Let's Discuss Upcoming Changes to 92507

What is happening, implications for the discipline and what can we do.

Common Terminology



AMA: American Medical Association



CPT: Common Procedural Codes



CMS: Center for Medicare/Medicaid Services



RVU: Relative Value Unit



RUC: Relative Value Unit Committee

What Has Occurred So Far

- CPT codes are periodically reviewed by CMS and the AMA to ensure the code set continues to reflect real world clinical practice
- In April 2024, CPT code 92507 was identified through a high-volume growth screen after the Medicare utilization increased by more than 100% between 2017 and 2022.
- This level of growth meets one the standard criteria used by CMS and the AMA to flag a code for review
- 92507 had an underlying time of 60 minutes – 5 minutes for preservice time, 50 minutes for intra-service time, 5 minutes of post service time.
- Was an untimed code and was valued at **1.3 RVU. (Relative Value Unit.)**

In September 2025 AMA recommended deleting 92507 and replace with 10 different codes

52	Speech-Language Pathology Services	●92X0X ●92X1X ●92X2X ●92X3X ●92X4X	●92X6X ●92X7X ●92X8X ●92X9X ▲92508	Delete 92507, establish 92X0X-92X9X for speech-language related disorders to provide specificity of the various services in the code descriptors, revise 92508.

Updated August 15, 2025

● New
▲ Revision
✚ Add on
D Deletion

AMA
AMERICAN MEDICAL ASSOCIATION

Proposed Panel Agenda
September 2025 CPT® Editorial Panel Meeting

Tab	Name	Code #	Request-Description
		●92X5X D92507	

CPT Code 92507: Where are we in the process.

- AMA CPT editorial Panel – Code structure (Sept 2025)
- RUC (RVS Update Committee) – Valuation (RVUs) (Jan 2026)
- CMS – Finalizing Valuation – WE ARE HERE
- Implementations - Jan 2027

What goes into an RVU?

Medicare RBRVS

The resources required to provide a service is divided into three components:



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RUC Proposed RVU Jan 2026

AMA website Ref pages 2836-2967

CPT Descriptor	Code	Proposed RVU	** 45 minute	** 60 minute
Treatment of Fluency Disorder – initial 30 minutes * Each additional 15 minutes	Base:90x0x Add on: 92X1X	0.92 .44	1.36	1.8
Treatment of Speech Sound Production- Initial 30 minutes *Each Additional 15 minutes	Base: 92x2x Add on: 92x3x	.90 .44	1.34	1.78
Treatment of Language Comprehension and Expression: Initial 30 minutes *Each Additional 15 minutes	Base: 92x4x Add on 92x5x	1.00 .48	1.48	1.96
Treatment of Speech and Language: Initial 30 minutes * Each Additional 15 minutes	Base: 92x6x Add on: 92x7x	1.00 .50	1.5	2.0
Treatment of Voice, Upper Airway Dysfunction and Resonance 30 min *Each Additional 15minutes	Base: 92x8x Add on : 92x9x	.98 .48	1.46	1.94

Timed Sessions.

AMA CPT 2018 Professional Edition states " A unit of time is attained when mid-point is passed. For example, an hour is attained when 31 minutes have elapsed, more than midway between zero and 60 minutes)

A code can be used for a 16–30 minute session.

Why Time Structure Will Matter

- SLP sessions often target multiple domains in a single visit
- 92507 was historically structured around longer treatment sessions
- Decreasing reimbursement has driven many OP sessions to 30- 45 minutes for sustainability
- PT/OT use 15-minute timed units, allowing reimbursement to scale proportionally with session length and supporting flexibility in the multidisciplinary practice
- A fixed 30-minute base may limit billing flexibility and long-term structural parity across disciplines.
- Pediatric Therapy Nuances
  - Parent education and coaching are integral components of care
  - Treatment intensity and time spent on domains varies within sessions

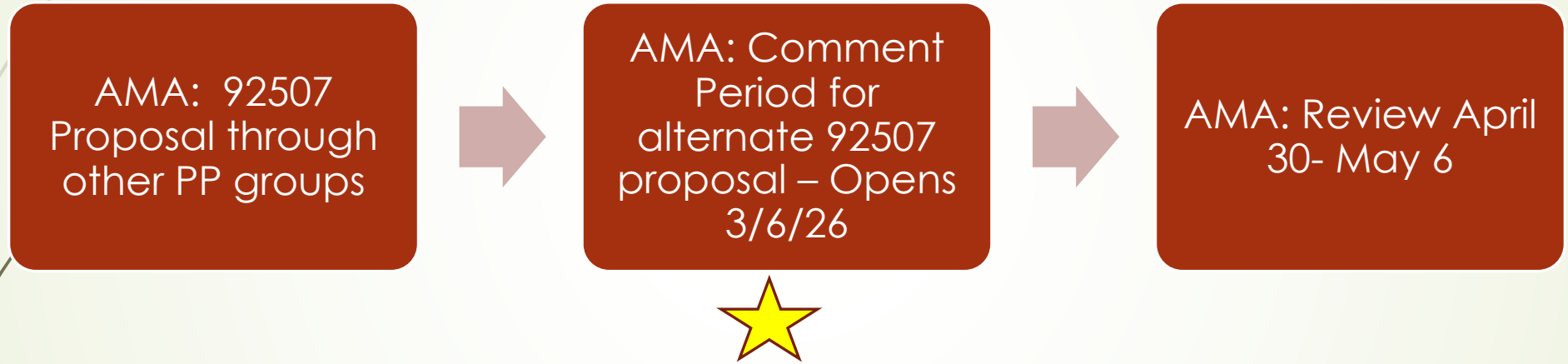
CPT Code Process

AMA	• Revision Requested 2024
ASHA	• Working Group and Proposal Development through ASHA
AMA	• Review of ASHA Proposal Sept 2025
ASHA	• Surveys sent October 2025
RUC	• Defense of value relative to all other codes: Jan 2026
CMS	• Determines RVU and releases proposed RVU in summer (July) We are here
CMS	• Comment Period until September
CMS	• Finalized valuation release in November



Advocacy Opportunities

Advocacy Opportunities



- To view this alternative proposal, you need to sign up as an interested party. After which you will have access to read and review the proposal, as well as submit comments.
- Though individual comments matter, organizational/group comments often carry broader impact
- ama calendar

What could we advocate for

- Structural parity across therapy disciplines
- RVUs that reflect patient complexities
- Inclusion of all areas of scope of practice
- Transparent valuation process with strong SLP participation
- Sustainable reimbursement to support access to care

- Structural decisions are harder to reverse than valuation changes.

What is ARSHA doing

- Coordinating with ASHA for the latest national updates and interpretations
- Developing state-specific guidance as impacts become clear
- Hosting a Town Hall for Arizona SLPs to address your questions and concerns
- Communicating member feedback directly to ASHA leadership
- Communicating feedback to the AMA

We want to hear your Concerns and Questions!

CPT code Descriptors

- Would the ideal be to align with OT/PT – which is 15 minutes codes vs 30 min proposed base (NOT Sure yet)
- Can timed and untimed codes be billed together Yes
- Can you bill a different add on from the code base you have your initial 30 minutes from. (NOT sure)
- Any way to show severity or complexity

Reimbursement

- Can codes be doubled billed within a 30-minute session? NO
- Most sessions are 30 minutes now, These cuts may cause serious financial strain on clinic.
- Can we overlap time we spend when we cotx with other disciplines. NO

Other

- Will ArSHA Comment on the March 6th proposal yes
- Can students bill – all billing is done by supervising SLP.
- Is Auditory processing covered under language tx. (we think so as this is how it is being billed now)

We want to hear from you!

What setting are you in?

What is your Biggest Concern?

What resources would help you most?

https://forms.gle/R467LwMVcnQxZNNy6