

Speech-Language Pathology Treatment Coding Quick Guide

1. Select the clinical service

Base and add-on codes are paired. List add-on codes separately in addition to code for primary service.

Clinical Service	Code	Long Descriptor
Fluency disorders	92654	Treatment of fluency disorder (e.g., stuttering and cluttering), direct (one-on-one) patient contact; initial 30 minutes
	+92655	Each additional 15 minutes. (Use 92655 in conjunction with 92654) (Do not report 92654, 92655 in conjunction with 97153, 97155)
Speech sound production disorders	92656	Treatment of speech sound production disorder (e.g., articulation, phonological process, apraxia, dysarthria), direct (one-on-one) patient contact; initial 30 minutes (For treatment of speech sound production and language comprehension and expression disorder, see 92660, 92661)
	+92657	Each additional 15 minutes. (Use 92657 in conjunction with 92656) (Do not report 92656, 92657 in conjunction with 92658, 92659, 92660, 92661, 97153, 97155) (For treatment of speech sound production and language comprehension and expression disorder, see 92660, 92661)
Language comprehension and expression disorders	92658	Treatment of language comprehension and expression disorder (e.g., receptive and expressive language), direct (one-on-one) patient contact; initial 30 minutes (For treatment of speech sound production and language comprehension and expression disorder, see 92660, 92661)
	+92659	Each additional 15 minutes. (Use 92659 in conjunction with 92658) (Do not report 92658, 92659 in conjunction with 92656, 92657, 92660, 92661, 97153, 97155) (For treatment of speech sound production and language comprehension and expression disorder, see 92660, 92661)

Clinical Service	Code	Long Descriptor
Combined speech sound production and language	92660	Treatment of speech sound production disorder (e.g., articulation, phonological process, apraxia, dysarthria) and language comprehension and expression disorder (e.g., receptive and expressive language), direct (one-on-one) patient contact; initial 30 minutes
	+92661	Each additional 15 minutes. (Use 92661 in conjunction with 92660) (Do not report 92660, 92661 in conjunction with 92656, 92657, 92658, 92659, 97153, 97155) (To report treatment of speech sound production disorder only, see 92656, 92657) (For treatment of language comprehension and expression disorder only, see 92658, 92659)
Voice, upper airway dysfunction, and/or resonance disorders	92662	Treatment of voice, upper airway dysfunction, and/or resonance disorders, direct (one-on-one) patient contact; initial 30 minutes
	+92663	Each additional 15 minutes. (Use 92663 in conjunction with 92662) (Do not report 92662, 92663 in conjunction with 97153, 97155)

Treating both speech sound production and language?

Use the combined codes 92660/92661, rather than reporting 92656/92657 and 92658/92659 together.

Time & Billing Rules

2. CPT 51% Rule (also called the midpoint convention)

Use the practical midpoint thresholds:

- A 30-minute base code is generally reportable at 16 minutes.
- After the corresponding base code, each 15-minute add-on unit is generally reportable at 8 additional minutes.

These thresholds reflect the general CPT midpoint convention. Individual payer policies may differ from general CPT midpoint guidance.

3. Calculate units from total direct treatment time

<16 min	16–37 min	38–52 min	53–67 min	68–82 min
Do not report separately	Base ×1	Base ×1 + Add-on ×1	Base ×1 + Add-on ×2	Base ×1 + Add-on ×3

Use the matching pair: Example for language treatment: base 92658 + add-on 92659. Apply the same time ladder to the other individual-treatment code pairs.

4. Billing guardrails

Base + add-on dependency An add-on code may never be reported by itself. Report it only with its designated corresponding base code.	More than one base code – same date You may report more than one base code if each service is a separate, medically necessary service that meets its time requirement, is documented separately, and is permitted by the payer.
No double-counting The same treatment time cannot support more than one service. Time for an untimed service or a different timed service cannot be counted toward these codes.	Group treatment 92508 is a stand-alone, untimed group-treatment code for 2 or more individuals. There is no minimum time requirement.

5. Documentation checkpoint

For each service, document:

- ☐ Targeted disorder or relevant condition(s)
- ☐ Functional communication goal(s)
- ☐ Skilled intervention provided
- ☐ Client’s response or progress
- ☐ Direct one-on-one treatment time for the service(s)
- ☐ Distinct time by service when multiple codes are reported
- ☐ Start and stop times if required by payer

Please Note: It may be clinically appropriate to perform multiple services in one treatment session, based on clinical judgment. Each payer sets their own rules and policies. Clinicians should check each payer’s policies for any same day billing restrictions.

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