
Don't Be Spooked
ArSHA Medical Committee
92507 Roundtable
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The ghost of 92507

treatment of speech/language disorders

92507

UNTIMED

JANUARY 1, 2027

10 individual timed codes

5 primary + 5 add-on



What is happening?

- Medicare will be adopting these 10 new codes on January 1st 2027
- We do not know yet if all other insurance providers will be following Medicare on January 1st but ArSHA is trying to contact the big five insurers in Arizona.
- Updates will be available on the website @arsha.org as we hear back from them.
- May want to start contacting your common payer sources

January 1st 92507 is Being Replaced by the following

Descriptions	Primary code	Add on code
Fluency: Treatment of Fluency Disorder e.g Stuttering and Cluttering	**92654** – direct (one to one) patient contact; initial 30 minutes	**92655 –** each additional 15 minutes of fluency treatment (list separately in addition to code for primary service.
Speech Sounds: Treatment of Speech sound production (eg articulation, phonological processes, apraxia, dysarthria	**92656-** direct (one to one) patient contact; initial 30 minutes	**92657 -** each additional 15 minutes of speech treatment (list separately in addition to code for primary service
Language: Treatment of language comprehension and expression disorders eg receptive and expressive language	**92568** direct (one to one) patient contact; initial 30 minutes	**92659** each additional 15 minutes of speech treatment (list separately in addition to code for primary service
Speech Sounds and Language: Treatment of speech sound production disorder and language comprehension and expression disorder	**92660** direct (one to one) patient contact; initial 30 minutes	**92661** each additional 15 minutes of speech treatment (list separately in addition to code for primary service
Voice: Treatment of Voice, Upper Airway dysfunction and/or resonance disorders	**92662** direct (one to one) patient contact; initial 30 minutes	**92663** each additional 15 minutes of speech treatment (list separately in addition to code for primary service

Timed Codes

Medicare has a 51% rule and this means you can bill the code if you spend at least 51% of the time on that disorder. So to bill the base code you must spend at least 16 minutes with one on one treatment prior to billing.

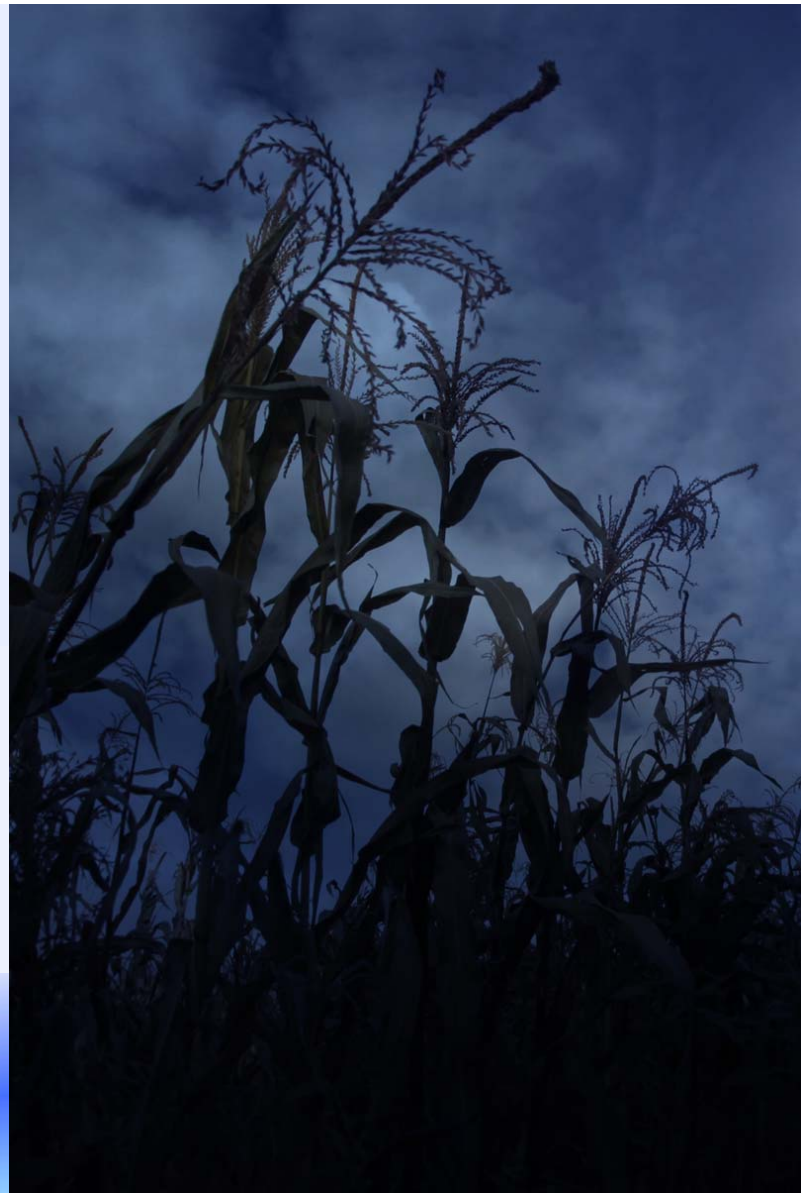
For add on codes you must first reach the full 30 minutes of the base code before you can bill an add on code.

Again, the add on code (which is 15 minutes) can be applied if you spend at least 8 minutes (as per the 51% rule) after the first 30 minutes

So, to bill one base code plus one add on code is at least 38 minutes.
If you spend at least 53 minutes you can bill one base code and two add on codes: 30 minute base, 15 min add on and the 8 minutes of the next add on.

You can bill two base codes such as Voice and Language if both of the base codes are worked on for 16minutes each so a 32- minute session

We do not know if all insurance providers will abide by the 51% rule.



Every minute matters

UNDER 16	16–37	38–52	53–67
No base code	One primary	Primary + 1 add-on	Primary + 2 add-ons

Thresholds reflect the 51% timing model in the source presentation.

What May Happen to Medicare Payments

Service	92507 Payment	Less than 16min of tx	Propsed Payment for 16-37 minutes	Propsed Payment for 38-52 minutes	Proposed Payment for 53 to 67 minutes
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
Speech and Language combined	$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

/ A PROPOSAL TO WATCH

The pediatric G code question

GSLPP

Proposed pediatric-specific G-code

- Untimed pediatric speech-language treatment
- Insurer adoption remains uncertain
- ASHA opposes the proposed untimed code
- Await the November 2026 MPFS final rule

Two paths through the woods: Billing of Cognitive Communication Treatment

LANGUAGE-BASED

- **CPT code 92568 and 92569 Treatment of Language comprehension and expression disorder is appropriate if the focus of the treatment is Cognitive-Communication and if the treatment goals are language based.**

COGNITIVE FUNCTION

97129 + 97130

- However, when treatment is primarily focused on Cognitive function- such as executive function, judgment, or memory – SLPs should report 97129 and 97130.

Listening between the lines

92568 + 92659

- CPT code **92568 and 92569:** Treatment of Language comprehension and expression disorder may be appropriate as SLPs address the communication and language difficulties associated with APD through **auditory and language-based intervention and compensation**



Implementation of the new codes- Things to consider

- The new time-based structure may require some practices and facilities to **revisit scheduling and workflow assumption**
- Practices may need to consider how minimum reporting thresholds affect scheduling, particularly when **services are being provided in the same visit**
- Operational flexibility may be important when visits run shorter or longer than anticipated, including when patients arrive late to treatment or change during the session
- Employers may also need to consider how these changes interact with **productivity expectations, documentation and existing scheduling models.**

Implementation of the new codes: Things to Consider

- Depending on payer adoption, an EMR or practice management systems may need to accommodate
  - CPT code 92507
  - The new SLP CPT codes
  - GSLPP, if finalized
  - Different coding requirements across payer or patient population
- Can your EMR support multiple coding pathways and payer specific requirements before 2027
- Practices may want the EMR to:
  - Alert when minimum requirements are not met
  - Prompt to select codes on **payer policy**
  - Documentation for **start/stop time and total time**.
  - **Update superbills and capture charge tools**

UNANSWERED QUESTIONS

What remains in the shadows?

- Commercial payer adoption
- Medicaid and other payers timing thresholds
- GSLPP – pediatric G code adoption
- Final 2027 rates
- EHR templates and scheduling

/ AUDIENCE DISCUSSION

A case from the crypt

42

MINUTES

A patient receives 42 minutes of direct speech treatment.

What can you bill?

A case from the crypt

42

MINUTES

A patient receives 42 minutes of direct speech treatment.

What can you bill?

1 base Speech code and 1 add on speech code: 30 minute base and over 8 minutes to be able to bill the add on.

AUDIENCE DISCUSSION

A case from the crypt

21

MINUTES

A patient receives 21 minutes of direct Fluency treatment.

What does the source timing model suggest?

AUDIENCE DISCUSSION

A case from the crypt

21

MINUTES

A patient receives 21 minutes of direct Fluency treatment.

What does the source timing model suggest?

1 Fluency base code: met the 16 min. requirement

/AUDIENCE DISCUSSION

A case from the crypt

35

MINUTES

A patient receives 15 minutes of direct voice treatment and 20 minutes of language treatment

What can you bill?

/AUDIENCE DISCUSSION

A case from the crypt

35

MINUTES

A patient receives 15 minutes of direct voice treatment and 20 minutes of language treatment

What can you bill?

Just one base language charge. Needed 16 minutes of voice treatment to bill another base code.

The Resources

Treatment Code Family Replacing 92507

Education and Implementation Resources for Treatment Codes Replacing 92507

2027 MPFS NPRM Comments

asha-letter-template-to-payers-on-92507-code-changes.docx

New CPT Codes for SLPs: New Speech-Language Pathology Treatment Code Readiness Checklist

Questions from the crypt

DON'T BE SPOOKED.

Keep asking questions. Keep checking the rules.

Leah Mackie, MSLP, CCC-SLP • arsha.org