



## Security Health Plan Speech Therapy Code List

| CPT <sup>®</sup> Code | CPT <sup>®</sup> Code Description  | Utilization<br>Management | Claims<br>Management |
|-----------------------|--|---------------------------|----------------------|
| 31575                 | Laryngoscopy, Flexible Fiberoptic; Diagnostic  | Yes                       | Yes                  |
| 31579                 | Laryngoscopy, Flexible Or Rigid Fiberoptic, With Stroboscopy   | Yes                       | Yes                  |
| 92507                 | Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Individual   | Yes                       | Yes                  |
| 92508                 | Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Group, 2 Or More Individuals   | Yes                       | Yes                  |
| 92511                 | Nasopharyngoscopy With Endoscope (Separate Procedure)  | Yes                       | Yes                  |
| 92520                 | Laryngeal Function Studies (le, Aerodynamic Testing And Acoustic Testing)  | Yes                       | Yes                  |
| 92526                 | Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding   | Yes                       | Yes                  |
| 92597                 | Evaluation For Use And/Or Fitting Of Voice Prosthetic Device To Supplement Oral Speech   | Yes                       | Yes                  |
| 92605                 | Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour  | Yes                       | Yes                  |
| 92606                 | Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification   | Yes                       | Yes                  |
| 92607                 | Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour   | Yes                       | Yes                  |
| 92608                 | Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure) | Yes                       | Yes                  |
| 92609                 | Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification   | Yes                       | Yes                  |
| 92610                 | Evaluation Of Oral And Pharyngeal Swallowing Function  | Yes                       | Yes                  |

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| 92611                 | Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording   | Yes                       | Yes                  |
| 92612                 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording;  | Yes                       | Yes                  |
| 92613                 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording; Interpretation And Report Only   | Yes                       | Yes                  |
| 92614                 | Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording;   | Yes                       | Yes                  |
| 92615                 | Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only  | Yes                       | Yes                  |
| 92616                 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording;  | Yes                       | Yes                  |
| 92617                 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only   | Yes                       | Yes                  |
| 92618                 | Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)  | Yes                       | Yes                  |
| 92626                 | Evaluation of auditory function rehabilitation status for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour   | Yes                       | Yes                  |
| 92627                 | Evaluation of auditory function rehabilitationstatus for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)  | Yes                       | Yes                  |
| 92630                 | Auditory Rehabilitation; Prelingual Hearing Loss   | Yes                       | Yes                  |
| 92633                 | Auditory Rehabilitation; Postlingual Hearing Loss  | Yes                       | Yes                  |
| 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   | Yes                       | Yes                  |
| 96110                 | Developmental Screening (Eg, Developmental Milestone Survey, Speech And Language Delay Screen), With Scoring And Documentation, Per Standardized Instrument  | Yes                       | Yes                  |
| 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   | Yes                       | Yes                  |
| 96113                 | 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; each additional 30 minutes (List separately in addition to code for primary procedure) | Yes                       | Yes                  |
| 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   | Yes                       | Yes                  |

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| 1 U/5 < <             | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes. | Yes                       | Yes                  |
| G0451                 | Development testing, with interpretation and report, per standardized instrument form  | Yes                       | Yes                  |
| S9152                 | Speech therapy, re-evaluation  | Yes                       | Yes                  |
| G0161                 | Hhc Slp Ea 15 Min  | No                        | Yes                  |
| S9128                 | Speech Therapy, In The Home,   | No                        | Yes                  |

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