

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid
To: School-Based Services Providers, HMOs and Other Managed Care Programs

New Speech and Language Pathology Evaluation Procedure Codes for School-Based Services Providers

Effective for dates of service on and after January 1, 2014, ForwardHealth has discontinued and added speech and language pathology evaluation procedure codes for school-based services providers.

Due to national *Current Procedural Terminology* code changes effective for dates of service (DOS) on and after January 1, 2014, ForwardHealth is discontinuing procedure code 92506 (evaluation of speech, language, voice, communication, and/or auditory processing) and replacing it with new, more specific speech and language pathology (SLP) evaluation procedure codes.

Discontinued Code

Effective for DOS on and after January 1, 2014, the SLP procedure code 92506 (evaluation of speech, language, voice, communication, and/or auditory processing) is discontinued and no longer a valid procedure code.

New Allowable Procedure Codes

The following procedure codes for SLP are now allowable for school-based services (SBS) providers:

- 92521 (Evaluation of speech fluency [eg, stuttering, cluttering]), which replaces 92506.
- 92522 (Evaluation of speech sound production [eg, articulation, phonological process, apraxia, dysarthria]), which replaces 92506.

- 92523 (Evaluation of speech sound production [eg, articulation, phonological process, apraxia, dysarthria]; with evaluation of language comprehension and expression [eg, receptive and expressive language]), which replaces 92506. If the documentation supports that the member is evaluated *only* for language, this procedure code should be billed with modifier 52, which is used when the services provided are reduced in comparison with the full description of the service.
- 92524 (Behavioral and qualitative analysis of voice and resonance), which replaces 92506.
- 92607 (Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour).
- 92608 (Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes [List separately in addition to code for primary procedure]).
- 92610 (Evaluation of oral and pharyngeal swallowing function).

Notes: Consistent with national billing rules, procedure codes 92522 and 92523 cannot both be reimbursed for the same DOS. If a provider submits the codes for the same DOS, the claim details will be denied.

If an evaluation of speech sound production and evaluation of language comprehension and expression occur on the same DOS, the provider is required to submit procedure code 92523. If an evaluation of speech sound production and evaluation of language comprehension and expression occur on separate DOS, the provider is required to submit procedure code 92522 for the first DOS and procedure code 92523 with modifier “52” for the second DOS.

As a reminder, providers are required to include the most appropriate procedure code(s) and modifier(s) on a claim. In some cases, multiple modifiers will be required. If the appropriate modifier(s) is not listed when submitting the claim, the claim detail may be denied. Additionally, SBS providers are reminded that ForwardHealth requires them to submit claims with procedure codes billed in 15-minute increments.

Refer to the Attachment of this *ForwardHealth Update* for the procedure code descriptions, required modifiers, and billing limitations.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

New Speech and Language Pathology Procedure Codes for School-Based Services Providers

Effective January 1, 2014, the following procedure codes for speech and language pathology are now reimbursable under the school-based services (SBS) benefit.

Modifiers	Description
52	Reduced services
GN	Services delivered under an outpatient speech language pathology plan of care
TM	Individualized education program (IEP)

Procedure Code	Procedure Code Description	Replaces Code	Required Modifier(s)	Billing Limitations
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	92506	GN, TM	N/A
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	92506	GN, TM	Not allowed on the same date of service (DOS) as 92523.
92523	with evaluation of language comprehension and expression (eg, receptive and expressive language)	92506	GN, TM	Not allowed on the same DOS as 92522. If the member is evaluated <i>only</i> for language, procedure code 92523 should be billed with modifier 52.
92524	Behavioral and qualitative analysis of voice and resonance	92506	GN, TM	N/A
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	N/A	GN, TM	N/A
92608	each additional 30 minutes (List separately in addition to code for primary procedure)	N/A	GN, TM	Can only be billed in conjunction with 92607.

Procedure Code	Procedure Code Description	Replaces Code	Required Modifier(s)	Billing Limitations
92610	Evaluation of oral and pharyngeal swallowing function	N/A	GN, TM	N/A

Note: ForwardHealth continues to require SBS providers to submit claims with procedure codes billed in 15-minute increments.