

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid

To: Hospital Providers, Occupational Therapists, Physical Therapists, Rehabilitation Agencies, Speech-Language Pathologists, Speech and Hearing Clinics, Therapy Groups, HMOs and Other Managed Care Programs

New Speech and Language Pathology Evaluation Procedure Codes for Therapy and Birth to 3 Providers

Effective for dates of service on and after January 1, 2014, ForwardHealth has discontinued and added new speech and language pathology evaluation procedure codes for therapy and Birth to 3 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 replacing procedure code 92506 and are now allowable for therapy and Birth to 3 providers:

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

- 92523 (Evaluation of speech sound production [eg, articulation, phonological process, apraxia, dysarthria]; with evaluation of language comprehension and expression [eg, receptive and expressive language]). If the documentation supports that the member is evaluated *only* for language, this procedure code should be billed with modifier 52 (Reduced services), 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).

Additional New Procedure Codes for Therapy Providers

The following procedure codes for SLP are now allowable for therapy providers:

- 92626 (Evaluation of auditory rehabilitation status; first hour).
- 92627 (Evaluation of auditory rehabilitation status; each additional 15 minutes).

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.

Refer to Attachment 1 of this *ForwardHealth Update* for allowable procedure codes for therapy providers including procedure code descriptions, required modifiers, billing limitations, and additional conditions. See Attachment 2 for allowable procedure codes for Birth to 3 providers including procedure code descriptions, required modifiers, billing limitations, and additional conditions.

Prior Authorizations Currently in Effect

Therapy Prior Authorizations

If procedure code 92506 has been approved on a therapy prior authorization (PA) and the evaluation will occur on a DOS on and after January 1, 2014, the provider is required to amend his or her PA by submitting a Prior Authorization Amendment Request form, F-11042 (0), with the new allowable procedure code(s) added. Claims for procedure code 92506 will be denied for DOS on and after January 1, 2014, even if the provider has an approved therapy PA for 92506.

Birth to 3 Prior Authorizations

ForwardHealth will convert previously approved SLP Birth to 3 PAs submitted with procedure code 92506 for DOS on and after January 1, 2014, to add procedure codes 92521, 92522, 92523, and 92524. Providers will receive a decision notice when the PAs have been converted. No action is required on the provider's part.

Claim Submission

Providers are reminded that claims for evaluations and re-evaluations may be submitted only upon completion regardless of the number of days needed to complete the evaluation. Evaluations and re-evaluations are not reimbursable for the same DOS.

A unit of "1.0" submitted refers to the completion of an evaluation or re-evaluation regardless of time required to complete the evaluation.

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 detail 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.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 1

New Speech and Language Pathology Procedure Codes for Therapy Providers

Effective for dates of service (DOS) on and after January 1, 2014, the following procedure codes for speech and language pathology are now reimbursable for therapy providers.

Modifier	Description
GN	Services delivered under an outpatient speech language pathology plan of care
52	Reduced Services

Procedure Code	Procedure Code Description	Required Modifier(s)	Billing Limitations	ForwardHealth Coverage Criteria
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	GN	N/A	Evaluation must provide a quantitative and/or qualitative description of the member's fluency level and/or evaluation must provide a measurement of speaking rate such as syllables per minute (SPM). Member's fluency may be documented through results of a commercial stuttering severity instrument and/or description of frequency and severity, types of dysfluencies, secondary characteristics, and self-awareness/perception/self-correction.
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	GN	Not allowed on the same DOS as 92523.	Evaluation must provide a quantitative and/or qualitative description of member's speech intelligibility. Member's speech sound production may be documented using results of standardized tests, reporting percent of intelligibility by familiar and unfamiliar listeners when context is known and unknown, and/or describing signs and symptoms of disordered sound production.

Procedure Code	Procedure Code Description	Required Modifier(s)	Billing Limitations	ForwardHealth Coverage Criteria
92523	with evaluation of language comprehension and expression (eg, receptive and expressive language)	GN	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.	Evaluation must provide a quantitative and/or qualitative description of member's speech intelligibility. Member's abilities may be documented using results of standardized tests, reporting percent of intelligibility by familiar and unfamiliar listeners when context is known and unknown, and/or reporting signs and symptoms of disordered sound production and report of member's receptive and expressive language abilities using standardized test results, norm referenced data, developmental levels, and/or estimate of language age-equivalent levels if formal testing is unable to be completed.
92524	Behavioral and qualitative analysis of voice and resonance	GN	N/A	Evaluation must provide a quantitative and/or qualitative measurement of the member's voice and resonance including, but not limited to, perceptual ratings of voice quality, pitch, and loudness, and description of member's awareness of vocal problem, and phonatory behaviors. This procedure does not include instrumental assessment.
92626	Evaluation of auditory rehabilitation status; first hour	GN	N/A	
92627	each additional 15 minutes	GN	N/A	

ATTACHMENT 2

New Speech and Language Pathology Procedure Codes for Birth to 3 Providers

Effective for dates of service (DOS) on and after January 1, 2014, the following procedure codes for speech and language pathology are now reimbursable for Birth to 3 providers.

Modifier	Description
GN	Services delivered under an outpatient speech language pathology plan of care
TL	Early intervention/individualized family services plan (IFSP)
52	Reduced Services

Procedure Code	Procedure Code Description	Required Modifier(s)	Billing Limitations	ForwardHealth Coverage Criteria
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	GN, TL*	N/A	Evaluation must provide a quantitative and/or qualitative description of the member's fluency level and/or evaluation must provide a measurement of speaking rate such as syllables per minute (SPM). Member's fluency may be documented through results of a commercial stuttering severity instrument and/or description of frequency and severity, types of dysfluencies, secondary characteristics, and self-awareness/perception/self-correction.
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	GN, TL*	Not allowed on the same DOS as 92523.	Evaluation must provide a quantitative and/or qualitative description of member's speech intelligibility. Member's speech sound production may be documented using results of standardized tests, reporting percent of intelligibility by familiar and unfamiliar listeners when context is known and unknown, and/or describing signs and symptoms of disordered sound production.

Procedure Code	Procedure Code Description	Required Modifier(s)	Billing Limitations	ForwardHealth Coverage Criteria
92523	with evaluation of language comprehension and expression (eg, receptive and expressive language)	GN, TL*	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.	Evaluation must provide a quantitative and/or qualitative description of member's speech intelligibility. Member's abilities may be documented using results of standardized tests, reporting percent of intelligibility by familiar and unfamiliar listeners when context is known and unknown, and/or reporting signs and symptoms of disordered sound production and report of member's receptive and expressive language abilities using standardized test results, norm referenced data, developmental levels, and/or estimate of language age-equivalent levels if formal testing is unable to be completed.
92524	Behavioral and qualitative analysis of voice and resonance	GN, TL*	N/A	Evaluation must provide a quantitative and/or qualitative measurement of the member's voice and resonance including but not limited to perceptual ratings of voice quality, pitch, and loudness, and description of member's awareness of vocal problem, and phonatory behaviors. This procedure does not include instrumental assessment.

* The TL modifier should be indicated when submitting claims for Birth to 3 services provided in the natural environment of a Birth to 3 member. The TL modifier should not be indicated on prior authorization requests.