NEW CPT Codes for SLPs

# New CPT Codes for Speech-Language Pathology Services

## Understanding Medicare's Proposal and Preparing for 2027

NEW CPT Codes for SLPs

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# Professional Development

NEW CPT Codes for SLPs

**1.0 PDH will be available for attending the live event only.** This is not available for ASHA CEUs and cannot be tracked in the CE Registry. Participants must track and use PDHs for certification maintenance.

**A link to the Certificate of Attendance will be provided toward the end of the webinar** to those who attend the full live presentation.

# What We'll Cover

NEW CPT Codes for SLPs

- What is changing on January 1, 2027
- What the changes could mean for Medicare payment
- The proposed pediatric G code, GSLPP
- How the new time-based codes work
- How implementation may vary across payers and settings
- What SLPs, practices, and facilities can do now

NEW CPT Codes for SLPs

**92507 will be deleted from the CPT code set and replaced with 10 new CPT codes on January 1, 2027.**

**New codes are based on the disorder areas of:**

**Fluency | Speech | Language | Speech & Language | Voice**

**Medicare** is also proposing a separate pediatric HCPCS G-code: **GSLPP**.

**Important:** Other payers will make their own implementation decisions.

# What We Know and What We're Still Waiting For

NEW CPT Codes for SLPs

## What We Know

- CPT 92507 will be deleted January 1, 2027.
- The 10 new CPT codes will become effective January 1, 2027.
- Medicare has proposed values for the new codes.
- ASHA supports the new CPT code set and proposed values.
- ASHA opposes GSLPP.

## Still To Come

- Final Medicare payment rates
- Final decision on GSLPP
- Official CPT code numbers
- 2027 NCCI edits and MUEs
- Final Medicare telehealth treatment of the codes
- Implementation policies from Medicaid, commercial plans, Medicare Advantage, TRICARE, and other payers

# Understanding the 2027 Medicare Physician Fee Schedule Proposed Rule

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# What Happens to Medicare Payment?

NEW CPT Codes for SLPs

| Service | 92507 Payment | *Less Than 16 Minutes of Treatment* | Proposed Payment *16-37 Minutes* | Proposed Payment *38-51 Minutes (One Add-On)* | Proposed Payment for 52-67 Minutes (*Two Add-On*) |
|---|---|---|---|---|---|
| **Fluency** | $76.15 ($66.34 for 2027) | **$0.00** | **$52.55** | $52.55 + $23.97 = **$76.52** | $52.55 + $23.97 +$23. 97 = **$100.49** |
| **Speech** | $76.15 ($66.34 for 2027) | **$0.00** | **$66.01** | $66.01 + $23.97 = **$89.98** | $66.01 + $23.97 +$23.97 = **$113.95** |
| **Language** | $76.15 ($66.34 for 2027) | **$0.00** | **$49.92** | $49.92 + $22.99 = **$72.91** | $49.92 + $22.99 + $22.99 = **$95.90** |
| **Combined Speech and Language** | $76.15 ($66.34 for 2027) | **$0.00** | **$71.59** | $71.59 + $27.91 = **$99.50** | $71.59 + $27.91 + $27.91 = **$127.41** |
| **Voice** | $76.15 ($66.34 for 2027) | **$0.00** | **$54.84** | $54.84 + $23.97 = **$78.81** | $54.84 + $23.97 + $23.97 = **$102.78** |
| **Billing For More than 1 Service: Example: Speech & Voice** | $76.15 ($66.34 for 2027) | Proposed payment for combined services with **minimum** of 32 minutes of treatment | | | = $66.01 + $ 43.67 = **$109.69** |

# Payment ≠ Value

NEW CPT Codes for SLPs

The payment rates for these codes are also affected by **broader Medicare payment policies and laws** established by Congress and CMS, many of which contribute to **ongoing downward pressure** on reimbursement:

- Conversion factor changes
- Budget neutrality adjustments
- Expiration of the 2.5% congressional payment increase, resulting in a 1.68% reduction to the conversion factor
- Multiple Procedure Payment Reduction (MPPR), with varying impact
- Efficiency adjustment, with varying impact
- New practice expense methodology
- Sequestration (2% cut)
- PAYGO (4% cut)

**Key Takeaway: A lower Medicare payment rate does not necessarily mean less clinical value was assigned to each of the services.**

# Why Do the New Codes Have Different Values?

NEW CPT Codes for SLPs

**Work RVUs:**

- Based on survey data collected from **ASHA members in October 2025**
- Reflect the **typical time, intensity, complexity, and mental effort** required to perform each procedure
- Survey results were presented to the **AMA RUC**, which developed recommended Work RVU values for consideration by **CMS.** CMS accepted the RUC recommended values.

**Practice Expense (PE) RVUs:**

- Calculated by **CMS** using a complex formula that incorporates both:
  **Direct costs** — supplies and equipment
  **Indirect costs** — office rent, administrative expenses, and overhead
- **ASHA provided the direct practice expense inputs** needed to perform each service in a typical clinical setting
- Because services require different supplies and equipment, their **PE RVUs vary**
  *Example: Fluency treatment requires different resources than speech treatment*

**Key Takeaway: Different services require different resources, so the RVUs, and therefore payment, are not identical across the five treatment areas.**

NEW CPT Codes for SLPs

# Understanding the Proposed Pediatric G Code

# G Codes to Report Pediatric SLP Services

NEW CPT Codes for SLPs

| HCPCS Code | Short Descriptor | Proposed Work RVU | Proposed PE RVU | Proposed MP RVU | Proposed Total RVUs | Medicare Rate |
|---|---|---|---|---|---|---|
| GSLPP | Pediatric treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | 1.30 | 0.71 | 0.01 | 2.02 | **$66.34** |

CMS proposed GSLPP after stakeholders asked CMS to preserve a broad code similar to 92507 for pediatric patients. CMS proposed that GSLPP:

- Be reported once per patient, per day
- Reflect 60 minutes of provider work
- Operate alongside the new CPT code set

**Reminder:** GSLPP is **proposed, not final**

# Why ASHA Opposes GSLPP

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**GSLPP:**

- Does not resolve the utilization issue that led to review of 92507.
- Recreates a broad code rather than describing distinct SLP services.
- Does not adequately reflect variation in pediatric treatment time and resources.
- Was not developed through the same CPT/RUC process or informed by the same structured practicing-SLP input.
- Could create different coding systems based on payer or patient age.
- Could increase confusion, administrative burden, and claim denials.
- **Pediatric services are already represented within the new CPT code set.**

# Reporting Pediatrics Under Medicare

## What We Know and Don't Know

NEW CPT Codes for SLPs

**We know:**

- The new CPT codes can describe pediatric SLP treatment services.
- GSLPP is a **CMS proposal**, not a CPT code.
- ASHA opposes GSLPP.

**We do not yet know:**

- Whether CMS will finalize GSLPP.
- How CMS will ultimately define "pediatric" for reporting purposes.
- If CMS will require a minimum time to report GSLPP.
- How GSLPP would interact with other services and coding edits.
- Whether Medicaid, commercial plans, or other payers would adopt it.

**Key Takeaway: Do not assume that GSLPP will become the required code for all pediatric patients or all pediatric payers.**

# Commenting to CMS on GSLPP

NEW CPT Codes for SLPs

## CMS is seeking comments on:

- **Typical treatment time** – the value of the code may change based on the typical/underlying time
- **Intensity of the work** – the value of the code may change based on the intensity of the work

## Why this matters:

- CMS may use stakeholder comments to reconsider the value of GSLPP.
- If comments suggest that typical treatment time or intensity is lower than CMS assumed, the final value could decrease.
- Intensity is typically evaluated through a more structured comparative process, which may be difficult to capture accurately through individual comments.

**Key Takeaway: Be cautious about offering isolated estimates of treatment time or intensity that could unintentionally affect the code's valuation.**

# ASHA's Advocacy on the Proposed Rule

NEW CPT Codes for SLPs

**ASHA will:**

- Support the new CPT values and practice expense inputs.
- Oppose GSLPP.
- Advocate for appropriate telehealth inclusion.
- Address NCCI/MUE and implementation concerns.
- Oppose broader Medicare policies that reduce audiology and speech-language pathology payment.

**Want to comment?**

ASHA has resources and a comment tool with suggested points and tips for commenting.

https://ashaa.quorum.us/campaign/mpfs2027commentbuilder/

NEW CPT Codes for SLPs

# How Do The New Codes Work?

# Understanding the Time-Based Structure

NEW CPT Codes for SLPs

Each disorder area includes:

- A **base code** describing the initial 30 minutes
- An **add-on code** for each additional 15 minutes
- The base and add-on codes can't be mixed and matched

Under the **CPT midpoint/51% rule**:

- A 30-minute base code is generally reportable beginning at **16 minutes**
- An additional 15-minute unit generally requires at least **8 additional minutes**
    - To bill a 15-minute unit, you must meet the **full 30-minute** requirement for the base code first

**Always check payer-specific time-reporting rules.**

# Understanding the Time-Based Structure

NEW CPT Codes for SLPs

**Is 30 minutes a hard requirement?** *No, not under the* ***CPT midpoint rule****.*

Example:

☑ **20 minutes** of speech treatment **meets** the CPT midpoint threshold for the 30-minute speech base code.

☒ **10 minutes** of speech treatment **does not meet** the midpoint threshold for the base code.

**However, always check payer-specific time-reporting rules.**

# Speech + Language: How Does the Combined Code Work?

NEW CPT Codes for SLPs

Use the combined speech-language code when treatment addresses both:

- Speech sound production **and** language comprehension and/or expression
- There is **not a separate minimum number of minutes required for speech versus language** within the combined service.
- Documentation should support that both areas were meaningfully addressed during the treatment session.
- Do not separately report the speech-only and language-only codes when the combined speech-language code appropriately describes the service.

# Billing Multiple Codes on the Same Day: What to Keep in Mind

NEW CPT Codes for SLPs

- **Follow CPT exclusionary parentheticals.**
  Currently, speech and language treatment codes cannot be billed together—or with the combined speech-language treatment code—on the same date of service.
- **Follow applicable NCCI edits.**
  NCCI edits are expected to be released later this year.
- **Meet the minimum time requirement** for reporting each time-based code.
- Apply the **CPT midpoint or the 51% rule** or **follow the payer's specific policy** for determining whether the minimum time requirement has been met.
- **Do not combine time across separate services.**
  Time spent providing an untimed service cannot be counted toward a time-based code.
  *Example: Dysphagia and speech-language services should be documented with separate treatment times.*
- **Clearly document separate and distinct services.**
  Documentation should identify the services provided, support their **medical necessity**, explain how they were **distinct**, and clearly reflect the **time spent on each service**.

**Key Takeaway: Multiple codes may be billed on the same day when permitted by NCCI edits and payer policy, with documentation that clearly supports each distinct service.**

# Examples of Billing Multiple Codes on the Same Day

NEW CPT Codes for SLPs

| CPT Code | CPT Code | CPT Code | Billed Together | Minimum Time Requirement for Each Code | Minimum Session Length |
|---|---|---|---|---|---|
| 92X2X for 10 minutes of treatment of speech-sound production disorder | | | | A single treatment session shorter than 16 minutes cannot be billed unless otherwise specified by the payer. | |
| 92X6X (Speech & Lang) | 92X7X (Add-on code) | | Yes. Add-on code must be billed together with its respective base code. | 30 min + 8 min | 38 min |
| 92X0X (Fluency) | 92X2X (Speech) | | Yes.<br>Check NCCI edits/Payer Policy | 16 min + 16 min | 32 min |
| 92X2X (Speech) | 92X4X (Language) | | No.<br>Bill 92X6X | | |
| 92X8X (Voice) | 92520 (Laryngeal Function Studies) | | Yes.<br>Check NCCI edits/Payer Policy. POC must be established prior to billing the treatment code with an eval code. | 16 min + Untimed code | 16 min + time spent providing laryngeal function studies |
| 92X2X (speech) | 92X8X (voice) | 92526 (swallowing) | Yes<br>Check NCCI edits/Payer Policy | 16 min + 16 min + Untimed Code | 32 min + time spent providing swallowing treatment (92526 has an underlying time of 50 min, even though it is an untimed code) |
| 92X6X (Speech & Lang) | 92609 (AAC Treatment) | | Check NCCI edits/Payer Policy | 16 min + Untimed code | 16 min + time spent providing AAC treatment |
| 92X6X (speech & lang) | 97129/97130 (cognition) | 92526 (Swallowing) | **?**<br>Check NCCI/ Payer policy.<br>There is currently an NCCI edit preventing 92507 and 97129 | 16 min + 8 min + Untimed 92526 (97129/97130 may not be reimbursed if services were provided if NCCI edits prevent billing these services). | 16 min + 8 min + Untimed 92526 (97129/97130 may not be reimbursed if services were provided if NCCI edits prevent billing these services). |

# Other Same-Day Services and Co-Treatment

NEW CPT Codes for SLPs

### Co-treatment with PT or OT

- Count only time attributable to the speech-language pathology service.
- Do not count the same treatment minutes toward multiple disciplines' timed codes.

### ABA and other services

- CPT parentheticals and NCCI edits may restrict certain combinations.
  - 92507 currently includes restrictions on billing with certain ABA codes.
- Final 2027 NCCI edits are still needed before ASHA can provide definitive guidance on every code combination.

# Billing of Cognitive-Communication Treatment

NEW CPT Codes for SLPs

- CPT codes **92X4X and 92X5X** (Treatment of language comprehension and expression disorder (eg, receptive and expressive language), direct (one-on-one) patient contact) may be appropriate if the focus **of treatment is cognitive-communication and if treatment goals are language-based.**
- However, when treatment is primarily focused on cognitive function—such as executive function, judgment, or memory—SLPs should report **97129 and 97130**.
- Code the service that best reflects the treatment provided. Do not use **92X4X/X5** in place of **97129/97130** solely because they may be more likely to be covered.
- **Check payer policy for reporting of these services**.

**Resource:** Coding and Payment of Cognitive Evaluation and Treatment Services: Considerations for SLPs

# Billing of Auditory Processing Disorder Treatment

NEW CPT Codes for SLPs

- CPT codes **92X4X and 92X5X** (Treatment of language comprehension and expression disorder (eg, receptive and expressive language), direct (one-on-one) patient contact) may be appropriate because SLPs address the communication and language difficulties associated with APD through **auditory/language-based** intervention and compensatory strategies.

- Check payer policy for reporting of these services.

# What About Other Services?

NEW CPT Codes for SLPs

The replacement of 92507 does **not** mean every SLP service automatically maps to one of the 10 new codes. Existing CPT codes continue to describe these services depending on what is provided.

Examples include:

- AAC/SGD treatment
- Aural rehabilitation
- TEP/voice prosthesis services
- Group treatment
- Cognitive treatment
- Feeding and swallowing

**CPT 92508 for group treatment is not part of the 92507 replacement and remains in the CPT code set.**

NEW CPT Codes for SLPs

# Implementation Across Payers

# Medicare

NEW CPT Codes for SLPs

- Medicare will implement the new codes on **January 1, 2027**

- **Local Coverage Determinations (LCD)** which is a determination by a Medicare Administrative Contractor (MAC) can determine whether a particular service is covered. Based on the LCD,
  - there might be differences in implementation and coverage of these services
  - the documentation criteria may differ

- Medicare will dictate Medicare specific guidelines on which codes can and cannot be billed together (**Medicare NCCI edits**) and indicate the maximum number of units billed per day per beneficiary (**MUEs**)

- Adoption and implementation may vary across **managed Medicare** entities.

- Ensure you have the 2027 **Medicare Benefit Policy Manual** and use the **updated CMS 1500** Health Insurance Claim form starting from January 1, 2027.

# Private Health Plans

NEW CPT Codes for SLPs

- Like Medicaid agencies, private health plans have the autonomy to choose which coding changes they implement.
- They will likely follow the new coding changes, **but they do not have to do so.**
- Be aware that uneven adoption of the new codes may create billing complexity, particularly when a primary payer has adopted the new codes but a secondary payer has not.
- Keeping close track of the payment and coding systems for each payer is essential in any practice, but especially important during this time of transition.
- Remember that managed Medicare (MA) operates as a private plan (adoption may vary).

**Key Takeaway: Private plan adoption will vary, so verify payer-specific coding requirements during the transition—including for Medicare Advantage plans.**

# TRICARE

NEW CPT Codes for SLPs

- TRICARE historically uses the same standard CPT and HCPCS procedure codes as Medicare
- TRICARE has not yet shared their timeline for adopting the new codes
- Confirm information with:
  - TRICARE East: Managed by Humana Military
  - TRICARE West: Managed by TriWest Healthcare Alliance

**Resource:** Monitor changes at https://tricare.triwest.com/en/provider/tricare-provider-handbook/reimbursement-methodologies/

**Key Takeaway: TRICARE maintains its own distinct coverage, referral, and authorization rules rather than strictly copying all Medicare policies.**

# Medicaid

NEW CPT Codes for SLPs

**Important: Most payers are not compelled to follow Medicare's changes.**

- Each Medicaid agency has the autonomy to decide if, when, and how it will implement changes to SLP coding.
- Some Medicaid State Plans (the document that lays out the structure of that state's Medicaid program) include mandatory references to Medicare payment structure – most do not.
- Some state Medicaid programs have already been operating with timed version of codes for SLP for years – and never made the switch to untimed codes.

**56 state and territorial Medicaid programs – every single one can take a different approach.**

- **Example:** Some states may only adopt some of the codes and lump all services under certain new codes.

**Managed Care**

- Even if your state Medicaid agency changes to the new codes, Medicaid managed care companies will retain autonomy to code as they desire, as long as core required services remain covered

# Medicaid

NEW CPT Codes for SLPs

**Examples:**

- **Pennsylvania**:
  - ASHA and PSHA have been advocating for increases to PA Medicaid reimbursement rates for more than two years.
  - When we met with them about the new codes, they shared they have no intention of adopting new codes until at the very earliest Q3 of 2027.
  - They admitted they do not follow Medicare guidance – they run their own ship.
- **North Dakota:**
  - Because of skyrocketing utilization of 92507 by pediatric providers billing ND Medicaid (similar to what was cited by CMS across all Medicaid programs), the ND Medicaid implemented a mandatory minimum underlying time of 35 minutes in January 2026.
  - ASHA met with the ND Medicaid agency mid-2026 to share information about the new codes and asked them to stop implementation of the 92507 timed code knowing these new codes were being put forth for Medicare.
  - At that time, the agency said they were keeping 92507 and its underlying time of 35 minutes.
  - By August 2026, the agency informed us they changed their mind and would be using the new timed codes and excluding the G code.

NEW CPT Codes for SLPs

# Preparing for January 1

# What Does This Mean In My Setting?

NEW CPT Codes for SLPs

### Outpatient / Private Practice

Potential direct impact on:

- Payment
- Scheduling
- Documentation
- Prior authorization
- EMR systems

### Early Intervention / Community-Based Services

Impact will depend heavily on:

- State program structure
- Medicaid policy
- Managed care arrangements
- Commercial payer requirements

### School-Based Services

Impact will depend on:

- Whether the state Medicaid program adopts the new codes.
- Whether services are paid fee-for-service or through another reimbursement methodology.
- Medicaid managed care and state-specific billing requirements.

# What Does This Mean In My Setting?

NEW CPT Codes for SLPs

## Acute Care / Inpatient / Medicare Part A

- CPT codes generally have less direct impact on facility payment because payment is typically bundled under the applicable payment system.
- Codes may still affect:
  - Tracking
  - Workload
  - Productivity
  - Documentation
  - Data reporting

## Skilled Nursing Facilities

Impact differs for **Part A** versus separately billable **Part B** services.

# What You Can Do Now

NEW CPT Codes for SLPs

## Start now

- Review your payer mix.
- Identify which patients and services are currently billed under 92507.
- Track typical treatment duration and disorder areas.
- Review your current scheduling model.
- Talk with your billing department or billing company.
- Contact your EMR/practice management vendor.
- Ask payers about implementation and existing authorizations.
- Review productivity expectations with organizational leadership.
- Educate clinicians and administrative staff together.

# What Should I Ask My Payers?

NEW CPT Codes for SLPs

## Before January 1, ask:

- Will you adopt the new CPT codes?
- When will the new codes become effective?
- Will you continue to recognize 92507 during a transition period?
- Will you recognize GSLPP if CMS finalizes it?
- What time-reporting rule will apply?
- What payment rates will apply?
- Will existing authorizations for 92507 need to be updated?
- Will new prior authorizations be required?
- Will the new codes be covered via telehealth?
- What same-day coding edits will apply?
- Will documentation requirements change?

# What About Existing Authorizations?

NEW CPT Codes for SLPs

**Payer policies will vary on whether pre-authorizations will carry over.**

Determine whether:

- Existing 92507 authorizations will remain valid after January 1.
- The payer will automatically crosswalk existing authorizations to the new codes.
- New authorization requests will be required.
- Authorization systems will be ready to accept the new CPT codes before January

**Key Takeaway: Do not assume an authorization for 92507 will automatically carry over to the new codes.**

# Implementation of the New Codes

NEW CPT Codes for SLPs

## Scheduling and Workflow Considerations

The new time-based structure may require some practices and facilities to revisit scheduling and workflow assumptions.

## Consider:

- Typical treatment durations
- Minimum reportable time thresholds
- Visits involving multiple services
- Late arrivals and changes in treatment needs
- Documentation workflows
- Productivity expectations

**Treatment duration should continue to reflect patient need and clinical judgment.**

# Implementation of the New Codes

NEW CPT Codes for SLPs

## EMR & Billing System Readiness

Systems may need to accommodate:

- The new CPT codes
- 92507 for payers that continue to recognize it during transition
- GSLPP, if finalized and adopted by a payer
- Payer-specific coding rules
- Time documentation
- Updated superbills and charge capture
- New NCCI edits
- Authorization changes

## Potential system supports:

- Time-threshold alerts
- Payer-specific prompts
- Incompatible-code alerts
- Documentation fields for treatment time

# What ASHA Is Doing

NEW CPT Codes for SLPs

**We are:**

- Supporting the new CPT code set and proposed values.
- Opposing GSLPP.
- Advocating against broader Medicare payment cuts.
- Working with CMS on coding and implementation issues.
- Engaging Medicaid agencies, private payers, and other stakeholders.
- Meeting with EMR vendors about implementation needs.
- Developing coding scenarios, decision tools, and more educational resources.
- Monitoring payer implementation and member concerns.

NEW CPT Codes for SLPs

# Resources & Advocacy Opportunities

# ASHA New SLP Codes Resource Hub

NEW CPT Codes for SLPs

https://www.asha.org/practice/reimbursement/coding/new-speech-language-pathology-treatment-codes-replacing-92507/

Resources will continue to be updated as we receive:

- Final Medicare policies
- Official CPT codes
- NCCI edits and MUEs
- Telehealth guidance

**Interested in commenting or advocacy?**

Visit ASHA's Medicare advocacy resources for the comment tool and current campaigns.

# New CPT Code Workshop for Speech-Language Pathologists

NEW CPT Codes for SLPs

## At the ASHA Convention In Indianapolis

**New CPT Code Workshop for Speech-Language Pathologists**

**Free, In-Person Workshop**

**When: November 18, 2026, 5:30-7:30 p.m. ET**
**Where: JW Marriott, Indianapolis**

**Register:** https://www.asha.org/news/2026/new-cpt-code-workshop-for-speech-language-pathologists/

# Congressional Advocacy

NEW CPT Codes for SLPs

- Bipartisan legislation to improve Medicare payment
  https://ashaa.quorum.us/campaign/medicarecuts/

- Efficiency Adjustment Delay Act
  https://ashaa.quorum.us/campaign/eada119/

- RECOVER Act to address the MPPR
  https://ashaa.quorum.us/campaign/mppr26/

- Medicare Patient Choice Act
  https://ashaa.quorum.us/campaign/patientchoice/

# Medicare Advocacy

NEW CPT Codes for SLPs

- Submit your own comment letter to CMS(due Sep 14) https://ashaa.quorum.us/campaign/mpfs2027commentbuilder/
- Sign the petition to support coding values for vestibular assessment services https://ashaa.quorum.us/campaign/aud2027mpfspetition/
- Sign a petition to protect access to speech-language pathology services https://ashaa.quorum.us/campaign/slp2027mpfspetition/
- Send a letter to your legislators urging them to pass legislation to fight back on Medicare cuts and improve Medicare payment https://ashaa.quorum.us/campaign/medicarecuts/

# Resource List

on.asha.org/new-slp-codes-whats-next

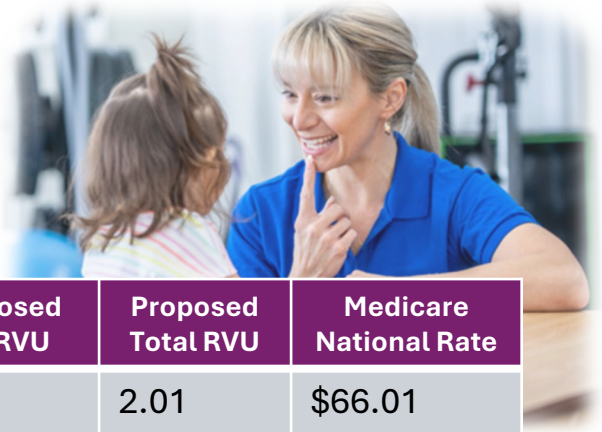
NEW CPT Codes for SLPs

# Additional Information

# Treatment of Fluency Disorders (92X0X and 92X1X)

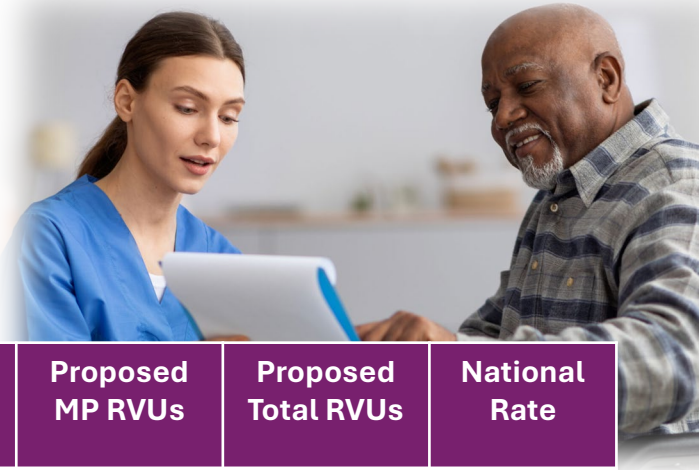
| CPT Code | Code Descriptor | Proposed Work RVU | Proposed PE RVU | Proposed Malpractice RVU | Proposed Total RVU | Medicare National Rate |
|---|---|---|---|---|---|---|
| 92X0X | Treatment of fluency disorder (eg, stuttering and cluttering), direct (one-on-one) patient contact; initial 30 minutes | 0.92 | 0.67 | 0.01 | 1.60 | $52.55 |
| 92X1X | each additional 15 minutes (list separately in addition to code for primary service)<br><br>(Use 92X1X in conjunction with 92X0X)<br><br>(Do not report 92X0X, 92X1X in conjunction with 97153, 97155) | 0.44 | 0.29 | 0.00 | 0.73 | $23.97 |

# Treatment of Speech Sound Production Disorder (92X2X and 92X3X)



| CPT Code | Long Descriptor | Proposed Work RVU | Proposed PE RVU | Proposed MP RVU | Proposed Total RVU | Medicare National Rate |
|---|---|---|---|---|---|---|
| 92X2X | Treatment of speech sound production disorder (eg, articulation, phonological process, apraxia, dysarthria), direct (one-on-one) patient contact; initial 30 minutes | 0.90 | 1.10 | 0.01 | 2.01 | $66.01 |
| 92X3X | each additional 15 minutes (list separately in addition to code for primary service)<br><br>(Use 92X3X in conjunction with 92X2X)<br><br>(Do not report 92X2X, 92X3X in conjunction with 92X4X, 92X5X, 92X6X, 92X7X, 97153, 97155)<br><br>(For treatment of speech sound production and language comprehension and expression disorder, see 92X6X, 92X7X) | 0.44 | 0.29 | 0.00 | 0.73 | $23.97 |

# Treatment of Language Comprehension and Expression Disorder (92X4X and 92X5X)

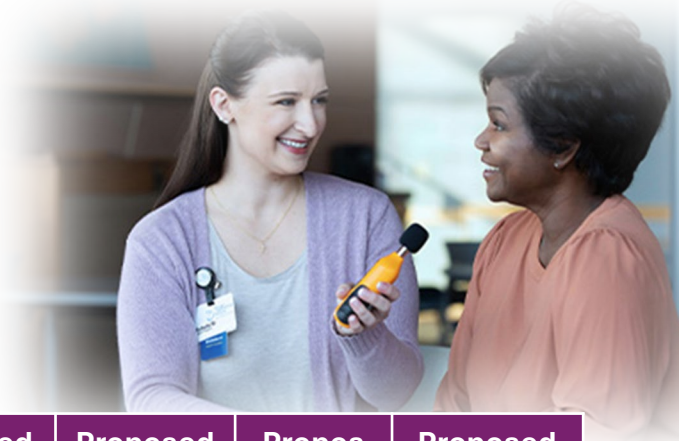


| CPT Code | Long Descriptor | Proposed Work RVUs | Proposed PE RVUs | Proposed MP RVUs | Proposed Total RVUs | National Rate |
|---|---|---|---|---|---|---|
| 92X4X | Treatment of language comprehension and expression disorder (eg, receptive and expressive language), direct (one-on-one) patient contact; initial 30 minutes | 1.0 | 0.51 | 0.01 | 1.52 | $49. 92 |
| 92X5X | each additional 15 minutes (list separately in addition to code for primary service)<br><br>(Use 92X5X in conjunction with 92X4X)<br><br>(Do not report 92X4X, 92X5X in conjunction with 92X2X, 92X3X, 92X6X, 92X7X, 97153, 97155)<br><br>(For treatment of speech sound production and language comprehension and expression disorder, see 92X6X, 92X7X) | 0.48 | 0.22 | 0.00 | 0.70 | $22.99 |

# Treatment of Speech Sound Production and Language Comprehension and Expression Disorders (92X6X and 92X7X)


| CPT Code | Long Descriptor | Proposed Work RVU | Proposed PE RVU | Proposed MP RVU | Proposed Total RVU | PMedicare National Rate |
|---|---|---|---|---|---|---|
| 92X6X | Treatment of speech sound production disorder (eg, articulation, phonological process, apraxia, dysarthria) and language comprehension and expression disorder (eg, receptive and expressive language), direct (one-on-one) patient contact; initial 30 minutes | 1.0 | 1.17 | 0.01 | 2.17 | $71.59 |
| 92X7X | each additional 15 minutes (list separately in addition to code for primary service)<br><br>(Use 92X7X in conjunction with 92X6X)<br><br>(Do not report 92X6X, 92X7X in conjunction with 92X2X, 92X3X, 92X4X, 92X5X, 97153, 97155)<br><br>(To report treatment of speech sound production disorder only, see 92X2X, 92X3X)<br><br>(For treatment of and language comprehension and expression disorder only, see 92X4X, 92X5X) | 0.5 | 0.35 | 0.00 | 0.85 | $27.91 |

# Treatment of Voice, Upper Airway Dysfunction, and/or Resonance Disorders (92X8X and 92X9X)



| CPT Code | Long Descriptor | Proposed work RVU | Proposed PE RVU | Proposed MP RVU | Proposed Total RVU | Proposed National Rate |
|---|---|---|---|---|---|---|
| 92X8X | Treatment of voice, upper airway dysfunction, and/or resonance disorders, direct (one-on-one) patient contact; initial 30 minutes | 0.98 | 0.68 | 0.01 | 1.67 | $54.84 |
| 92X9X | each additional 15 minutes (list separately in addition to code for primary service)<br><br>(Use 92X9X in conjunction with 92X8X)<br><br>(Do not report 92X8X, 92X9X in conjunction with 97153, 97155) | 0.48 | 0.25 | 0.00 | 0.73 | $23.97 |

# Evaluation Codes, New Treatment Codes, and ICD-10 Codes

NEW CPT Codes for SLPs

**The new codes are better aligned with existing CPT evaluation codes.**

- Payers may expect more specific evaluation codes on claim forms aligning with the treatment codes and appropriate ICD-10 code reporting
- Makes it easier for payers and clinicians to **track the care a patient receives and support audit reviews**, as treatment codes align closely with evaluation codes and the time-based structure clearly reflects **how much time the clinician spends providing each service**

**Please note that this is not an exhaustive list of all the CPT and ICD-10 codes*

| Disorder Area | Evaluation Code | Treatment Codes | Example ICD-10 Codes (*But not limited to)* |
|---|---|---|---|
| Fluency | 92521 | 92X0X, 92X1X | F80.-, F98.5, I69.-. |
| Speech | 92522, 92597, 92605, 92618, 92607, 92608 | 92X2X, 92X3X | I69.-, R47.- |
| Language | 92523, 96105, 92605, 92618, 92607, 92608 | 92X4X, 92X5X | F80.-, I69.- R47.- |
| Speech & Language | 92523, 92597, 92605, 92618, 92607, 92608 | 92X6X, 92X7X | F80.-, R48.-, I69.- |
| Voice | 92524, 92520, 92597 | 92X8X, 92X9X | R49.- I69 |
| Cognitive-Communication | 92523 (Language-based evaluation)<br>96125 (Requires standardized assessment tool) | 92X4X, 92X5X (Language-based)<br>97129, 97130 | R48.-, |
| Auditory Processing | 92523 | 92X4X, 92X5X, 92X6X, 92X7X | F80.- R47.- |

# Scenario: Multiple Disorder Areas

NEW CPT Codes for SLPs

### 45-minute session, patient receives both speech and voice treatment

Billable if both services are distinct and each receives at least the minimum reportable time:

- Speech base code: ≥16 minutes
- Voice base code: ≥16 minutes

### Important notes:

- Total **minimum** treatment time needed: **32 minutes**
- The services do **not** need to occur in artificial blocks.
- Clinical treatment may flow naturally during the session; documentation should accurately reflect the services and time provided.

# Scenario: Speech-Language + Feeding/Swallowing

NEW CPT Codes for SLPs

**A patient receives speech & language treatment and dysphagia/feeding treatment**

These may potentially be reported on the same day when:

- Both services are **medically necessary** and **distinct**.
- Applicable CPT/NCCI/payer rules allow the combination.
- Speech-language treatment **independently** meets its time requirement.
- Time associated with dysphagia treatment is not counted toward the timed speech-language code.

**Documentation should clearly distinguish the two services.**

# Effects of MPPR When Multiple Services Are Billed on The Same Day

NEW CPT Codes for SLPs

## Medicare's Multiple Procedure Payment Reduction:

- MPPR, was first implemented in 2011 and applies to physical therapy, occupational therapy, and speech-language pathology services provided under Medicare Part B.
- Under this policy, the therapy service with the highest practice expense value is reimbursed at its full value, but the practice expense values for all subsequent therapy services, provided by all therapy providers, are reduced by 50%. The work and malpractice components of the therapy service payment are not reduced.
- If the patient receives PT and OT on the same day, MPPR applies across all codes, not just for SLP services.

**Scenario:** A patient was seen on the same day for speech and language treatment, voice treatment, and feeding and swallowing treatment (*National payment rate is based on **proposed** values for CY 2027*)

| | 92X6X | 92X8X | 92526 (Swallowing) | Payment *WITHOUT* MPPR | Total Payment *WITH* MPPR |
|---|---|---|---|---|---|
| Work | $32.84 | $32.18 | $44.00 | $109.02 | No Reduction = **$109.02** |
| Practice Expense | $38.42 | $22.33 | $36.45 | $97.20 | $38.42 + (50% x $22.33) + (50% x $36.45) = **$67.82** |
| Malpractice | $0.33 | $0.33 | $0.33 | $0.99 | No Reduction |
| Total | $71.59 | $54.84 | $80.79 | **$ 207.21** | **$177.83** |

# Steps in Decision Making: How to Choose and Report the New Codes

NEW CPT Codes for SLPs