speech and Language Pathology Services Handbook January 2006 5 P Preface This Physical Therapy, Occupational Therapy, and ...

Cigna Medical Coverage Policy - AAPC

Feb 14, 2013 · Aquatic physical therapy is therapeutic exercise that is provided in a water environment including a whirlpool, hubbard tank, or pool. The therapy may be reasonable and ...

Billing and Coding Guidelines for Outpatient Rehabilitation ...

GP - Service Delivered Under An Outpatient Physical Therapy Plan of Care . The claim must include one of the following modifiers to distinguish the discipline of the plan of care under ...

Provider Type 34 Billing Guide - Nevada

Include the appropriate modifier (i.e., GO) on all claims. After prior authorization is issued, billed services must match the approved authorization. ... occupational therapy assistant) or CQ ...

SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

• Modifier 26 - used when billing separately for the professional component of a service. • Modifier TC - used when billing separately for the technical component of a service. • Total component ...

REIMBURSEMENT POLICY MEDICAL DEPARTMENT - Anthem

The modifier must be in capital letters, if alpha or alphanumeric. Rejected or denied claims must be resubmitted with the correct modifier in conjunction with the code-set to be considered for ...

Claims Payment Policy

may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings. • Modifier SZ: ...

Bulletin Number: MMP 23-38 - State of Michigan

Jun 1, 2023 · Therapy services must be reported using the appropriate procedure code and therapy modifier to distinguish the plan of care under which the service is delivered. In addition, ...

CMS Manual System - Centers for Medicare & Medicaid ...

Just as its predecessor code was, CPT code 97763 is designated as “always therapy” and must always be reported with the appropriate therapy modifier, GN, GO or GP, to indicate whether ...

Occupational Therapist Tip Sheet

Therapy Services Therapy services may be documented using the codes below if the student has direct occupational therapy in their IEP and has a prescription for services to bill Medicaid, if ...

New Information - Aetna Better Health

Aug 1, 2017 · Refer to the Texas Medicaid Provider Procedures Manual, Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook, subsection 5.2.8, “Treatment ...

MM12446 - 2022 Annual Update to the Therapy Code List

Nov 10, 2021 · This means you must use the appropriate therapy modifier – GP, GO or GN -- to reflect that it's under a physical therapy, occupational therapy, or speechlanguage pathology - ...

Therapy Codes Update - Centers for Medicare & Medicaid ...

May 26, 2020 · GP therapy modifier. When provided by therapists in private practice or therapists in institutional providers of therapy services, the CTBS codes are always provided under a ...

Physical Medicine Therapies Codes 2025 HMSA - radmd.com

97162 Physical therapy evaluation; moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An ...

Habilitative Services and Outpatient Rehabilitation Therapy

Physical therapy Post-cochlear implant aural therapy Pulmonary rehabilitation therapy Speech therapy for disorders of speech, language, voice, communication and auditory processing only ...