



November 20, 2024

Christine Pawelczyk, Program Administrator
Kelsey Krueger, Government Operations Consultant
Florida Agency for Health Care Administration (AHCA)
2727 Mahan Drive
Tallahassee, FL 32308

RE: Coding Clarification for Augmentative and Alternative Communication (AAC) Evaluation and Re-Evaluation and Use of Uniform Code Set

Dear Ms. Pawelczyk and Ms. Krueger:

On behalf of the American Speech-Language-Hearing Association (ASHA) and the Florida Association of Speech-Language Pathologists & Audiologists, we write to respectfully request clarification on the codes within the Florida Medicaid speech-language pathology services fee schedule and to recommend the use of uniform Current Procedural Terminology (CPT®) and Level II Health Care Common Procedure Coding System (HCPCS) code sets.¹

ASHA is the national professional, scientific, and credentialing association for 234,000 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 12,800 ASHA members reside in Florida.²

Recommendation for Using CPT Codes 92607 and 92608 for Augmentative and Alternative Communication (AAC) Evaluations

The Florida Medicaid speech-language pathology services fee schedule currently indicates coverage of CPT code 92597 for “AAC Initial Evaluation Provided by a Speech-Language Pathologist” and “AAC Re-Evaluation Provided by a Speech-Language Pathologist” using the GN modifier.³ We are respectfully asking to verify whether the use of 92597 to describe an AAC evaluation and re-evaluation was an inadvertent error.

According to the American Medical Association (AMA) CPT code book, CPT code **92597** is described as an “Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech.”^{4,5} This would include devices such as a tracheoesophageal prosthesis (TEP) or a tracheostomy speaking valve, which are prosthetics used to support oral speech.⁶

The AMA description for CPT code **92607** indicates “Evaluation for prescription of speech-generating augmentative and alternative communication device; first hour” with the add-on code **92608** for “each additional 30 minutes.”⁷ **CPT codes 92607 and 92608** are used to report evaluations related to speech-generating AAC devices, which are not prosthetics. AAC devices are computer or software-based systems that help individuals communicate through electronic voice output.

Given the distinct professional skills and equipment required to assess the two very different services described under 92597 and 92607/92608, CPT code 92597 does not accurately describe the services provided when a speech-generating device evaluation is performed.

Therefore, CPT codes 92607 and 92608 are the correct codes to use for AAC evaluation and re-evaluation. ASHA provides a list of these codes and their descriptions on our website.⁸

ASHA and FLASHA members in Florida are reporting challenges obtaining reimbursement from a patient's secondary insurance plans due to the coding discrepancy. Private insurance plans deny requests for supplemental coverage when documentation from Florida Medicaid indicates a denial for CPT code 92597 instead of 92607. Therefore, **ASHA and FLASHA urge Florida Medicaid to implement CPT codes 92607 and 92608 for reporting AAC evaluations and re-evaluations** as intended by the AMA.

Recommendation for Following the Health Insurance Portability and Accountability Act (HIPAA) Guidance Regarding Coding to Ensure Consistent and Efficient Coding Across Payers

HIPAA established administrative simplification (AS) provisions to ensure uniform communications across the health care sector through mandatory use of standard code sets that describe diagnoses (International Classification of Diseases or ICD), procedures (CPT), and medical supplies and equipment (HCPCS).

However, we are aware that some private payers and state Medicaid agencies significantly modify these code sets, similar to the above-described issue with code 92597. These optional modifications made by Florida Medicaid and other payers change the original intent of the code(s), which can cause confusion. As a result, a significant administrative burden is placed on providers who must track the variable use of established codes by different payers instead of relying on the standard code set as established by the AMA's CPT Editorial Panel for the Medicare program and most state Medicaid programs that use it.

ASHA and FLASHA recommend that Florida's Agency for Health Care Administration use the standard guidelines for each code set consistent with HIPAA's AS requirements.

Thank you for your consideration of this issue. ASHA stands ready to assist your office as you consider our request. We look forward to ongoing collaboration to ensure Medicaid beneficiaries have timely access to AAC services and devices and providers receive appropriate reimbursement for their services.

If you or your staff have any questions, please contact Caroline Bergner, JD, ASHA's director of health care policy for Medicaid, at cbergner@asha.org or Inoka Tennakoon, ASHA's director of health care policy for coding and payment, at itennakoon@asha.org.

Sincerely,



Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President



Hasina Echoles, M.S., CCC-SLP
2024-2025 FLASHA President

¹ Agency for Health Care Administration. (2022). *Speech-Language Pathology Services Fee Schedule*. https://ahca.myflorida.com/content/download/20104/file/Speech_Language_Pathology_Services_Fee_Schedule_2022_JULY.pdf

² American Speech-Language-Hearing Association. (2023). *Florida* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-fliers/florida-state-flyer.pdf>

³ Ibid.

⁴ American Medical Association. (2023). *AMA CPT Professional 2024*. AMA.

⁵ Ogden, K. & Swanson, N. (February 2017). Billing for AAC: Device Type Helps Determine Codes. *The ASHA Leader*. <https://leader.pubs.asha.org/doi/10.1044/leader.BML.22022017.36>

⁶ Passy Muir. (2016). *Passy Muir Valves*. https://www.passy-muir.com/valves_page/

⁷ Ibid.

⁸ 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/#code_table1