

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024127 AUGUST 13, 2024

Billing clarified for communication disorder evaluations by speech-language pathologists

The Indiana Health Coverage Programs (IHCP) clarifies that speech-language pathologists can bill the following Current Procedural Terminology (CPT®¹) codes in Table 1 from the audiologists code set for the evaluation of communication disorders (see *Hearing Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers).

Regarding speech-generating devices, also known as augmentative and alternative communication devices (AACs), use CPT codes 92607 and 92608 for selection and prescription, and CPT code 92609 for programming and modification. There is not a CPT code defined for reevaluation for speech-language pathology; the evaluation codes should be used for reevaluation, too.

Evaluations and reevaluations are limited to three hours of service per evaluation. The initial evaluation does not require prior authorization (PA). Any additional reevaluations require PA unless they are conducted during the initial 30 days after hospital discharge, and the discharge orders include speech pathology orders. Reevaluations will not be authorized more than one time yearly unless documentation indicating significant change in the patient's condition is submitted. It is the responsibility of the provider to determine if evaluation services have been previously provided. For more information on speech-language pathology services, see the [Therapy Services](#) module.



Table 1 – Speech-language pathology billable CPT codes

Procedure code	Description	PA required
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	No
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	No
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language, comprehension and expression (eg, receptive and expressive language)	No
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Yes
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Yes
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)	Yes
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Yes

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