Which Codes Do I Use Now? New 2014 SLP Evaluation Procedures Codes

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Moderated by:
Amy Hansen, M.A., CCC-SLP, Managing Editor, SpeechPathology.com

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Which Codes Do I Use Now?
New 2014 SLP Evaluation Procedures Codes

Dee Adams Nikjeh, Ph.D
ASHA Health Care Economics Committee

Web Seminar
Speech Pathology.Com
February 10, 2014

AGENDA

- Medicare Improvements for Patients and Providers Act of 2008 – What did it mean for SLP?
- Four New SLP Evaluation Procedure Codes
- Modifiers and Edits
- CPT Codes for Speech Language Pathology
- Questions?
Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

- MIPPA - Effective July 1, 2009
- Granted SLPs independent billing to Medicare
- Changed our status with CMS to a Medicare Provider
- Recognized SLPs as professionals rather than technical assistants
- Allowed for the “relative value” of SLP CPT (procedure) codes to be re-valued to include a professional work component


- CPT codes are 5-digit numbers assigned to every procedure and service a medical practitioner may provide
  - Medical
  - Surgical
  - Diagnostic
- Used to determine amount of reimbursement received by provider
- Ensure uniformity of communication
- Developed, maintained, and copyrighted by the American Medical Association (AMA)
- Updated annually
AMA Criteria New Procedure Code

- Represent unique procedure that is not covered by other established codes
- Represent procedure widely used within U.S.
- Not investigational
- Have substantial peer-reviewed literature to support procedure in journals published in U.S.


Procedural codes (CPT) describe what we do with the patient or client
Relative Value Unit (RVU)

- Every CPT procedure or service has a resource-based relative value
- Payments for services are determined by the resource costs needed to provide them
- All procedures are ranked on this same scale
- Standardized physician payment schedule
- The Relative Value Unit has 3 components

Three Components of Relative Value Unit

- **Professional Work**
  - Time it takes to perform the service
  - Technical skill and physical effort
  - Required mental effort and judgment
  - Stress due to the potential risk to the patient
- **Practice Expense**
  - Time of support personnel**
  - Supplies
  - Equipment
  - Overhead
- **Professional Liability/Insurance Costs**
Medicare Payment per Procedure

- Resource Based Value (RVU) x Monetary Conversion Factor (CF) =
- CF is recommended by CMS to Congress
- Conversion Factor for 2013 = $34.0376
- **Conversion Factor for 2014 = $35.82**
- RVU x CF = Medicare Payment per Procedure
- Establishes the Medicare Physician Fee Schedule
- Payment adjusted for geographic location

Table 2. National Medicare Part B Rates for Speech-Language Pathology Services
Speech-language pathology services are paid at non-facility rates, regardless of setting. All claims should be accompanied by the -02 modifier to indicate services provided by an SLP.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>National Fee 3/31/2014</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>31579</td>
<td>Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy</td>
<td>$117.00</td>
<td>This procedure may require physician supervision based on Medicare Administrative Contractors' (MACs') local coverage policies or state practice acts.</td>
</tr>
<tr>
<td>80406</td>
<td>Evaluation of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
<td></td>
<td>Diverted, effective January 1, 2014, and replaced with 92521-92524. See New CPT Codes (p. 5).</td>
</tr>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
<td>$80.00</td>
<td></td>
</tr>
<tr>
<td>93508</td>
<td>Speech therapy, group, 2 or more individuals</td>
<td>$39.04</td>
<td></td>
</tr>
<tr>
<td>92511</td>
<td>Nasopharyngoscopy with endoscope (separate procedure)</td>
<td>$389.28</td>
<td>This procedure may require physician supervision based on MACs' local coverage policies or state practice acts.</td>
</tr>
<tr>
<td>92512</td>
<td>Nasal function studies (eg, rhinomanometry)</td>
<td>$63.02</td>
<td></td>
</tr>
<tr>
<td>92520</td>
<td>Laryngeal function studies (eg, aerodynamics testing and acoustic testing)</td>
<td>$75.23</td>
<td></td>
</tr>
<tr>
<td>92521</td>
<td>Evaluation of speech fluency (eg, cluttering, clustering)</td>
<td>$114.27</td>
<td>New code. See New CPT Codes (p. 5)</td>
</tr>
<tr>
<td>92522</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)</td>
<td>$62.78</td>
<td>New code. See New CPT Codes (p. 5)</td>
</tr>
<tr>
<td>92523</td>
<td>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)</td>
<td>$181.79</td>
<td>New code. See New CPT Codes (p. 5) If only language comprehension and expression (receptive and expressive language) are evaluated, use this procedure with the -02 modifier to indicate a reduced service.</td>
</tr>
</tbody>
</table>

www.asha.org/practice/reimbursement/medicare/feeschedule/
“Please describe the typical patient and explain to us exactly what you do for procedure 92506.”

Four New SLP Evaluation Procedure Codes
Replace CPT 92506 January 1, 2014

- 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
CPT 92521 - Evaluation of speech fluency (e.g., stuttering, cluttering)

Vignette for CPT 92521

A 7-year-old male presents with stuttering that includes behavioral (e.g., repetitions, prolongations, and blocks) and affective (e.g., avoidance and/or reduction of communication interaction) responses that negatively impact his communication function.

CPT 92522 - Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)

Vignette for CPT 92522

A 6-year-old male presents with age-appropriate language comprehension and expression; yet, his speech sound production is unintelligible and negatively impacts his abilities to successfully communicate with others.
CPT 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)

Vignette for CPT 92523

A 5-year-old male presents with significant deficits of receptive, expressive, and social language and highly unintelligible speech sound production that limit his abilities to understand and communicate effectively in daily social and educational activities with family and peers.

CPT 92524 - Behavioral and qualitative analysis of voice and resonance

Vignette for CPT 92524

A 38 year-old female diagnosed with bilateral vocal cord nodules was referred for an evaluation of functional voice use and resonance to facilitate the design of a voice therapy/behavioral treatment plan. The patient complains of progressive hoarseness, inadequate projection, altered resonance, vocal fatigue, and tightness and pain in her throat which compromises her ability to communicate effectively.
Why is there not a language-only evaluation procedure code?

- Language-only evaluation for children is rare in the absence of speech sound production
  - Survey of practices/clinics confirmed that this occurs less than 20% of the time
- However, speech-sound production commonly evaluated in absence of language testing
- If two or more procedures are billed together greater than 51% of the time, CMS considers them to overlap and will bundle the procedures and decrease the reimbursement
- If evaluating only language, may code 92523 with the -52 modifier indicating reduced service
- Keep in mind SLPs have evaluation procedure codes for standardized cognitive assessment, developmental assessment, and aphasia

Billing Codes Together?

- Sometimes it is appropriate for more than one disorder to be evaluated on the same day
- Documentation should clearly reflect a complete and distinct evaluation for each disorder
- Evaluation 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 evaluations on same day will result in restrictions through the National Correct Coding Initiative (CCI) edits
- While no restrictions appear in the CPT Handbook, the 2014 quarterly CCI edits have not yet been published
Edits and Modifiers

Coding Clarification

Coding Clarifications - Edits

- Two types of similar edit systems depending on setting
  - National Correct Coding Initiative (CCI) – any Part B services not rendered in a hospital
  - Outpatient Code Editor (OCE) – outpatient hospital services
- Automated edit systems used by CMS to control specific CPT code pairs that can be reported on the same day for the same patient
- CCI is updated quarterly and OCE follows one quarter later
- Since late 2010, CCI also applies to Medicaid per federal law
Coding Clarifications-Edits

- Some procedures considered to be “mutually exclusive” and may not be billed together for the same patient on the same day
- Examples for SLP
  - 92607 (Speech-generating device evaluation) & 92597 (Voice prosthetic evaluation)
  - 92507 (Speech, lang tx) & 97532 (Cog tx)
- SLP CCI Edits can be found at www.asha.org/practice/reimbursement/coding/CCI_edits_SLP.htm

Medically Unlikely Edits (MUEs)

- Subset of the CCI edits, also for Medicare Part B and Medicaid claims
- An MUE is the maximum number of times that a CPT code can be reported on the same day for the same patient
- Example: CPT 92507 may only be billed one time per day in office or hospital OP settings
- For a complete list of SLP-related MUEs, see: www.asha.org/Practice/reimbursement/coding/Medically-Unlikely-Edits-SLP/
Coding Clarification
Special Circumstances - Modifiers

-59 Indicates Distinct Procedural Service
- Only modifier used with NCCI edits
- For two procedures not ordinarily performed on the same day by the same practitioner, but which, under certain circumstances, may be appropriate to perform and therefore code on the same day (e.g., different site or organ system)

Who provides the service
- GN: Speech-language pathologist
- GO: Occupational therapist
- GP: Physical therapist

Severity Level Modifiers with G-codes for functional claims reporting

Examples of Modifiers
Sometimes used by SLPs

- “-52” indicates an abbreviated procedure
- “-59” indicates that two procedures are distinct and separate
  - CPT 92611 (MBS) & 92610 (Clinical Swallow Eval)
  - CPT 92526 (Dysphagia tx) & 97532 (Cog tx)
  - CPT 92508 (Group tx) & 92507 (Indiv tx)
  - CPT 96105 (Aphasia assessment) & 96125 (Cognitive Performance testing)
- “-22” indicates a much longer than usual procedure
- “-76” indicates a repeat procedure by the same provider on the same date of service
ASHA CCI Edit Page for SLP Codes

<table>
<thead>
<tr>
<th>CPT Procedure (one)</th>
<th>Paired With (one)</th>
<th>Can be performed on same date? Yes/No</th>
<th>If so, use what modifier?</th>
</tr>
</thead>
<tbody>
<tr>
<td>31575(*)</td>
<td>31579</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>31576(*) (videostrobe)</td>
<td>70371, 92520</td>
<td>Y</td>
<td>-59</td>
</tr>
<tr>
<td>74230(3)</td>
<td>70731, 74210, 74220</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>92507, 92508 (*)</td>
<td>97532, 97533</td>
<td>N (when both are provided by SLP)</td>
<td>N/A</td>
</tr>
<tr>
<td>92508 (SLP group)</td>
<td>92507</td>
<td>Y</td>
<td>-59</td>
</tr>
<tr>
<td>92520 (laryngeal function)</td>
<td>70371 (rad. speech eval)</td>
<td>Y</td>
<td>-59</td>
</tr>
<tr>
<td>92521 (fluency evaluation)</td>
<td>96105, 96123</td>
<td>Y</td>
<td>-59</td>
</tr>
<tr>
<td>92522 (speech sound production evaluation)</td>
<td>96105, 96125</td>
<td>Y</td>
<td>-59</td>
</tr>
<tr>
<td>92523 (speech sound production and language evaluation)</td>
<td>92522</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>92524</td>
<td>96105, 96125</td>
<td>Y</td>
<td>-59</td>
</tr>
</tbody>
</table>

www.asha.org/practice/reimbursement/coding/CCI_edits_SLP.htm

Questions and Answers
New SLP Procedure Codes

CPT 92521
CPT 92522
CPT 92523
CPT 92524
Scenario 1: SLP CPT Question

- May I bill CPT 92522 and 92523 together on the same day?
  - CPT 92522 - Evaluation of Speech-sound production (e.g., articulation, phonological process, apraxia, dysarthria)
  - CPT 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)

Scenario 1: SLP CPT Answer

- No, do NOT Code these two together, only one or the other
- CPT 92523 INCLUDES the evaluation of speech sound production
### Scenario 2: SLP CPT Question

- When I evaluate a child who has a cleft palate and speech and language problems, what procedures may I code?

### Scenario 2: SLP CPT Answer

- **CPT 92523** Speech-sound production (e.g., articulation, phonological process, apraxia, dysarthria); **with** evaluation of language comprehension and expression (e.g., receptive and expressive language)
- **CPT 92524** Behavioral and qualitative analysis of voice and resonance
Scenario 3: SLP CPT Question

- I evaluate an adult with a voice disorder, using the new procedure code CPT 92524 (Qualitative and behavioral analysis of voice and resonance). Patient has no resonance disorder.

- Do I code CPT 92524 with -52 modifier to indicate a shortened evaluation?

Scenario 3: SLP CPT Answer

- -52 modifier is not required if only voice or only resonance is evaluated
- Descriptor of CPT 92524 is written so that voice and/or resonance may be evaluated
- Recommend a statement of observation that one or the other is not impaired
- Code developed so that those who work with cleft palate have appropriate choices of procedure codes
Scenario 4: SLP CPT Question

- I am evaluating a patient who has Parkinson’s disease. He has dysarthria and a voice impairment. May I do more than one evaluation procedure and which procedures codes may I use?

Scenario 4: SLP CPT Answer

- YES
- CPT 92522 Speech-sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- CPT 92524 Qualitative and behavioral analysis of voice and resonance
- Document completely including your recommendations for plan of care based on your two evaluations
Scenario 5: SLP CPT Question

- I am seeing a patient for a cognitive assessment. I used to use CPT 92506. What should I do now?

Scenario 5: SLP CPT Answer

- You may use CPT 96125 (Standardized cognitive performance testing, per hour) for a full cognitive evaluation.
- CPT 96125 is a per hour code which requires at least 31 mins for one hour or 91 mins for two hours of billing. This includes administration and documentation. Nonstandardized subtests may also be included in the battery of measurement tools.
- Code 92523-52 captures language-only evaluations.
- Cognitive assessment using informal tools and lasting less than the 31 mins may be considered a screening and payment may be denied.
Scenario 6: SLP CPT Question

- What if I provide both a cognitive assessment AND a speech sound production with language evaluation? How do I code this?

Scenario 6: SLP CPT Answer

- Few circumstances (e.g., child with language-learning disorder) may warrant both complete cognitive evaluation (CPT 96125) and evaluation of speech-sound production with receptive and expressive language (CPT 92523).
- If you complete both a full cognitive evaluation and a speech & language evaluation, you may bill CPT 96125 AND 92523 with -59 modifier on 96125.
- Documentation must show separate and distinct procedures.
- Combine with caution; Cognitive treatment (97532) and speech and language treatment (92507) may NOT be billed together on the same day to same patient b/c of overlap.
Scenario 7: SLP CPT Question

- I see a child for a speech fluency evaluation and also perform an oral peripheral examination.

- Can I bill CPT92521 (Evaluation of speech fluency) and 92522 (Evaluation of speech sound production)?

Scenario 7: SLP CPT Answer

- No.
- An oral peripheral examination is an integral part of every speech, language, fluency, and voice evaluation and the time spent on the examination of is already built into each evaluation code.
Scenario 8: SLP CPT Question

- What do I code for reevaluations?

Scenario 8: SLP CPT Answer

- Because evaluations are provided for children and adults who have communication impairments and much of our testing is standardized to establish basal and ceilings, age norms, percentiles, etc., the reevaluation is just as detailed as the initial evaluation.
- For that reason, SLPs do not have reduced reimbursement for reevaluations. Bill the CPT procedure evaluation codes that most closely describe the procedures you provide.
- Document your evaluation findings and compare to previous evaluation
Scenario 9: SLP Question

- What do I code if I do a pediatric language-only evaluation?

Scenario 9: SLP Answer

- If the child is evaluated only for language, SLPs should bill 92523 with the -52 modifier, which is used when services provided are reduced in comparison with the full description of the service.
- CPT 96125 (Standardized cognitive performance testing, per hour) and CPT 96111 (Developmental testing -- includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments with interpretation and report) may also be used when appropriate.
Scenario 10: SLP CPT Question

- I am evaluating an adult who has a traumatic brain injury and dysarthria. Which evaluation procedures and CPT codes may I use?

Scenario 10: SLP CPT Answer

- You may code CPT 96125 for cognitive assessment.
  - This is a timed, per hour code
  - 31 minutes is allowable for one hour
- You may code CPT 96105 for aphasia assessment
  - This is a timed, per hour code
  - 31 minutes is allowable for one hour
- You may code CPT 92522 - Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- Document each procedure with results, interpretation, recommendations, etc.
Scenario 10 Continued: Question

- What if that dysarthria has a phonatory component? In addition to the cognitive assessment and the speech-sound production evaluation, may I also add a voice evaluation and maybe also an acoustic and aerodynamic assessment?
Who should I contact if I have problems billing the new codes?

- Start by getting in touch with your payer to ensure they are aware of the coding change.
- Sometimes, coding systems are not completely updated by the first of the year, causing billing problems.
- For Medicare, get in touch with the Medicare Administrative Contractor (MAC) in your area.
- If you continue to have problems, please contact ASHA's health care economics and advocacy team at reimbursement@asha.org.

Other Speech Language Pathology CPT Codes

Yes, we have more than two
### CPT Codes for Speech-Language Pathology

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31579</td>
<td>*Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy</td>
</tr>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
</tr>
<tr>
<td>92508</td>
<td>Group Treatment, 2 or more individuals</td>
</tr>
<tr>
<td>92511</td>
<td>*Nasopharyngoscopy with endoscope</td>
</tr>
<tr>
<td>92512</td>
<td>Nasal function studies (eg, rhinomanometry)</td>
</tr>
<tr>
<td>92520</td>
<td>Laryngeal function studies (ie, aerodynamic testing and acoustic testing)</td>
</tr>
<tr>
<td>92526</td>
<td>Treatment of swallowing dysfunction and/or oral function for feeding</td>
</tr>
<tr>
<td>92597</td>
<td>Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech</td>
</tr>
</tbody>
</table>

### Additional CPT Codes for Speech-Language Pathology

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92605</td>
<td>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; <strong>first hour</strong></td>
</tr>
<tr>
<td>92606</td>
<td>Therapeutic service(s) for the use of non-speech-generating device, including programming and modification</td>
</tr>
<tr>
<td>92607</td>
<td>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <strong>first hour</strong></td>
</tr>
<tr>
<td>92608</td>
<td><strong>Each additional 30 minutes</strong> (List separately in addition to code for primary procedure) *This is an add-on code for 92605</td>
</tr>
<tr>
<td>92609</td>
<td>Therapeutic services for the use of speech-generating device, including programming and modification</td>
</tr>
</tbody>
</table>
### CPT Codes for Speech-Language Pathology

- **92611** Motion fluoroscopic evaluation of swallowing function by cine or video recording
- **92612** *Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;*  
  - **92613** interpretation and report only
- **92614** *Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;*  
  - **92615** interpretation and report only
- **92616** *Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;*  
  - **92617** interpretation and report only

### CPT Codes for Speech-Language Pathology

- **92626** Evaluation of auditory rehabilitation status; **first hour**; SLPs may report this evaluation code
- **92627** **Each additional 15 minutes** (List separately in addition to code for primary procedure) This is an add-on code for 92626. SLPs may report this evaluation code.
- **92630** Auditory rehabilitation; prelingual hearing loss; CMS instructs SLPs to use 92507 for auditory rehabilitation.
- **92633** Auditory rehabilitation; postlingual hearing loss; CMS instructs SLPs to use 92507 for auditory rehabilitation.
### CPT Codes for Speech-Language Pathology

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>96105</td>
<td>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, <strong>per hour</strong></td>
<td></td>
</tr>
<tr>
<td>96111</td>
<td>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</td>
<td><strong>per hour</strong></td>
</tr>
<tr>
<td>96125</td>
<td>Standardized cognitive performance testing (eg, Ross Information Processing Assessment) <strong>per hour</strong> of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</td>
<td><strong>per hour</strong></td>
</tr>
</tbody>
</table>

### CPT Codes for Speech-Language Pathology

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>97532</td>
<td>Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, <strong>each 15 minutes</strong></td>
<td></td>
</tr>
<tr>
<td>97533</td>
<td>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, <strong>each 15 minutes</strong></td>
<td></td>
</tr>
<tr>
<td>97535</td>
<td>Self-care/home management training (eg, activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, <strong>each 15 minutes</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Except for CPT 97532 and CPT 97533, SLPs' appropriate use of the 97000 series codes should be verified with the MAC**
QUESTIONS?

THANK YOU VERY MUCH!

Dee Adams Nikjeh