September 15, 2025

Eunice Medina
Director
South Carolina Department of Health and Human Services
P.O. Box 100101
Columbia, SC 29202

RE: Clarification on Same-Day Reporting of CPT® Codes 92609 and 92507 for Speech-Language Pathology Services

Dear Director Medina:

On behalf of the American Speech-Language-Hearing Association (ASHA), I am writing respectfully to clarify the appropriate reporting of Current Procedural Terminology (CPT®) **codes 92609 and 92507** on the same day for the same recipient. Several Medicaid managed care organizations in South Carolina are denying coverage of these codes when billed together, citing the National Correct Coding Initiative (NCCI) edits. However, NCCI edits do not prohibit these codes from being reported on the same date of service when clinically appropriate.

Inconsistent denials not only cause administrative burden for providers but also jeopardize timely access to medically necessary services for Medicaid beneficiaries, many of whom represent vulnerable populations with complex communication needs. Providers must be able to report all services furnished on the same day in order to ensure continuity of care and prevent unnecessary treatment delays.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Over 3,500 ASHA members reside in South Carolina.[1]

Introduction to Augmentative and Alternative Communication (AAC) Devices

AAC is an area of clinical practice that supplements or compensates for impairments in speech-language production and/or comprehension, including spoken and written modes of communication. AAC falls under the broader umbrella of assistive technology, or the use of any equipment, tool, or strategy to improve functional daily living in individuals with disabilities or limitations. **Speech-generating devices (SGDs)** fall under high-tech AAC devices.[2]

AAC may be used to supplement existing speech, used in place of speech that is absent/not functional, or act as a means of communication to facilitate more appropriate alternate behavior. AAC is tailored to each individual's unique and evolving communication needs.

Individuals who use AAC have an impairment or a limitation in speech, language, reading, cognition, and/or writing that may have resulted from congenital disabilities such as cerebral palsy, acquired disabilities such as a traumatic brain injury, or neurological differences such as autism. These individuals may require extensive speech therapy services in isolation or in

combination with AAC use. SLPs are uniquely qualified to prescribe and program SGDs and train individuals to use them effectively.

SLPs support their patients' communication development, including learning to use technology that will improve their ability to communicate and describe their medical conditions and needs. An SLP may need to program technology, train the user on how to program their SGD, or train the user and family on how to operate the AAC device. They will also train the patient to become proficient in the operation of their device in many settings, including but not limited to telehealth appointments or remote meetings, workplace settings, educational events, rehabilitative support service meetings, and in-person medical appointments. Unlike other providers, SLPs are uniquely trained and qualified and usually have these skills as part of their state license's scope of practice to provide structured interventions to patients who use AAC and have a diagnosis of a concurrent communication disorder (when two or more communication disorders are present at the same time).

Clarification of CPT Code Use and the Distinct Nature of Services

AAC intervention requires ongoing modification to AAC systems to support changes in communication needs over time. CPT code 92609 is used to report therapeutic services specifically related to the use of SGDs, including programming and device modification. In contrast, CPT code 92507 (treatment of speech, language, voice, communication, and/or auditory processing disorder; individual) describes the broader treatment of speech, language, voice, communication, and auditory processing disorders.

It is not uncommon for these services to occur concurrently within a single therapy session. For example, an SLP may provide intervention for reading and writing skills (unrelated to AAC), address voice or motor speech disorders, or work on cognitive-communication therapy. These services are reported under 92507, even if provided on the same day as 92609, which captures AAC-specific therapeutic tasks.

Despite their interconnected nature, the services described by these two codes are **clinically distinct**. The documentation of such sessions may pose challenges due to the integrated way these interventions are delivered. Nonetheless, each code addresses a **separate and necessary component** of an individual's therapy.

For example, the SLP may be working with a young client with a chronic condition such as cerebral palsy who is learning new vocabulary and developing literacy skills, which would be consistent with CPT code 92507. At the same time, they may be working on operational competency, such as how to program their device with specific vocabulary or use their device with existing technology to email or communicate with their medical providers and personal care staff, consistent with CPT code 92609. The distinction can be identified in a patient's plan of care and treatment notes with goals that address operation of the device, including goals that improve their ability to use the device in place of oral speech.

NCCI Edits: Recommendations for Recognizing That These Two Codes Describe Separate and Distinct Services and Follow NCCI Edits

The current Medicaid NCCI program was developed to help states reduce improper payments in Medicaid. ASHA is aware that each state Medicaid agency and other payers can adopt elements of the NCCI edits for their individual programs.[3]

It is important to note that the national Medicaid NCCI edits indicate that CPT code 92609 may be billed on the same day as CPT code 92507 for the same recipient when appropriate, provided that modifier -59 is appended to denote a distinct procedural service. Modifier -59 is used to identify procedures or services that are not normally reported together but are appropriate under specific circumstances, indicating that the services were separate and distinct from one another during the same session.

While we do not expect CPT codes 92609 and 92507 to be reported frequently together on the same day for the same recipient, their combined use may be appropriate at select points throughout the treatment episode, depending on the evolving needs of the individual and technological updates for their devices. It is also important to note that some providers may specialize in AAC use and devices and may bill these codes together more often than others. Documentation should always reflect that clinically distinct services were performed when reporting these two codes together.

Therefore, we respectfully urge you to follow the national NCCI edits, which recognize that CPT codes 92609 and 92507 describe **separate and distinct services**. When these codes are appropriately documented and clinically justified, they should be reported together, reflecting the full scope of services provided to the recipient.

We appreciate your consideration of this clarification and your commitment to supporting effective, individualized care for individuals with complex communication needs. If you or your staff have any questions, please contact Inoka Tennakoon, ASHA's director of health care policy for coding and payment, at itennakoon@asha.org.

Sincerely,

A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

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[1] American Speech-Language-Hearing Association. (2024). *South Carolina* [Quick Facts]. https://www.asha.org/siteassets/advocacy/state-flyers/south-carolina-state-flyer.pdf

[2] American Speech-Language-Hearing Association. (n.d.). *Augmentative and Alternative Communication (Practice Portal)*. https://www.asha.org/practice-portal/professional-issues/augmentative-and-alternative-communication/

[3] Centers for Medicare & Medicaid Services. (2025). *Medicare National Correct Coding Initiative (NCCI) Edits*. https://www.cms.gov/medicare/coding-billing/ncci-medicare