

To:
Inpatient Hospital
Providers
Outpatient
Hospital
Providers
Rehabilitation
Agencies
Speech and
Hearing Clinics
Speech-Language
Pathologists
Therapy Groups
HMOs and Other
Managed Care
Programs

New procedure codes for speech and language pathology services

Effective for dates of service (DOS) on and after October 1, 2003, Wisconsin Medicaid will replace temporary "G" codes for speech and language pathology (SLP) services with *Current Procedural Terminology* (CPT) codes. In addition, Wisconsin Medicaid has revised the list of applicable procedure codes for the Birth to 3 (B-3) prior authorization (PA) process.

New CPT codes

Effective for dates of service (DOS) on and after October 1, 2003, speech and language pathology (SLP) providers will be required to use the new *Current Procedural Terminology* (CPT) codes listed in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update*. The temporary "G" codes currently in use will not be allowable for DOS on and after October 1 due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirement that all providers must use national procedure codes. Refer to Attachment 3 for a complete list of SLP procedure codes effective October 1, 2003.

Providers will not need to amend approved prior authorization requests

Providers will not have to submit new or amended prior authorization (PA) requests for previously approved PA requests submitted for

anticipated DOS on and after October 1, 2003, that include "G" codes. Wisconsin Medicaid will automatically convert the current codes approved on the PA to the new codes for DOS on and after October 1, 2003.

Revised procedure codes for Birth to 3 prior authorization

Also effective October 1, 2003, SLP providers will be required to begin using the revised procedure codes when billing for Medicaid-eligible children who are part of the Birth to 3 (B-3) Program. Refer to Attachment 2 for SLP procedure codes that may be billed under the B-3 PA process. Refer to the June 2002 *Update* (2002-33), titled "Elimination of need for renewal of prior authorization requests for therapy services provided as part of the Birth to 3 Program," for more information on the B-3 PA process.

Maximum allowable fees for all new CPT codes

For the majority of new CPT codes, the maximum allowable fees will remain the same as the maximum allowable fees for the comparable "G" codes. Refer to Attachment 1 for maximum allowable fee information for these codes.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

New speech and language pathology procedure codes

For dates of service on and after October 1, 2003

Current code	New code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
					Independents	Rehab agencies
G0193	92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;			Manually priced	
G0194	92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	Only allowable when used in conjunction with 92612.		Manually priced	
G0195	92610	Evaluation of oral and pharyngeal swallowing function			\$68.10	\$71.51
G0196	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		Accompanying a recipient to a swallow study is not reimbursable. This code involves participation and interpretation of results from the dynamic observation of the patient swallowing materials of various consistencies. It is observed fluoroscopically and typically recorded on video. The evaluation involves using the information to assess the patient's swallowing function and developing a treatment.	Manually priced	
G0197	92607*	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <i>first hour</i>	Cannot use on the same dates of service (DOS) as 96105.	This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity. This can also be used for re-evaluations. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	\$59.97	\$62.97
	92608**	<i>each additional 30 minutes</i>	This code can only be billed in conjunction with 92607.	A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608.	\$29.99	\$31.48

* The procedure code description defines this code as one hour. One unit of this code = one hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5.

Current code	New code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
					Independents	Rehab agencies
G0198	92609	Therapeutic services for the use of speech-generating device, including programming and modification		This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use.	\$44.92	\$47.17
G0199	92607*	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <i>first hour</i>	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity. This can also be used for re-evaluations. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	\$59.97	\$62.97
	92608**	<i>each additional 30 minutes</i>	This code can only be billed in conjunction with 92607.	A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608.	\$29.99	\$31.48
G0200	92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient for the use of a voice prosthetic device, e.g., electrolarynx, tracheostomy-speaking valve. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	\$71.61	\$75.19

* The procedure code description defines this code as one hour. One unit of this code = one hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5.

Current code	New code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
					Independents	Rehab agencies
G0201	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Cannot use on the same DOS as 92510.	Therapy addressing communication/cognitive impairments and voice prosthetics should use this code. If treatment focus is aural rehabilitation as a result of a cochlear implant, submit a prior authorization using the Prior Authorization/Therapy Attachment (PA/TA) to request code 92510.	\$45.18	\$47.44
92599	92700	Unlisted otorhinolaryngological service or procedure		Prior authorization is always required to use this code. Use this code when no other <i>Current Procedural Terminology</i> code description appropriately describes the evaluation or treatment.	Manually priced	

Notes: All codes listed in this chart, if billed with an applicable place of service code, are eligible for natural environment enhanced reimbursement. As with Medicare, providers may not submit claims for services for less than eight minutes. The daily service limitation for all codes is one.

ATTACHMENT 2

Speech and language pathology procedure codes that may be billed
under the Birth to 3 prior authorization process

Effective October 1, 2003

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	Cannot use on the same date of service (DOS) as 96105 or 92510.	This code is also used for re-evaluation.	\$57.19	\$60.04
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Cannot use on the same DOS as 92510.	Therapy addressing communication/cognitive impairments and voice prosthetics should use this code. If treatment focus is aural rehabilitation as a result of a cochlear implant, submit a prior authorization using the Prior Authorization/Therapy Attachment (PA/TA) to request code 92510.	\$45.18	\$47.44
92508	group, two or more individuals		Group is limited to two to four individuals.	\$26.68	\$28.01
92526	Treatment of swallowing dysfunction and/or oral function for feeding		The recipient must have an identified physiological swallowing and/or feeding problem. This is to be documented using professional standards of practice such as identifying oral phase, esophageal phase or pharyngeal phase dysphagia, baseline of current swallowing and feeding skills not limited to signs of aspiration, an oral mechanism exam, report of how nutrition is met, current diet restrictions, compensation strategies used, and level of assistance needed.	\$46.03	\$48.34
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient for the use of a voice prosthetic device, e.g., electrolarynx, tracheostomy-speaking valve. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	\$71.61	\$75.19

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
92607*	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <i>first hour</i>	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity. This can also be used for re-evaluations. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	\$59.97	\$62.97
92608**	<i>each additional 30 minutes</i>	This code can only be billed in conjunction with 92607.	A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608.	\$29.99	\$31.48
92609	Therapeutic services for the use of speech-generating device, including programming and modification		This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use.	\$44.92	\$47.17
92610	Evaluation of oral and pharyngeal swallowing function			\$68.10	\$71.51

* The procedure code description defines this code as one hour. One unit of this code = 1 hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5.

Notes: As with Medicare, providers may not submit a claim for services for less than eight minutes. The daily service limitation for all codes is one.

ATTACHMENT 3

Speech and language pathology procedure codes

For dates of service on and after October 1, 2003

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
31575	Laryngoscopy, flexible fiberoptic; diagnostic		Use this code if speech-language pathologist actually inserts laryngoscope. Do not use this code if speech-language pathologist is providing an analysis and does not insert the laryngoscope; instead, use code 92506 or 92610, as appropriate. For treatment, use 92507 or 92526, as appropriate. This service is to be performed according to the American Speech-Language-Hearing Association (ASHA) Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.	\$70.96	\$74.51
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy		Use this code if speech-language pathologist actually inserts laryngoscope. Do not use this code if speech-language pathologist is providing an analysis and does not insert the laryngoscope; instead, use code 92506 or 92610 as appropriate. This service is to be performed according to the ASHA Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.	\$113.92	\$119.62
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	Cannot use on the same date of service (DOS) as 96105 or 92510.	This code is also used for re-evaluation.	\$57.19	\$60.04
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Cannot use on the same DOS as 92510.	Therapy addressing communication/cognitive impairments and voice prosthetics should use this code. If treatment focus is aural rehabilitation as a result of a cochlear implant, submit a prior authorization using the Prior Authorization/Therapy Attachment (PA/TA) to request code 92510.	\$45.18	\$47.44
92508	group, two or more individuals		Group is limited to two to four individuals.	\$26.68	\$28.01
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	Cannot use on the same DOS as 92506 or 92507.	Prior authorization is always required. Use this procedure code for evaluation and treatment.	\$75.95	\$79.75

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
92511	Nasopharyngoscopy with endoscope (separate procedure)		<p>Use this code if speech-language pathologist actually inserts endoscope. Do not use this code if speech-language pathologist is providing an analysis and does not insert the scope; instead, use code 92506 or 92610 as appropriate.</p> <p>Use this code for evaluation of dysphagia or assessment of velopharyngeal insufficiency or incompetence.</p> <p>This service is to be performed according to the American Speech-Language Hearing Association (ASHA) Code of Ethics and ASHA Training Guidelines for Laryngeal Videoendoscopy/Stroboscopy.</p>	\$46.65	\$48.99
92512	Nasal function studies (eg, rhinomanometry)		Use this code if completing aerodynamic studies, oral pressure/nasal airflow, flow/flow studies, or pressure/pressure studies.	\$36.02	\$37.82
92520	Laryngeal function studies		Use this code for laryngeal air flow studies, subglottic air pressure studies, acoustic analysis, EGG (electroglottography) laryngeal resistance.	\$29.29	\$30.76
92526	Treatment of swallowing dysfunction and/or oral function for feeding		The recipient must have an identified physiological swallowing and/or feeding problem. This is to be documented using professional standards of practice such as identifying oral phase, esophageal phase or pharyngeal phase dysphagia, baseline of current swallowing and feeding skills not limited to signs of aspiration, an oral mechanism exam, report of how nutrition is met, current diet restrictions, compensation strategies used, and level of assistance needed.	\$46.03	\$48.34
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Cannot use on the same DOS as 96105.	<p>This code describes the services to evaluate a patient for the use of a voice prosthetic device, e.g., electrolarynx, tracheostomy-speaking valve.</p> <p>Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.</p>	\$71.61	\$75.19

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
92607*	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <i>first hour</i>	Cannot use on the same DOS as 96105.	This code describes the services to evaluate a patient to specify the speech-generating device recommended to meet the patient's needs and capacity. This can also be used for re-evaluations. Evaluation of picture communication books, manual picture boards, sign language, the Picture Exchange Communication System, picture cards, gestures, etc., are not included in the reimbursement for this code. Instead, use code 92506.	\$59.97	\$62.97
92608**	<i>each additional 30 minutes</i>	This code can only be billed in conjunction with 92607.	A maximum of 90 minutes is allowable. The maximum allowable number of units for this service is one unit of 92607 and one unit of 92608.	\$29.99	\$31.48
92609	Therapeutic services for the use of speech-generating device, including programming and modification		This code describes the face-to-face services delivered to the patient to adapt the device to the patient and train him or her in its use.	\$44.92	\$47.17
92610	Evaluation of oral and pharyngeal swallowing function			\$68.10	\$71.51
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		Accompanying a recipient to a swallow study is not reimbursable. This code involves participation and interpretation of results from the dynamic observation of the patient swallowing materials of various consistencies. It is observed fluoroscopically and typically recorded on video. The evaluation involves using the information to assess the patient's swallowing function and developing a treatment.	Manually priced	
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;			Manually priced	
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	Only allowable when used in conjunction with 92612.		Manually priced	

* The procedure code description defines this code as one hour. One unit of this code = 1 hour. If less than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5. If more than one hour of service is provided, up to one unit of code 92608 can be used in combination with this code.

** The procedure code description defines this code as 30 minutes. One unit of this code = 30 minutes. If less than 30 minutes is used, bill in decimals to the nearest quarter hour. For example, 15 minutes = .5.

Procedure code	Description	Billing limitations	Additional conditions	Maximum allowable fee	
				Independents	Rehab agencies
92700	Unlisted otorhinolaryngological service or procedure		Prior authorization is always required to use this code. Use this code when no other <i>Current Procedural Terminology</i> code description appropriately describes the evaluation or treatment.	Manually priced	
96105***	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, per hour	Cannot use on the same DOS as 92506, 92607, 92608, or 92597.		\$41.23	\$43.29

Notes: All codes listed in this chart, if billed with an applicable place of service code, are eligible for natural environment enhanced reimbursement. As with Medicare, providers may not submit claims for services for less than eight minutes. The daily service limitation for all codes is one.

Most procedure codes for speech and language pathology services do not have a time increment indicated in their description. Providers must bill a quantity of "1" to indicate a complete service. There are a few exceptions where time is indicated in the description, and this has been noted above.

*** The procedure code description defines this code as one hour. One unit of this code = 1 hour. A maximum of 90 minutes or 1.5 units is allowable. If less or more than one hour is used, bill in decimals to the nearest quarter hour. For example, 45 minutes = .75 and 30 minutes = .5.