



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Proposal to Add and Revise Classification of Stuttering in ICD-9-CM

Nan Bernstein Ratner, EdD, CCC-SLP
Professor and Chairman, Department of Hearing and Speech, University of Maryland
September 17, 2009

Recommendations on behalf of...

- ▶ American Speech-Language-Hearing Association
- ▶ American Psychiatric Association
- ▶ Revision of September 2008 proposal

What is Stuttering?

- ▶ Stuttering affects the fluency of speech. For a majority of those who stutter it begins during childhood and, in some cases, lasts throughout life. The disorder is characterized by disruptions in the production of speech sounds, also called "disfluencies."

□ <http://www.asha.org/public/speech/disorders/stuttering.htm>

- ▶ There are three major presentations for stuttering:
 - ▶ With onset in childhood (usually 2-5 years; ~95% of referrals)
 - ▶ Following neurological damage (e.g., after CVA)
 - ▶ With onset after childhood, often viewed as potential conversion reaction or malingering (very rare)



Current ICD-9-CM Placement and 2010 Placement

- ▶ Chapter 5. Mental Disorders (290-319)
 - ▶ 307 Special symptoms or syndromes, not elsewhere classified
- ▶ Chapter 7. Circulatory System (390-459)
 - ▶ 438 Late effects of cerebrovascular disease
 - ▶ Takes effect October 1, 2009
- ▶ Thus, only two of the three presentations have unique codes now.



2009 ICD-9-CM Placement

▶ ICD-9-CM 307

- ▶ Special symptoms or syndromes not elsewhere classified
- ▶ “This category is intended for use if the psychopathology is manifested by a single specific symptom or group of symptoms which is not part of an organic illness or other mental disorder classifiable elsewhere.”

2009 ICD-9-CM 307.0: Stuttering

- ▶ 307.0 is a specific code that can be used to specify a diagnosis
- ▶ 307.0 excludes:
 - ▶ dysphasia ([784.5](#))
 - ▶ lisping or lalling ([307.9](#))
 - ▶ retarded development of speech ([315.31-315.39](#))



ICD-9-CM 307 includes:

- ▶ Anorexia nervosa
- ▶ Tics
- ▶ Disorders of sleep of non-organic origin
- ▶ Other and unspecified disorders of eating
- ▶ Enuresis
- ▶ Encopresis
- ▶ Psychalgia

- ▶ A reasonable site for stuttering with onset after puberty, but not most typical presentation with onset in early childhood



Optimal Placement for Childhood Onset Stuttering

- ▶ Chapter 5
- ▶ Code 315 Specific delays in development
- ▶ Includes
 - ▶ 315.0 Specific reading disorder
 - ▶ 315.1 Mathematics disorder
 - ▶ 315.2 Other specific learning disabilities
 - ▶ 315.3 Developmental speech or language disorder

Code 315 Specific delays in development

- ▶ 315.3 Developmental speech or language disorder
 - ▶ 315.31 Expressive language disorder
 - ▶ 315.32 Mixed receptive-expressive language disorder
 - ▶ 315.34 Speech and language developmental delay to hearing loss
 - ▶ 315.39 Other
 - ▶ Developmental articulation disorder, dyslalia, phonological disorder

Proposal

- ▶ **Revise code 307.0** Stuttering with onset after puberty
- ▶ **Add Excludes:** Childhood onset stuttering disorder (315.35)
 - stuttering (fluency disorder) due to late effect of cerebrovascular accident (438.14)
- ▶ **Establish a new code** at 315.35 for Childhood onset stuttering disorder
- ▶ **Add Excludes:** stuttering (fluency disorder) due to late effect of cerebrovascular accident (438.14)
 - stuttering with onset after puberty (307.)



Differentiation of 307 from 315 for childhood onset stuttering disorder:

- ▶ No evidence of underlying primary mental disorder in the typical case of stuttering with onset in childhood
- ▶ Little evidence of effectiveness of treatments for children other than those used in speech therapy
 - ▶ In the past 20 years, out of approximately 250 published, peer-reviewed reports of stuttering treatments, only 1 involved psychotherapy (case study), while a few reported pharmacological treatments positioned as adjuncts to conventional speech therapy. Nearly all other reports involved conventional speech therapy procedures.

Benefits

- ▶ The benefit of removing the typical presentation of stuttering from 307 is that it reinforces the ongoing public effort to disabuse individuals of the perception that stuttering is, at its core, a mental or emotional disease. This perception is so strong that all responsible information sources **MUST** address it.

Benefits continued

- ▶ Makes an effort to correct ongoing misperceptions encouraged by the 307 code.
 - ▶ For example, a recent survey (Altholtz & Galensky, 2004) found that almost 1/3 of social workers believed stuttering to be a “sign of an inherent character weakness” and people who stutter to have psychological problems... “Of special concern is that stuttering is listed (as a mental disorder), even though it is no longer considered a psychiatric disorder”

Benefits continued

- ▶ Currently difficult to track the three distinct varieties of stuttering presentation for demographic purposes.
- ▶ Assessment and therapeutic procedures differ for the three distinct varieties of stuttering (Bloodstein & Bernstein Ratner, 2008; Manning, 2001).

Questions

- ▶ Regarding this revised proposal