2022

Medicare Fee Schedule for Speech-Language Pathologists

ASHA
Speech-Language Pathology
Dedicated to Advancing the Profession of Speech-Language Pathology

226051

General Information

The American Speech-Language-Hearing Association (ASHA) developed this document to provide an analysis of the 2022 Medicare Physician Fee Schedule (MPFS), including comments on relevant policy changes, a list of Current Procedural Terminology (CPT® American Medical Association) codes used by speech-language pathologists (SLPs) with their national average payment amounts, and useful links to additional information.

SLPs should always contact their local Medicare Administrative Contractor for final rates and coverage guidelines.

ASHA's Medicare outpatient payment website provides additional information regarding the MPFS, including background information, how providers should calculate Medicare payment, and speech-language pathology specific payment and coding rules. If you have any questions, contact reimbursement@asha.org.

Updates and Revisions

December 27, 2021

- Added information on Congressional action to mitigate the Medicare payment cuts. (p. 3-4)
- Updated the 2022 conversion factor. (p. 3)
- Updated national payment rates and relative value units in Tables 1-3. (p. 8)

Table of Contents

Overview

Outpatient speech-language pathology services provided under Part B of the Medicare program are paid under the Medicare Physician Fee Schedule (MPFS). Congress approves annual payment updates to the MPFS, which are frozen at 0.0% from 2020 through 2025 because of a provision in the Medicare Access and CHIP Reauthorization Act of 2015. Additional payment adjustments—based on legislative actions, participation in the Merit-Based Incentive Payment System (MIPS), or Advanced Alternative Payment Models (APMs)—may also apply.

Rates associated with individual Current Procedural Terminology (CPT) codes may continue to fluctuate due to adjustments to professional work, practice expense, and malpractice insurance values that are part of the fee calculation. In addition, the Centers for Medicare & Medicaid Services (CMS) may request review and revaluation of certain codes that are flagged as potentially misvalued services.

This document includes regulations and rates for implementation on January 1, 2022, for speech-language pathologists (SLPs) who provide services to Medicare Part B beneficiaries under the MPFS. Key policies addressed in this analysis include new codes for remote therapeutic monitoring; audio-only virtual check-in services; telehealth services; quality reporting; APMs; and national payment rates for speech-language pathology related services.

ASHA's Medicare outpatient payment resources provide additional information on the MPFS, including background information, instructions for calculating Medicare payment, and speech-language pathology payment and coding rules. If you have any questions, please contact reimbursement@asha.org.

Analysis of the 2022 Medicare Physician Fee Schedule (MPFS)

ASHA reviewed relevant sections of the 2022 MPFS final rule and offers the following analysis of key issues for SLPs.

Payment Rates

(updated 12/27/21)

CMS did not finalize specific actions to mitigate the payment cuts set to return in 2022 for SLPs, audiologists, and over 30 other Medicare provider groups. These cuts would have gone into effect in 2021 due to changes in payment for outpatient. Although advocacy by ASHA and other stakeholders prevented some of the payment cuts and mitigated other payment cuts for the duration of 2021, the cuts were set to return in full in 2022. However, continued advocacy resulted in provisions of the Protecting Medicare and Farmers from Sequester Cuts Act (P.L. 117-71) that significantly reduced 2022 payment cuts by approximately 8%. As a result, ASHA estimates SLPs will now see a cumulative 3% decrease, due to other policies implemented in the 2022 MPFS.

ASHA remains fully committed to fighting any cuts to Medicare reimbursement. While far from ideal, S. 610 reduces near-term Medicare payment cuts—which could have been as high as 10% or more—allowing additional time for ASHA to continue working toward a long-term policy solution.

Learn more about ASHA's ongoing efforts to stop the Medicare payment cuts and **join the fight** to convince Congress to more fully address these cuts by urging support for the Supporting Medicare Providers Act of 2021(H.R. 6020/S. 3314).

Conversion Factor (CF)

CMS uses the CF to calculate MPFS payment rates. CMS initially established a calendar year (CY) 2022 CF of $33.59, representing an almost 4% decrease from the $34.89 CF for 2021, and an almost 7% decrease from the 2020 CF, due in large part to the E/M code changes and the expiration of the 3.75% payment adjustment. Following Congressional intervention, the updated CY 2022 CF is now **$34.61**, representing a 3% increase from the initial CF.

Payment Changes to Speech-Language Pathology Services

As a result of provisions of P.L. 117-71, SLPs will see the following adjustments on 2022 payments.

- A cut of 0.75% to the Medicare Part B conversion factor, which applies to every service *before* co-insurance, deductibles, and other payment adjustments applied at the claim level throughout 2022 (reduced from 3.75%). **Table 1 (p. 8)** reflects payment rates with the 0.75% reduction.
- An additional cut of 1% for speech-language pathology services because of other policies in the 2022 MPFS, as estimated by CMS. This is based on cumulative payments throughout the year.
- A separate, phased-in cut known as sequestration to all claims *after* co-insurance, deductibles, and other payment adjustments: Audiologists and SLPs will experience no sequestration reductions in the first quarter of 2022, a 1% cut in the second quarter, and a 2% cut in the third and fourth quarter for a cumulative 1.25% cut over the year (reduced from 6%).

Table 1 does not reflect the sequestration cuts, as these are made at the claim level. To see a quarterly estimate of 2022 payments for individual services after patient cost-sharing is applied, please contact reimbursement@asha.org to request ASHA's Medicare cuts calculator.

The incremental increase of the sequestration cuts over the course of 2022 is a mechanism to control federal spending, as the price tag for addressing the various cuts is significant. As a result, additional advocacy by ASHA and associated stakeholders is ongoing to more fully mitigate the cuts.

It is important to note that the estimated impacts calculated by CMS reflect average payments based on cumulative therapy spending under the MPFS. However, it may not reflect the changes experienced by individual SLPs or practices, as actual payment depends on several factors, including locality-specific rates and the CPT codes billed. For example, CPT code 92507 (speech, language, communication treatment) will see a 0% change to the national payment rate while CPT code 92523 (speech and language evaluation) will experience a 2% decrease. As a result, SLPs wishing to determine the actual impact of the payment changes to their practice should calculate payments based on their specific billing patterns and locality.

See Table 1 (p. 8) for a listing of speech-language pathology procedures and corresponding national payment rates. The table also includes 2021 non-facility rates for comparison with 2022 rates to help SLPs estimate the impact of the payment cuts. Visit ASHA's webpage on calculating Medicare fee schedule rates for information on how to access fees based on locality.

Relative Value Units

The value of each CPT code is calculated by separating the cost of providing the service into relative value units (RVUs) for three components:

1) professional work of the qualified health care professional;
2) practice expense (direct cost to provide the service); and
3) professional liability (malpractice) insurance.

The total RVUs for each service is the sum of the three components (components are adjusted for geographical differences); the total RVUs for any CPT code is multiplied by the CF to determine the corresponding fee. **See Table 3 (p. 16)** for a detailed chart of final 2022 RVUs.

ASHA, through its Health Care Economics Committee, works with related specialty and physician groups to present data to the American Medical Association Relative Value Update Committee (RUC) Health Care Professionals Advisory Committee (HCPAC) to maintain and update the speech-language pathology code set and ensure the SLP's time and effort is appropriately captured in professional work. Professional work RVUs rarely change over time, unlike practice expense values that fluctuate according to CMS payment formula policies. ASHA will continue to recommend professional work values for speech-language pathology services, as warranted. See ASHA's infographic for more information on the CPT code development and valuation process [PDF].

Multiple Procedure Payment Reductions (MPPR)

The MPPR policy for speech-language pathology and other services will continue in 2022. Under this system, per-code payment is decreased when multiple codes are performed for a single beneficiary in the same day. This per-day policy applies to services provided by all therapy disciplines (i.e., speech-language pathology, physical therapy, and occupational therapy) in the same facility. Visit ASHA's website for more information on MPPR, including billing scenarios and a list of the speech-language pathology codes subject to MPPR.

CPT and HCPCS Code Updates

The final rule implements the following CPT and Healthcare Common Procedures Coding System (HCPCS) code changes in the 2022 MPFS. ASHA's website and *The ASHA Leader* provide more information on 2022 coding updates.

New Remote Therapeutic Monitoring (RTM) Codes

New CPT codes **98975-98977**, **98980**, and **98981** will allow clinicians who cannot bill for E/M services to report remote monitoring of health conditions as well as adherence and response to treatment during an episode of care. In response to comments from ASHA and other stakeholders, CMS agreed that these services are important to beneficiaries and will allow therapists—including SLPs—and certain other nonphysician providers to bill the RTM codes, as written.

CMS designated 98975-98977, 98980, and 98981 as "sometimes therapy" codes. As a result, SLPs should include the "GN" modifier on claims for RTM codes to indicate services provided under a speech-language pathology plan of care.

Clinicians should contact non-Medicare payers regarding coverage and coding of RTM services, as individual payer policies will vary.

See Table 1 (p. 8) for the final national payment rates for RTM. ASHA's website provides more information on how to use the RTM codes.

Extended Virtual Check-In Code

In 2021, CMS established a new HCPCS code, **G2252**, for extended virtual check-in services using any form of synchronous communications technology—including audio-only—to help providers stay connected with Medicare beneficiaries who may not have access to audio-visual technology. Unfortunately, CMS excluded providers who cannot report E/M services under the MPFS, including SLPs.

Despite ASHA's request to allow SLPs to report this important service, CMS has opted not to expand the use of G2252 in 2022. CMS did acknowledge ASHA's comments and indicated they will consider them in future rulemaking. ASHA will continue to urge CMS to allow SLPs to bill G2252. Clinicians should contact non-Medicare payers regarding coverage of virtual check-ins and other communication technology-based services (CTBS), as individual payer policies will vary. ASHA's website provides more information on CTBS codes.

Targeted Manual Medical Review

CMS notes in the final rule that the Bipartisan Budget Act of 2018 permanently repealed the hard caps on therapy services and permanently extended the targeted medical review process first applied in 2015. Therefore, Medicare beneficiaries can continue to receive medically necessary treatment with no arbitrary payment limitations. The threshold that triggers potential medical review is $3,000 for speech-language pathology and physical therapy combined. There is also a "KX" modifier threshold, at which point clinicians must report the "KX" modifier on the claim to demonstrate continued medical need for services. The KX modifier threshold for 2022 is **$2,150** for physical therapy and speech-language

pathology services, combined. ASHA's website provides more information regarding the permanent repeal of the cap and the targeted manual medical review process.

Medicare Telehealth Services

CMS lacks the statutory authority to maintain the telehealth flexibilities allowed during the federal public health emergency (PHE); therefore, SLPs will no longer receive direct Medicare reimbursement for telehealth services when the PHE expires. SLPs should be aware of how telehealth coverage will change once the PHE is over. The U.S. Secretary of Health and Human Services has extended the PHE numerous times since January 2020 and may continue to extend it in 2022. Please monitor ASHA's advocacy news for updates on significant changes to the federally declared PHE.

During the PHE

Medicare has authorized SLPs to provide a subset of telehealth services during the federally-declared PHE. SLPs should be aware of two key considerations during this time.

- You cannot charge Medicare beneficiaries for these specific services and must bill Medicare directly.
- If a service is not on the temporarily authorized telehealth services list, you may enter into a private pay arrangement with the Medicare beneficiary for that specific service.

After the PHE Ends

Once the federally declared PHE ends, Medicare will no longer reimburse SLPs *directly* for any telehealth services. SLPs will have two options for reimbursement for Medicare telehealth services.

- You can enter into private pay arrangements with Medicare beneficiaries.
- You can provide select telehealth services "incident to" a physician, meaning these services would be provided under the direct supervision of a physician and billed under the physician's NPI. In the final rule, CMS extended this option through December 31, 2023.
    - Direct supervision means the physician is in the office suite (but not necessarily in the same room) or available through real time audio-visual communication technology.
    - The services SLPs may provide incident to a physician are **92507** (speech, language, communication treatment), **92521** (fluency evaluation), **92522** (speech sound evaluation), **92523** (speech and language evaluation), and **92524** (voice evaluation).

ASHA remains committed to securing Congressional authority for SLPs to receive reimbursement for services provided via telehealth for an extended period beyond the federal PHE and will continue advocating for a permanent legislative solution. SLPs can take action by asking your members of Congress to improve Medicare beneficiaries' access to audiology and speech-language pathology services.

The Quality Payment Program (QPP)

The QPP transitions Medicare payments away from a volume-based fee-for-service payment to a more value-based system of quality and outcomes-based reimbursement. The program includes the Merit-Based Incentive Payment System and Advanced Alternative Payment Models. ASHA's website provides more information on the QPP.

Merit-Based Incentive Payment System (MIPS)

MIPS represents one track of the QPP that focuses on quality improvement in fee-for-service Medicare. SLPs first became eligible for MIPS for 2019 and will continue to participate in the program in 2022. If an SLP meets the criteria for a MIPS eligible clinician (EC), they will need to report data associated with

quality measures and improvement activities in 2022, which will be used to adjust their payments in 2024.

Since CMS has set exclusions and low-volume thresholds, a large majority of SLPs will be excluded from mandatory MIPS participation for 2022. MIPS only applies to clinicians in outpatient non-facility settings. In addition, clinicians must meet **ALL** of the following criteria to be required to participate:

- $90,000 or more allowed charges to the Medicare program for professional services; and
- treat 200 or more distinct Medicare beneficiaries; and
- provide 200 or more distinct procedures.

For participants eligible for mandatory reporting, CMS will apply a payment incentive or penalty to 2024 Medicare payments for performance on the quality and improvement activities (IAs) performance categories in 2022. Clinicians meeting one or two of the criteria may opt-in to the program to compete for payment adjustments while others—who do not meet any of the criteria—may voluntarily report to gain experience. Required participants who choose not to report will be subject to the maximum payment reduction of 9% for the year.

For the quality performance category, MIPS eligible clinicians—including SLPs—must report a minimum of six measures when/if six measures apply. In 2022, SLPs have five applicable measures; but CMS is removing the option to report *Measure 182: Functional Outcomes Assessment* via claims and will only allow electronic reporting (e.g., reporting via an electronic health record). This means that SLPs must report all five measures whenever applicable; since there are only five possible measures SLPs will *not* be penalized for reporting on fewer than six measures. ASHA's website provides additional details and ongoing updates regarding MIPS.

- Measure 130: Documentation of Current Medications in the Medical Record
- Measure 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Measure 181: Elder Maltreatment Screen and Follow-Up Plan
- Measure 182: Functional Outcome Assessment
  Updated to reflect function in terms of swallowing; no longer eligible for claims-based reporting
- Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

For the IA performance category, SLPs must score a minimum of 40 points and attest to their completion via the CMS QPP website. See Appendix 2 of the final rule for a full list of IAs.

Advanced Alternative Payment Models (APMs)

APMs, a key initiative within the QPP, incentivize providers who shift towards quality and value. SLPs may participate in the Advanced APM option in 2022. Those who successfully participate will receive a 5% lump-sum incentive payment on their Part B services in 2024. Pursuant to the Consolidated Appropriations Act passed last year, CMS is freezing APM thresholds at the 2020 levels. For performance year 2022, the Medicare-Only payment threshold is 50% and the patient count threshold is 35%. In other words, at least 50% of your Medicare Part B payments or at least 35% of your Medicare patients must be seen through an Advanced APM entity. Under the All-Payer Combination Option, you must first meet certain threshold percentages under the Medicare Option, which is 25% for the payment amount method or 20% under the patient count method.

This payment and patient count threshold freeze will help more providers—like SLPs—in Advanced APMs qualify for the 5% bonus. These thresholds are designed to measure whether the provider is actively taking steps to increase their participation in value-based care arrangements. Determination of the Advanced APM 5% bonus takes place at the facility/APM entity level (Tax Identification Number or TIN) or at the individual eligible clinical level.

2022 Medicare Physician Fee Schedule for Speech-Language Pathology Services

Table 1. National Medicare Part B Rates for Speech-Language Pathology Services

The following table contains full descriptors and national payment rates for speech-language pathology-related services. ASHA calculated rates by multiplying the total RVUs for each CPT code by the 2022 CF (**$34.61**). The table also includes 2021 non-facility rates for comparison with 2022 rates to help SLPs estimate the impact of the payment cuts. Please see ASHA's Medicare outpatient payment website for other important information, including Medicare fee calculations and how to find rates by locality.

Medicare pays for outpatient speech-language pathology services at non-facility rates, regardless of setting. All claims should be accompanied by the "GN" modifier to indicate services are provided under a speech-language pathology plan of care. Please see ASHA's Medicare CPT Coding Rules for Speech-Language Pathology Services for additional coding guidance.

Code	Descriptor	2021 National Fee	2022 National Fee	Notes
31579	Laryngoscopy, flexible or rigid telescopic; with stroboscopy	$201.68	**$204.52**	This procedure may require physician supervision based on your Medicare Administrative Contractor's (MAC's) local coverage policy or state practice act. See ASHA's website for more information.
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	$78.16	**$78.21**	SLPs may also use 92507 to report auditory (aural) rehabilitation.
92508	group, 2 or more individuals	$24.08	**$24.22**	See also: Medicare Guidelines for Group Therapy and Modes of Service Delivery for Speech-Language Pathology
92511	Nasopharyngoscopy with endoscope (separate procedure)	$120.38	**$122.16**	This procedure may require physician supervision based on your MAC's local coverage policy or state practice act. See ASHA's website for more information.
92512	Nasal function studies (eg, rhinomanometry)	$61.41	**$63.68**	
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	$82.35	**$84.09**	
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	$136.78	**$135.66**	
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	$114.45	**$113.85**	Don't bill 92522 in conjunction with 92523.

Code	Descriptor	2021 National Fee	2022 National Fee	Notes
92523	with evaluation of language comprehension and expression (eg, receptive and expressive language)	$235.18	**$231.52**	Don't bill 92523 in conjunction with 92522.
92524	Behavioral and qualitative analysis of voice and resonance	$112.01	**$112.12**	This procedure doesn't include instrumental assessment.
92526	Treatment of swallowing dysfunction and/or oral function for feeding	$86.53	**$86.86**	See also: Answers to Your Feeding/Swallowing Coding Questions
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	$72.58	**$73.71**	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	$127.71	**$126.66**	See also: Billing for AAC and Device Documentation
92608	each additional 30 minutes (List separately in addition to code for primary procedure)	$51.29	**$50.18**	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	$106.77	**$106.24**	See also: Billing for AAC and Device Documentation
92610	Evaluation of oral and pharyngeal swallowing function	$86.53	**$87.21**	See also: Answers to Your Feeding/Swallowing Coding Questions
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	$93.86	**$93.78**	92611 reflects the SLP's work during the study. Radiologists separately report 74230 (see Table 2) to report their participation in the study. See also: Answers to Your Feeding/Swallowing Coding Questions
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;	$201.33	**$198.64**	This procedure may require physician supervision based on your MAC's local coverage policy or state practice act. See also: Answers to Your Feeding/Swallowing Coding Questions
92613	interpretation and report only	$37.34	**$37.03**	SLPs may report 92613 when you haven't performed the endoscopic evaluation but are asked to review and interpret the study. Don't use this code if you also perform the endoscopy. MACs may limit use of this code based on their local coverage policies.

Code	Descriptor	2021 National Fee	2022 National Fee	Notes
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	$150.04	**$149.50**	This procedure may require physician supervision based on your MAC's local coverage policy or state practice act.
92615	interpretation and report only	$33.15	**$33.22**	SLPs may report 92615 when you haven't performed the endoscopic evaluation but are asked to review and interpret the study. Don't use this code if you also perform the endoscopy. MACs may limit use of this code based on their local coverage policies.
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	$220.87	**$221.13**	This procedure may require physician supervision based on your MAC's local coverage policy or state practice act.
92617	interpretation and report only	$41.52	**$41.53**	SLPs may report 92617 when you haven't performed the endoscopic evaluation but are asked to review and interpret the study. Don't use this code if you also perform the endoscopy. MACs may limit use of this code based on their local coverage policies.
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	$91.42	**$89.98**	See also: Dos and Don'ts for Revised Implant-Related Auditory Function Evaluation CPT Codes
92627	each additional 15 minutes (List separately in addition to code for primary procedure)	$21.63	**$21.11**	This is an add-on code to report in conjunction with 92626 for each additional 15 minutes of evaluation.
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	$101.54	**$100.01**	

Code	Descriptor	2021 National Fee	2022 National Fee	Notes
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	$131.55	**$129.08**	
96113	each additional 30 minutes (List separately in addition to code for primary procedure)	$58.62	**$60.91**	
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	$107.12	**$105.89**	See also: Coding and Payment of Cognitive Evaluation and Treatment Services
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	$23.38	**$23.19**	See also: Coding and Payment of Cognitive Evaluation and Treatment Services
97130	each additional 15 minutes (List separately in addition to code for primary procedure)	$22.68	**$22.49**	This is an add-on code to report in conjunction with 97129 for each additional 15 minutes of therapy.
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	$61.06	**$66.10**	SLPs should verify use of the Physical Medicine & Rehabilitation (PMR) series of codes with the MAC, with the exception of 97129 and 97130. See also: Use of Physical Medicine Codes

Code	Descriptor	2021 National Fee	2022 National Fee	Notes
97535	Self-care/home management training (eg, activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	$33.85	**$33.57**	SLPs should verify use of the PMR series of codes with the MAC, with the exception of 97129 and 97130. See also: Use of Physical Medicine Codes
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	$11.86	**$11.77**	See also: Speech-Language Pathology CPT and HCPCS Code Changes for 2021 and Use of CTBS Codes During COVID-19
98971	11-20 minutes	$20.94	**$20.76**	
98972	21 or more minutes	$32.80	**$32.18**	
98975	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	N/A	**$19.38**	**New in 2022.** See also: Speech-Language Pathology CPT and HCPCS Code Changes for 2022 and Use of CTBS Codes During COVID-19
98976	device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	N/A	**$55.72**	
98977	device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	N/A	**$55.72**	
98980	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes	N/A	**$50.18**	

Code	Descriptor	2021 National Fee	2022 National Fee	Notes
98981	each additional 20 minutes (listed separately in addition to code for primary procedure)	N/A	**$40.84**	**New in 2022.** See also: Speech-Language Pathology CPT and HCPCS Code Changes for 2022 and Use of CTBS Codes During COVID-19 This is an add-on code to report in conjunction with 98980 for each additional 20 minutes of RTM treatment services during the calendar month.
G0451	Developmental testing, with interpretation and report, per standardized instrument form	$10.12	**$10.73**	This Medicare-specific HCPCS Level II code can be used in place of CPT 96110, which isn't paid by Medicare.
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	$12.21	**$12.11**	See also: Speech-Language Pathology CPT and HCPCS Code Changes for 2021 and Use of CTBS Codes During COVID-19
G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	$14.66	**$14.53**	See also: Speech-Language Pathology CPT and HCPCS Code Changes for 2021 and Use of CTBS Codes During COVID-19
92700	Unlisted otorhinolaryngological service or procedure	MAC priced	**MAC priced**	Report 92700 for a covered Medicare service that does not have a corresponding CPT code. See also: New Procedures...But No Code

Table 2. National Medicare Part B Rates for Non-Benefit Services or Other CPT Codes of Interest

SLPs may not directly bill Medicare for the following procedures, which are listed for informational purposes only. Although some of these procedures are within the scope of practice of an ASHA-certified SLP, some services—such as screenings—are specifically excluded from the Medicare benefit or are not recognized for billing when performed by an SLP. Rates are included for reference only, when available. Please see Table 1 (p. 8) for services and procedures SLPs may bill directly to Medicare.

Code	Descriptor	2022 National Fee	Notes
31575	Laryngoscopy, flexible; diagnostic	**$133.23**	This procedure is for medical diagnosis by a physician.
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	**$108.32**	This is a radiology code.
74230	Swallowing function, with cineradiography/videoradiography	**$134.96**	This is a radiology code. See CPT code **92611** for the appropriate speech-language pathology procedure.
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	**$116.62**	This is a radiology code.
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	**$94.47**	CMS won't pay for this code because it is considered bundled with any other speech-language pathology service provided on the same day. SLPs may not separately bill for non-speech-generating device services alone.
92618*	each additional 30 minutes (List separately in addition to code for primary procedure)	**$33.22**	*Code out of numerical sequence. See note for 92605.
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	**$83.40**	CMS won't pay for this code because it is considered a bundled service included in other speech-language pathology services provided on the same day. SLPs may not separately bill for non-speech-generating device services alone.
92630	Auditory rehabilitation; prelingual hearing loss	**$0.00**	This is a non-payable code. However, auditory (aural) rehabilitation is a covered Medicare benefit, so CMS instructs SLPs to use **92507** instead.
92633	postlingual hearing loss	**$0.00**	This is a non-payable code. However, auditory (aural) rehabilitation is a covered Medicare benefit, so CMS instructs SLPs to use **92507** instead.

Code	Descriptor	2022 National Fee	Notes
96110	Developmental screening, with interpretation and report, per standardized instrument form	**$10.73**	Medicare does not pay for screenings. See HCPCS code **G0451** for developmental testing using a standardized instrument form.
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	**$30.11**	This is a PMR code. CMS won't pay for this code when reported by an SLP. See also: Use of Physical Medicine Codes
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	**$34.95**	This is a PMR code. CMS won't pay for this code when reported by an SLP. See also: Use of Physical Medicine Codes
97150	Therapeutic procedure(s), group (2 or more individuals)	**$18.00**	This is a PMR code. Generally, CMS won't pay for this code when reported by an SLP. However, some MACs may allow SLPs to report 97150 for group therapy for conditions not covered under 92508, such as cognition or dysphagia. See also: Medicare Guidelines for Group Therapy and Modes of Service Delivery for Speech-Language Pathology
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	**$38.07**	This is a PMR code. CMS won't pay for this code when reported by an SLP. See also: Use of Physical Medicine Codes
G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	**$28.03**	CMS won't pay for this code when reported by an SLP. See also: Use of CTBS Codes During COVID-19

Table 3. Detailed Relative Value Units (RVUs) for Speech-Language Pathology Services

This table contains RVUs only for those codes that are covered under the speech-language pathology benefit, as listed in Table 1 (p. 8). For geographically adjusted RVUs, go to Addendum E in the CMS CY 2022 PFS Final Rule Addenda [ZIP] files.

Code	Professional Work	Non-Facility Practice Expense	Malpractice	Non-Facility Total
31579	1.88	3.78	0.25	5.91
92507	1.30	0.91	0.05	2.26
92508	0.33	0.36	0.01	0.70
92511	0.61	2.88	0.04	3.53
92512	0.55	1.25	0.04	1.84
92520	0.75	1.64	0.04	2.43
92521	2.24	1.59	0.09	3.92
92522	1.92	1.28	0.09	3.29
92523	3.84	2.73	0.12	6.69
92524	1.92	1.23	0.09	3.24
92526	1.34	1.12	0.05	2.51
92597	1.26	0.80	0.07	2.13
92607	1.85	1.73	0.08	3.66
92608	0.70	0.71	0.04	1.45
92609	1.50	1.50	0.07	3.07
92610	1.30	1.15	0.07	2.52
92611	1.34	1.28	0.09	2.71
92612	1.27	4.39	0.08	5.74
92613	0.71	0.32	0.04	1.07
92614	1.27	2.97	0.08	4.32
92615	0.63	0.29	0.04	0.96
92616	1.88	4.40	0.11	6.39
92617	0.79	0.36	0.05	1.20
92626	1.40	1.15	0.05	2.60
92627	0.33	0.27	0.01	0.61
96105	1.75	1.04	0.10	2.89
96112	2.56	1.05	0.12	3.73
96113	1.16	0.53	0.07	1.76
96125	1.70	1.27	0.09	3.06
97129	0.50	0.15	0.02	0.67
97130	0.48	0.15	0.02	0.65
97533	0.48	1.41	0.02	1.91
97535	0.45	0.50	0.02	0.97
98970	0.25	0.08	0.01	0.34

Code	Professional Work	Non-Facility Practice Expense	Malpractice	Non-Facility Total
98971	0.44	0.14	0.02	0.60
98972	0.69	0.20	0.04	0.93
98975	0.00	0.54	0.02	0.56
98976	0.00	1.60	0.01	1.61
98977	0.00	1.60	0.01	1.61
98980	0.62	0.79	0.04	1.45
98981	0.61	0.52	0.05	1.18
G0451	0.00	0.30	0.01	0.31
G2250	0.18	0.16	0.01	0.35
G2251	0.25	0.15	0.02	0.42

References

American Speech-Language-Hearing Association. (n.d.). *2021 Medicare Part B Payment Reductions.* https://www.asha.org/practice/reimbursement/medicare/2021-Medicare-Part-B-Payment-Reductions/.

American Speech-Language-Hearing Association. (n.d.). *Alternative Payment Models (APMs)*. https://www.asha.org/advocacy/alternative-payment-models/.

American Speech-Language-Hearing Association. (n.d.). *Calculating Medicare Fee Schedule Rates.* https://www.asha.org/practice/reimbursement/medicare/calculating-medicare-fee-schedule-rates/.

American Speech-Language-Hearing Association. (n.d.) *Coding and Payment of Cognitive Evaluation and Treatment Services*. https://www.asha.org/practice/reimbursement/Coding-and-Reimbursement-of-Cognitive-Evaluation-and-Treatment-Services/.

American Speech-Language-Hearing Association. (n.d.). *Enhance Older Adult Access to Telehealth Services*. https://takeaction.asha.org/asha/Telehealth.

American Speech-Language-Hearing Association. (n.d.). *Medicare Administrative Contractor (MAC) Resources.* https://www.asha.org/Practice/reimbursement/medicare/Medicare-Administrative-Contractor-Resources/.

American Speech-Language-Hearing Association. (n.d.). *Medicare CPT Coding Rules for Speech-Language Pathology Services.* https://www.asha.org/practice/reimbursement/medicare/slp_coding_rules/.

American Speech-Language-Hearing Association. (n.d.). *Medicare Guidelines for Group Therapy.* https://www.asha.org/practice/reimbursement/medicare/grouptreatment/.

American Speech-Language-Hearing Association. (n.d.). *Medicare Part B Payment Cuts to Audiology and Speech-Language Pathology Services.* https://www.asha.org/practice/reimbursement/medicare/medicare-part-b-payment-cuts/.

American Speech-Language Hearing Association. (n.d.). *Medicare Payment for Outpatient Audiology and Speech-Language Pathology Services*. https://www.asha.org/practice/reimbursement/medicare/feeschedule/.

American Speech-Language-Hearing Association. (n.d.). *Medicare Supervision Requirements for Videostroboscopy and Nasopharyngoscopy Procedures*. http://www.asha.org/Practice/reimbursement/medicare/Medicare-Supervision-Requirements-for-Videostroboscopy-and-Nasopharyngoscopy-Procedures/.

American Speech-Language-Hearing Association. (n.d.). *Modes of Service Delivery for Speech-Language Pathology*. https://www.asha.org/practice/reimbursement/Modes-of-Service-Delivery-for-Speech-Language-Pathology/.

American Speech-Language-Hearing Association. (n.d.). *Protect Beneficiary Access to Critical Audiology and Speech-Language Pathology Services*. https://takeaction.asha.org/asha/EandM.

American Speech-Language-Hearing Association. (n.d.). *The Medicare Merit-Based Incentive Payment System (MIPS): A Guide for Audiologists and Speech-Language Pathologists*. https://www.asha.org/Practice/reimbursement/medicare/The-Medicare-Merit-Based-Incentive-Payment-System/.

American Speech-Language-Hearing Association. (n.d.). *The Medicare Quality Payment Program*. https://www.asha.org/practice/reimbursement/medicare/the-medicare-quality-payment-program/.

American Speech-Language-Hearing Association. (n.d.). *The Medicare Part B Review Process for Therapy Claims.* https://www.asha.org/Practice/reimbursement/medicare/Medicare-Part-B-Review-Process-for-Therapy-Claims/.

American Speech-Language-Hearing Association (2021). *Advocacy News*. https://www.asha.org/news/advocacy-news/.

American Speech-Language-Hearing Association. (2021). *ASHA Continues Fight to Stop Medicare Cuts*. https://www.asha.org/news/2021/asha-continues-fight-to-stop-medicare-cuts/.

American Speech-Language-Hearing Association. (2021). *Bill Postponing Medicare Cuts Expected to Become Law*. https://www.asha.org/news/2021/bill-postponing-medicare-cuts-expected-to-become-law/.

American Speech-Language-Hearing Association. (2021). *Providing Telehealth Services Under Medicare During the COVID-19 Pandemic*. https://www.asha.org/Practice/reimbursement/medicare/Providing-Telehealth-Services-Under-Medicare-During-the-COVID-19-Pandemic/.

American Speech-Language-Hearing Association. (2021) *Speech-Language Pathology CPT and HCPCS Code Changes for 2022.* https://www.asha.org/practice/reimbursement/coding/new_codes_slp/.

American Speech-Language-Hearing Association. (2021). *Use of Communication Technology-Based Services During Coronavirus/COVID-19*. https://www.asha.org/Practice/reimbursement/medicare/Use-of-E-Visit-Codes-for-Medicare-Part-B-Services-During-Coronavirus/.

American Speech-Language-Hearing Association. (2020). *Medicare Fee Schedule Cuts Mitigated*. https://www.asha.org/news/2020/medicare-fee-schedule-cuts-mitigated/.

American Speech-Language-Hearing Association. (2020). *Speech-Language Pathology CPT and HCPCS Code Changes for 2021.* https://www.asha.org/practice/reimbursement/coding/slp-cpt-and-hcpcs-code-changes-for-2021/.

American Speech-Language-Hearing Association. (2018). *Congress Permanently Repeals the Medicare Therapy Caps and Ensures Payment for Speech-Generating Devices.* https://www.asha.org/News/2018/Congress-Permanently-Repeals-the-Medicare-Therapy-Caps-and-Ensures-Payment-for-Speech-Generating-Devices/.

American Speech-Language-Hearing Association. (2018). *How a CPT® Code Becomes A Code.* https://www.asha.org/uploadedFiles/How-A-CPT-Code-Becomes-A-Code.pdf.

Centers for Medicare & Medicaid Services. (n.d.). *Advanced Alternative Payment Models (APMs)*. https://qpp.cms.gov/apms/advanced-apms.

Centers for Medicare & Medicaid Services. (n.d.). *Improvement Activities: Traditional MIPS Requirements*. https://qpp.cms.gov/mips/improvement-activities.

Centers for Medicare & Medicaid Services. (n.d.). *Quality Payment Program.* https://qpp.cms.gov/.

Centers for Medicare & Medicaid Services. (2021). *Fact Sheet: Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule.* https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule.

Centers for Medicare & Medicaid Services. (2021). *Geographically-Adjusted RVUs.* https://www.cms.gov/files/zip/cy-2022-pfs-final-rule-addenda.zip.

Centers for Medicare & Medicaid Services. (2021). *Physician Fee Schedule: CMS-1751-F.* https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-federal-regulation-notices/cms-1751-f.

U.S. Department of Health & Human Services. (2021). *Public Health Emergency Declarations*. https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx.

Eiten, L. and Swanson, N. (2020). *Dos and Don'ts for Revised Implant-Related Auditory Function Evaluation CPT Codes*. Leader Live. https://leader.pubs.asha.org/do/10.1044/2020-0831-audiology-billing-coding/full/.

Ogden, K. and Swanson, N. (2017). *Bottom Line: Billing for AAC: Device Type Helps Determine Codes.* The ASHA Leader. https://leader.pubs.asha.org/doi/10.1044/leader.BML.22022017.36.

Satterfield, L. and Swanson, N. (2015). *New Procedures...But No Codes.* The ASHA Leader. https://leader.pubs.asha.org/doi/10.1044/leader.BML.20062015.30.

Swanson, N. (2021). *Bottom Line: Prepare for New ICD-10-CM and CPT Codes in 2022*. The ASHA Leader. https://leader.pubs.asha.org/do/10.1044/leader.BML.26102021.28/full/.

Swanson, N. (2018). *Bottom Line: Answers to Your Swallowing/Feeding Coding Questions.* The ASHA Leader. https://leader.pubs.asha.org/doi/10.1044/leader.BML.23052018.26.

Swanson, N. (2018). *Bottom Line: The Right Time for Billing Codes.* The ASHA Leader. https://leader.pubs.asha.org/doi/10.1044/leader.BML.23032018.30.

Swanson, N. and Nanof, T. (2018). *Bottom Line: Device Documentation*. The ASHA Leader. https://leader.pubs.asha.org/doi/10.1044/leader.BML.23022018.32.

ASHA
American
Speech-Language-Hearing
Association