

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024167    OCTOBER 15, 2024

## IHCP publishes code set for speech/hearing therapists

The Indiana Health Coverage Programs (IHCP) is publishing the procedure code set for provider type 17, specialty 173 – *Speech/Hearing Therapist*. For providers enrolled under this specialty, only the speech and language pathology procedure codes listed in Table 1 are reimbursable. This code restriction is not new, but the code set has not been previously published.



For the codes in Table 1 that require prior authorization (PA) – 92526, 92597, 92607, 92608 and 92609 – the fee-for-service (FFS) prior authorization and utilization management (PA-UM) contractor, Acentra Health, has updated the PA requirements to allow those requests to be submitted by specialty 173.

On Oct. 15, 2024, this code set will be added as a new table in *Therapy Services Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

*Table 1 – Covered procedure codes for speech/hearing therapists (specialty 173)*

Procedure code	Description	PA required?
92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder	Yes
92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting	Yes
92521	Evaluation of speech continuity, smoothness, rate, and effort	No*
92522	Evaluation of speech sound production	No*
92523	Evaluation of speech sound production with evaluation of language comprehension and expression	No*
92524	Analysis of voice and resonance production	No*
92526	Treatment of swallowing and feeding disorder	Yes
92555	Test for ability to detect and repeat spoken words	No*
92556	Test for ability to detect and repeat spoken words with speech recognition	No*
92557	Comprehensive hearing and speech recognition test	No*
92571	Test to assess by hearing by examining the repetition of real words versus nonsense words	No*
92597	Evaluation for use of voice artificial device to supplement oral speech	Yes
92607	Evaluation with prescription of speech-generating and alternative communication device, first hour	Yes
92608	Evaluation with prescription of speech-generating and alternative communication device, each additional 30 minutes	Yes
92609	Therapy service for use of speech-generating device with programming	Yes

\*Codes marked with an asterisk show that PA is required for subsequent evaluations if the member received an initial evaluation within the prior 12 months per 405 IAC 5-22-9(2).

*Table 1 – Covered procedure codes for speech/hearing therapists (specialty 173) (Continued)*

Procedure code	Description	PA required?
92610	Evaluation of swallowing function	No*
96105	Test to assess the loss of the ability to speak, write, and understand language	No*
96110	Developmental screening	No*
96112	Administration of developmental test, first hour	No*
96113	Administration of developmental test, each additional 30 minutes	No*

*\*Codes marked with an asterisk show that PA is required for subsequent evaluations if the member received an initial evaluation within the prior 12 months per 405 IAC 5-22-9(2).*

**QUESTIONS?**

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