

New CPT Evaluation and Assessment Codes for SLPs

As of January 1, 2014, Current Procedural Terminology (CPT, ©American Medical Association) code **92506** (*Evaluation of speech, language, voice, communication, and/or auditory processing*) has been deleted and replaced with four new, more specific evaluation codes related to the assessment of language, speech sound production, voice and resonance, and fluency disorders.

The old code is 92506--The new assessment codes are:

- **92521** Evaluation of speech fluency (e.g., stuttering, cluttering)
- **92522** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- **92523** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); **with** evaluation of language comprehension and expression (e.g., receptive and expressive language)
- **92524** Behavioral and qualitative analysis of voice and resonance

The rate structure for these codes for EarlySteps is different from the old rate for 92506 and is explained below, beginning on page 3.

In EarlySteps, **the 92506 code was used for single-domain assessments, eligibility and exit evaluations and autism screenings.** Since the code was discontinued, the replacement codes for evaluations and screenings are:

- **96110** Eligibility and Exit (Outcome Measures) evaluations
- **96111** Autism screenings

The rates for these evaluation and screening codes have not changed. The 96110 and 96111 code changes occur in the Central Finance Office (CFO) Rate and Service Schedule only, since Medicaid does not reimburse for these two codes for EarlySteps.

The following information addresses some of the most commonly asked questions about the new evaluation codes and what changes will occur within EarlySteps.

Questions and Answers

Why did the four new codes replace CPT 92506?

The four new evaluation codes were developed by [ASHA's Health Care Economics Committee \(HCEC\)](#) in collaboration with experts in the field from ASHA's Special Interest Groups. The HCEC has been working with the American Medical Association (AMA) to change most speech-language pathology codes since 2009, when a new law took effect that allows private practice SLPs to bill Medicare directly for their services. Because of that change, the AMA's Relative Value Update Committee re-evaluated speech-language pathology codes to include "professional work" value (one of three components of a code's value that reflects the amount of time, technical skill, physical effort, stress, and judgment required to provide the service). Prior to 2009, SLPs were considered "technical support" and their work was included in the "practice expense" component of the code's reimbursement formula. During this process, the RUC recognized that CPT 92506 reflected more than one procedure and requested ASHA to develop specific evaluation procedure codes to replace 92506 and more accurately and appropriately value the professional work performed.

When should I start using the new codes?

In general, the new codes for billing and filing claims for services provided became effective on or after January 1, 2014. Louisiana Medicaid has been working with EarlySteps since January to set up the new codes, publish the rates and place the new codes in Molina's billing system. The code changes are now in effect with Molina/Medicaid. The rate schedule for EarlySteps services is posted to the Medicaid website at:

http://www.lamedicaid.com/provweb1/fee_schedules/EPSTDT_FS.htm . You can begin submitting claims with the new codes for single domain assessments now.

In addition, the CFO will update the EarlySteps Medicaid rate schedule to accommodate the changes effective July 1, 2014. You will be notified when this change occurs and when the rate schedule is posted to the EarlySteps and CFO Websites. Continue to use the old 92506 codes until the change is made.

What EarlySteps services are affected by the elimination of 92506?

- Rate changes and the 4 newly identified codes only apply to single domain assessments conducted by SLPs in EarlySteps.
- For SLPs who conduct eligibility and exit evaluations using the BD12, the 92506 code will be replaced by **96111**—the rates remain the same. This will be revised in the CFO service schedule and authorizations in July 2014. No changes in rates.
- For SLPs, who conduct autism screenings, the 92506 code will be replaced by **96110**—the rates remain the same. This will be revised in the CFO service schedule and authorizations in July 2014. No changes in rates.
- Medicaid does not reimburse for eligibility or exit evaluations or autism screenings, so there is no impact for billing through Molina for SLP evaluators for these. The only change for Medicaid claims is for the 4 new codes for single domain assessments.

What is the reimbursement rate for each code?

The Centers for Medicare and Medicaid Services (CMS) has established the [2014 national rates for speech-language pathology codes](#) under the Medicare Physician Fee Schedule (MPFS). EarlySteps developed the rate schedule based on our rate structure which includes a varied rate according to the code area and the setting where the assessment occurred. The rate schedule is shown in the chart below. The codes for 96110 and 96111 are the same rate as the old 92506 for these procedures.

How do reimbursement rates compare to 92506?

Because the prior CPT 92506 included many different evaluation procedures, SLPs have been paid the same rate whether they provided an evaluation for one disorder or many. The new codes essentially reflect smaller components of the original 92506, so SLPs will see lower payments for each type of evaluation when compared with past payments for 92506. The rate structure for EarlySteps is designed on this principal, with the additional added rate structure based on where the service is provided, or the TOS code. The rate structure and instructions follow on the next page:

Old Code	Old Rate	New Code and Assessment Description	Rate TOS 22 Home/Community	Rate TOS 27 Special Purpose Inclusive Setting	Rate TOS 28 Special Purpose Center
92506 included all components of SLP evaluation: Phonology and Language Voice and Fluency Oral Structure Oral Mechanism and functioning	EarlySteps Single Domain Assessment rate =\$82.35/event	92521 <u>Evaluation of speech fluency</u> (e.g., stuttering, cluttering)	\$ 20.58 per event	\$13.15	\$12.35
		92522 <u>Evaluation of speech sound production</u> (e.g., articulation, phonological process, apraxia, dysarthria)	\$ 20.58 per event	\$13.15	\$12.35
		92523 <u>Evaluation of speech sound production</u> (e.g., articulation, phonological process, apraxia, dysarthria); with <u>evaluation of language comprehension and expression</u> (e.g., receptive and expressive language)	\$ 61.76 per event	\$39.50	\$37.05
		▪ 92524 <u>Behavioral and qualitative analysis of voice and resonance</u>	\$ 20.58 per event	\$13.15	\$12.35
▪ Total Reimbursement	TOS22=\$82.35 TOS 27=\$54.00 TOS 28=51.00	New Codes billed singly or in combination	Typical 92523: \$61.76 Add one \$82.35 Add two:\$103.14	Typical 92523 \$39.50 Add one: \$52.65 Add two: \$78.95	Typical 92523 \$33.35 Add one: \$49.40 Add two: \$61.75

Instructions for use of new codes in EarlySteps:

1. 92523 used alone will be the most frequently needed/ used code for single domain speech/language assessments. This code includes the evaluation of speech sound production and receptive and expressive language which will be the most appropriate areas of assessment for this age group to identify supports to families provided by the SLP.
2. Decisions related to which assessment to complete, based on the needs of the child and family, will be made by the team, including the SLP, in a team meeting as follows:
 - o When teams meet and identify the need for a single domain assessment by an SLP, the team meeting notes will summarize the discussion and indicate the need for the assessment.
 - o The *Request for Authorization Form* will be used to indicate the CPT code(s) under the “check service” column next to the Single Domain Assessment item for submission to the SPOE.
3. If 92521 or 92524 are added with 92523, the need is identified and summarized in the team meeting notes and requested according to #2 above. The assessment and the report completed by the SLP must include
 - o an explanation of the needs which prompted these additional components
 - o the assessment procedures and results for each, as these components may not typically be needed for assessments with the birth to three year old population.

For example, a child with a cleft palate may need assessment in the area of resonance (92524). In this scenario, the child may need codes 92523 and 92524. In the report, the SLP will write up the need for 92524 based on the child’s diagnosis and include the assessment procedures and results of the resonance, speech sound and language assessment in the assessment report. The codes will be billed separately and only one report is required.

4. The SLP cannot bill 92522 and 92523 for the same child. Only one is billable in combination with another code such as 92521 or 92524, since both 92522 and 92523 include assessment of speech sound production, when fluency and/or voice are also assessed. EarlySteps does not anticipate that 92522 would ever be appropriately used as a single assessment for this age group. It is more likely that the single code 92523 will be used as the single domain assessment code.

Are the new codes appropriate for services provided to adults and children?

Yes, SLPs may use these codes for any patient population, as long as they are the codes that are most descriptive of the evaluation being provided. Keep in mind that other evaluation codes—for dysphagia, aphasia, and cognitive performance, among others—are also available for the adult population. A full list of CPT codes available to SLPs can be found on ASHA’s [billing and reimbursement webpage](#).

- ***This document is only intended for use of these code changes in EarlySteps.***

Can the new codes be billed together on the same day or with other existing codes?

The National Correct Coding Initiative (CCI) establishes edits to control specific code pairs that can or cannot be billed on the same day for Medicare and Medicaid services; CCI edits are also followed by many other third-party payers. Neither the *CPT Handbook* nor the National Correct Coding Initiatives (CCI) edits restrict an SLP’s ability to bill the new codes together because there are circumstances when it is appropriate for an individual to be evaluated for multiple disorders on the same day. The exception is the same-day billing of the combination of 92522 and 92523, which is restricted by both the *CPT Handbook* and CCI edits. Both the CFO system and the Molina system will allow for billing the multiple codes (92521, 92523, 92524, etc) on the same day. All new and updated edits are available on [ASHA’s CCI edits webpage](#).

In cases where multiple evaluations may be appropriate, documentation should clearly reflect a complete and distinct evaluation for each disorder—only one report is required, but all areas for which the child is assessed and codes were billed should be reported. Assessment codes should not be billed for brief assessments that could be considered screenings. Time for identification of other disorders is already built into the value of each code; inappropriate use of multiple assessments on the same day could result in future restrictions through CCI edits.

Why is 92523 a combined speech sound production and language evaluation? What if I perform only a language evaluation?

If two or more procedures are billed together at least 51% of the time, it is standard to develop a bundled CPT code for that set of services. During the code development process, ASHA surveyed practices and clinics and confirmed that a child evaluated for language is also evaluated for speech sound production ability more than 80% of the time. Therefore the combined rate was developed. This code will be the most commonly used code for SLP single domain assessments in EarlySteps. The assessment report will include the results of both assessed areas.

Can I bill 92522 and 92523 together on the same day?

No, you may only bill one or the other. A speech sound production evaluation (CPT 92522) is already included as a part of CPT 92523 (speech sound production evaluation with language evaluation). EarlySteps does not recommend the use of 92522 as a single code for EarlySteps-aged children—92523 is the appropriate code.

How should I bill for a BDI2 eligibility/exit evaluation?

SLPs should bill CPT 96111 (Developmental testing, includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) for eligibility and exit evaluations. These codes are only billed to the CFO, since Medicaid does not reimburse for eligibility and exit evaluations in EarlySteps.

How should I bill for an autism screening/BISCUIT?

SLPs will bill CPT 96110 (developmental screening) for the EarlySteps autism screening. These codes are only billed to the CFO, since Medicaid does not reimburse for autism screenings in EarlySteps.

Who should I contact if I have problems billing the new codes?

- Confirm that the authorization was appropriately issued and that you are billing the code(s) authorized. Contact the FSC/SPOE if the authorization needs to be cancelled and re-issued.
- Confirm that you are only billing 92521, 92522, 92523, and/or 92524 to Molina. Medicaid does not reimburse for 96110 or 96111 for EarlySteps and these should not be billed to Molina.
- Contact the EarlySteps regional coordinator if you cannot resolve the billing problem or have a question.

Where can I find more information about the new codes?

1. The fee schedule for the Medicaid-reimbursed codes is located at: http://www.lamedicaid.com/provweb1/fee_schedules/EPSTDT_FS.htm
2. The revised CFO Louisiana Services and Rates schedule will be posted to the CFO and EarlySteps websites in July, 2014.
3. Contact the EarlySteps regional coordinator with questions.
4. ASHA will continue to post all new information on their [website](#). Notifications and news items will also be available through [ASHA Headlines](#) and [The ASHA Leader](#). Specific questions can be directed to ASHA's health care economics and advocacy team at reimbursement@asha.org.

Reference:

The information for this document came from the American Speech-Language-Hearing Association at:

<http://www.asha.org/Practice/reimbursement/coding/New-CPT-Evaluation-Codes-for-SLPs/> and was modified for use by EarlySteps in 2014.