

## ASHA Recommendations for Telehealth Coverage of Audiology and Speech-Language Pathology Services

**Note:** ASHA members may use this resource to provide recommendations to commercial payers and Medicaid programs regarding coverage of audiology and speech-language pathology telehealth services. This should not be construed as policy guidance to clinicians regarding coding and billing for telehealth services. Clinicians should follow payer coding and coverage guidelines.

As public and private health plans look to implement a broader array of telehealth services to meet beneficiary needs during and beyond this time of unique crisis, ASHA provides the following coverage and implementation recommendations.

ASHA has developed thorough resources regarding clinical [practice available on ASHA's portal on telehealth](#), as well as guidance on [telehealth coding and payment](#), and specific updates related to [telehealth during the COVID-19](#) crisis.

ASHA guidance for telehealth service delivery clearly states that the use of telehealth is appropriate when the services provided are equivalent to the quality of services provided in person and consistent with adherence to the [Code of Ethics](#), [audiology scope of practice](#), [speech-language pathology scope of practice](#), [state](#) and [federal](#) laws, and ASHA [policy](#).

ASHA recommends coverage priority for member services to be provided via real-time, interactive (synchronous) audio-video telecommunication equipment that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)<sup>1</sup>. Asynchronous store and forward technology paired with synchronous audio communication with the patient may also be appropriate, particularly for audiology services such as clinical analysis and review of an audiogram.

The audiologist or speech-language pathologist may furnish medically necessary services within their scope of practice via telehealth when clinically appropriate for the patient and within the providers' ability to comply with the technical requirements for telehealth service delivery.

### Coding and Documentation Requirements

ASHA recommends billing telehealth claims with the place of service (**POS**) **02** used to designate telehealth. POS 2 sufficiently designates the service as delivered via telehealth. Documentation within the patient's record should also indicate the specific service(s) delivered via telehealth as well as the platform used.

The **GT** modifier may be used to identify synchronous telehealth services and the **GQ** modifier may be used for asynchronous services. Modifier 95 also represents synchronous telehealth but the GT and GQ may provide more consistency for coding purposes when both synchronous and asynchronous services are covered.

### Scope of Coverage

ASHA recommends telehealth coverage for the following audiology and speech-language pathology Current Procedural Terminology (CPT ® American Medical Association) codes.

Additional codes within the scope of practice of [audiology](#) and [speech-language pathology](#) may be appropriate for telehealth coverage but may require specialized implementation requirements that make broad coverage less appropriate for many health plans.

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<sup>1</sup> ASHA recommends HIPAA compliance. However, we recognize and support implementation of the flexibility extended by the Office for Civil Rights during the COVID-19 pandemic.

## Audiology Codes

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- **92550** (tympanometry and reflex threshold measurements)
- **92551** (screening test, pure tone, air only)
- **92552** (pure tone audiometry, air only)
- **92553** (pure tone audiometry, air and bone)
- **92555** (speech audiometry threshold)
- **92556** (speech audiometry threshold; with speech recognition)
- **92557** (comprehensive audiometry)
- **92563** (tone decay test)
- **92565** (stenger test, pure tone)
- **92567** (tympanometry)
- **92568** (acoustic reflex testing; threshold)
- **92584** (electrocochleography)
- **92585** (auditory evoked potentials, comprehensive)
- **92586** (auditory evoked potentials, limited)
- **92587** (distortion product evoked otoacoustic emissions, limited, with interpretation and report)
- **92592** (hearing aid check; monaural)
- **92593** (hearing aid check; binaural)
- **92601** (diagnostic analysis of cochlear implant, patient younger than 7 years, with programming)
- **92602** (diagnostic analysis of cochlear implant, younger than 7, subsequent reprogramming)
- **92603** (diagnostic analysis of cochlear implant, age 7 years or older, with programming)
- **92604** (diagnostic analysis of cochlear implant, age 7 years or older, subsequent reprogramming)
- **92625** (assessment of tinnitus)
- **92626** (evaluation for pre-implant candidacy or post-implant status of auditory function; first hour)
- **92627** (evaluation for pre-implant candidacy or post-implant status of auditory function; each additional 30 minutes)
- **92630** (auditory rehabilitation; pre-lingual hearing loss)
- **92633** (auditory rehabilitation; post-lingual hearing loss)
- **V5011** (fitting/orientation/checking of hearing aid)

## Speech-Language Pathology Codes

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- **92507** (treatment of speech, language, voice, and/or other communication disorder; individual)
- **92508** (treatment of speech, language, voice, and/or other communication disorder; group)
- **92521** (evaluation of fluency)
- **92522** (evaluation of speech)
- **92523** (evaluation of speech and language)
- **92524** (qualitative evaluation of voice)
- **92526** (treatment of swallowing and feeding)
- **92605** (evaluation for use of non-speech-generating device; first hour)
- **92618** (evaluation for use of non-speech-generating device; each additional 30 min)
- **92606** (therapy for the use of non-speech-generating device, including programming/modification)
- **92607** (evaluation for speech generating device; first hour)
- **92608** (evaluation for speech generating device; each additional 30 minutes of evaluation time)
- **92609** (therapeutic services using speech generating device, including programming/modification)
- **92610** (evaluation of oral and pharyngeal swallowing function)
- **92626** (evaluation for pre-implant candidacy or post-implant status of auditory function; first hour)
- **92627** (evaluation for pre-implant candidacy or post-implant status of auditory function; each additional 30 minutes)
- **92630** (auditory rehabilitation; pre-lingual hearing loss)
- **92633** (auditory rehabilitation; post-lingual hearing loss)
- **96105** (assessment of aphasia, per hour)
- **96112** (developmental test administration, with interpretation and report; first hour)
- **96113** (developmental test administration, with interpretation and report; each additional 30 minutes)
- **96125** (standardized cognitive performance testing, with time in interpretation and report, per hour)
- **97129** (cognitive function intervention, initial 15 minutes)
- **97130** (cognitive function intervention, each additional 15 minutes)

For questions or additional details, please contact [reimbursement@asha.org](mailto:reimbursement@asha.org).