

## Eli's Rehab Report

### Speech Spotlight: Catch 4 New Speech Eval CPT® Codes for 2014

#### SLPs move up the ladder of professional recognition, RVUs.

Speech-language pathologists smell victory in the air with a wider array of CPT® coding options.

The **American Medical Association** deleted 92506 (Evaluation of speech, language, voice, communication, and/or auditory processing) and replaced it with four, more specific options. These new codes, effective Jan. 1, 2014, include:

- 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 (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and [removed]eg, receptive and expressive language);
- 92524 □ Behavioral and qualitative analysis of voice and resonance.

"These new codes reflect the professional work of the SLP in the value of each of these codes," says Neela Swanson, director of health care coding policy for the **American Speech-Language Hearing Association**.

**Background:** The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) included a provision for SLPs in private practice to directly bill Medicare for services. Prior to this change, the relative value units (RVUs) CMS calculated for outpatient SLP codes did not include a professional work value.

"Since 2009, ASHA has been working with the American Medical Association's Relative Value Update Committee (RUC) to revalue speech-language pathology related codes to reflect the professional work component," Swanson says. "During this process, the RUC recognized that the CPT® 92506 reflected more than one procedure."

Get the Entire Bang for Your Buck

With multiple eval codes, make sure you leave no stone unturned. For instance, "some of the codes can be used together to describe one evaluation session," points out **Nancy Swigert, MA, CCC-SLP, BRS-S**, director of speech-language pathology and respiratory care at Baptist Health Lexington in Lexington KY.

**Example:** If you're evaluating a post-stroke patient for both language and dysarthria, you might code 96105 for the aphasia assessment and 92506 for the dysarthria assessment. You'd use the aphasia assessment code to describe the language assessment and the new code for speech sound production (92522) for the dysarthria assessment, Swigert explains.

Also, "for the first time in the pediatric population, there might be more than one code used to describe an evaluation session," Swigert says.

Needing two evaluation codes is not necessarily a new thing.

Example: With the 2013 CPT® codes, if you're evaluating a post-stroke patient for both language and dysarthria, you might code 96105 for the aphasia assessment and 92506 for the dysarthria assessment.

With the 2014 CPT® codes, however, you'd use the aphasia assessment code (96105) to describe the language assessment and the new code for speech sound production (92522) for the dysarthria assessment, Swigert explains.

However, "for the first time in the pediatric population, there might be more than one code used to describe an evaluation session," Swigert says.

Note the Speech Sound Production/Language Combo

If you're wondering why 92523 isn't a standalone language eval code, the reason is based on statistical analysis. More than 50 percent of the time (in the pediatric population), speech and language are evaluated together, Swigert reports. However, "92522 and 92523 can never be used together □ that is because 92523 encompasses 92522."

**Don't miss:** "In the adult population, the assessment of aphasia code (96105) already exists separately to assess language deficits," Swigert says.