CPT 92507 Changes, RVUs & Billing

What We Know | | What We Don’t Know | | How to Start Planning

June 2026

Reframing the Change

Clinical Uncertainty Is What We Do

As SLPs, we navigate clinical uncertainty every single day.

Every patient is a unique puzzle. We gather data, form hypotheses, build treatment plans, adjust when things don't go as expected, and document our reasoning.

These coding changes are just another form of uncertainty — and we already have the clinical reasoning skills to navigate them.

We assess. We use evidence. We form a plan. We adapt.

Apply those same strategies here — learn the new structure, ask questions, practice, and support each other.

How CPT Codes Are Created & Valued

The AMA maintains CPT codes through a transparent, physician-driven process with open meetings held three times per year.

1

Identify

Code flagged for review by CMS or specialty society

2

Apply

Code change application submitted to CPT Editorial Panel

3

Review

Public comment, open meetings, panel votes on changes

4

Value

RUC surveys physicians, recommends RVUs to CMS

5

Finalize

CMS sets final RVUs in annual fee schedule rule

CPT Editorial Panel

17-member body that creates, revises, and maintains CPT codes. Includes physician reps from specialty societies, payers, and CMS.

RUC (RVS Update Committee)

32-member AMA committee that surveys physicians and recommends relative value units (RVUs) to CMS for each code.

CMS (Final Authority)

Reviews RUC recommendations, publishes proposed rule in July, and finalizes payment values in the November fee schedule.

92507 Flagged & Review Process

Timeline

Apr 2024	CMS flags 92507 — Medicare utilization increased 100% (2017–2022)
2024-2025	ASHA forms workgroup & makes recommendations
Oct 2025	AMA approves 10 new codes
Feb 2026	RUC submits new code recommendations to CMS
May 2026	CPT Editorial Panel reviews & rejects alternate proposal
Jul 2026	CMS publishes proposed rule with payment values
Jan 2027	New codes take effect, replacing 92507

Key Facts

100%+

increase in Medicare utilization (2017–2022)

30 years

since 92507 was originally created

16 years

since last valuation update

The code wasn't wrong — practice patterns changed and the code hadn't kept up.

CPT 92507: Before vs. After

CURRENT: 92507 (Untimed)

Descriptor
Treatment of speech, language, voice, communication, and/or auditory processing disorder

Billing
One unit per session, regardless of time spent

Assumed Time
60 minutes (underlying RUC survey assumption)

Flexibility
Broad — covers all SLP treatment domains in one code

Risk
Flagged for overutilization; payer audits increased

NEW: Timed Codes (2027)

Structure
- 92507 deleted & replaced with 10 new codes
- Cognitive codes, AAC, feeding and 92508 remain the same

Billing
Base code (30 min) + add-on codes for each additional 15 min

Concerns
No specific language for auditory processing, prelinguistic or literacy domains; anticipated to fall under the “Language” domain

Alignment
Mirrors timed billing structures used across rehab disciplines

Impact
RVU values TBD — CMS proposed rule expected Jul 2026

Medicare: Changes take effect January 1, 2027. **Medicaid & Commercial Insurers:** Adoption timelines remain uncertain.

The 10 New Codes Replacing 92507

Effective January 1, 2027 — five 30-minute base codes and five 15-minute add-on codes organized by treatment domain.

	Domain Codes — Initial 30 Min Base + 15 min add-on
1	**Fluency** Stuttering, cluttering
2	**Speech Sound** Articulation, phonological, apraxia, dysarthria
3	**Language** Receptive & expressive language
4	**Speech + Language** Combined speech sound & language
5	**Voice** Voice, upper airway, resonance

Unchanged Codes
AAC/SGD - 92609 Untimed
Swallowing - 92526 Untimed
Cognitive Therapy –97129/97130 Timed, 15 min / +15 minutes
Group Therapy - 92508 2+ individuals; Untimed
Evaluation Codes Untimed

RUC-Proposed RVUs: Feb 2026 RUC recommendation (Tab 27B) includes proposed work RVUs for each code. CMS finalizes values Nov 2026. Current 92507 = **1.30 wRVU** / 60 min. Code numbers (92X01–92X10) are placeholders until AMA CPT 2027 publishes Sep 2026.

New Code Structure: Base + Add-On

The new codes replacing 92507 use a 30-minute base code with optional 15-minute add-on codes for longer sessions.

Base Code (30 Minutes)

16 min minimum to bill

- Represents the initial treatment session for a specific domain
- Must complete 16 minutes to bill the base code
- Each treatment domain has its own distinct base code
- **You can bill multiple different base codes in one session
- Replaces the single catch-all 92507 code

Add-On Code (+15 Minutes)

8 min Minimum to bill

- Billed for each additional 15 minutes ***beyond*** the base
- Must complete the full 30 minutes + 8 minutes to bill the base code + add-on code
- The add-on is linked to the same base code's domain
- Use the 8-minute rule for add-on unit calculation
- Multiple add-on units can be stacked for longer sessions

Key rule: You must complete the full 30-minute base before you can bill any 15-minute add-on for that domain.

Understanding RVUs

Relative Value Units (RVUs) are Medicare's way of measuring the resources needed to deliver a clinical service. They drive how much you get paid.

~50%

Work RVU

Time, skill, effort, and clinical judgment required by the clinician to perform the service

~45%

Practice Expense RVU

Overhead costs —equipment, supplies, and office expenses for service delivery

~5%

Malpractice RVU

Professional liability insurance cost associated with providing the service

Payment = **(Work + PE + MP RVU)** × Geographic Adjustment × **Conversion Factor**

The 2026 conversion factor is $32.35. CMS sets this annually in the Medicare Physician Fee Schedule.

Important: All RVU Information Is Speculative

No final RVU values exist yet — here is why the proposed numbers will change

All proposed RVU values are preliminary — CMS has not finalized any payment amounts

Work RVU Only

The proposed RVUs from the RUC reflect the **Work RVU component only**.

They do **not** include the Practice Expense (PE) or Malpractice (MP) components, which typically account for ~50% of the total RVU.

The final total RVU for each new code **will be higher** than the proposed Work RVU alone once PE and MP values are added.

CMS Has Final Authority

The RUC **recommends** values to CMS, but CMS makes the final determination. CMS can accept, modify, or reject any RUC recommendation.

Key Dates:

- **Jul 2026:** CMS proposed rule with payment values
- **Sep 2026:** Open comment period closes
- **Nov 2026:** CMS finalizes total RVUs

What This Means for You

Do **not** make financial projections or staffing decisions based on any RVU numbers shared in this presentation or elsewhere right now.

For context, 92507's current total RVU of **1.30** includes all three components (Work + PE + MP). Any comparison to proposed Work-only values is incomplete.

Wait for the July 2026 proposed rule before drawing conclusions about payment impact.

What's to Come from WSLHA

1. **Coding & Billing Webinar — Aug/Sep 2026**
   WSLHA will launch a webinar specific to coding and billing for the new codes replacing 92507

2. **Coding & Billing Workshop Series**
   We are working with a coding specialist to create an interactive workshop series focused on practical coding and billing guidance for the new timed codes

3. **Sip & Chat: RVUs and How to Comment**
   When CMS releases the proposed RVUs in July, WSLHA will host a sip and chat to discuss the values and walk through how to submit comments during the open comment period

4. **Insurer Outreach on Adoption Timelines**
   WSLHA is working to establish contact with local insurers to determine their timelines for adopting the new codes beyond Medicare

Preparing for the New Code Set

Think of this the same way you determine which evaluation code to bill — apply that clinical reasoning to the new timed treatment codes

Clinical Planning

- **Identify the treatment domains you're targeting** — just like you already decide which evaluation code to bill, start attending to which domains you're addressing in each session
- **Align domains with SMART goals** — check that the domains you're working on in each session connect back to the client's treatment plan and SMART goals
- **Roughly track minutes per domain** — start getting a general sense of how many minutes you're spending on each domain within a session to build comfort with the timed structure

Business Preparation

- **Review and update insurer contracts** — make sure you have an updated copy of your contract with all contracted insurers
- **Evaluate business policies** — review cancellation, no-show, and late policies; consider implementing and enforcing these if not already in place
- **Communicate with your team** — plan when/how you'll brief front office staff, billing departments, and administrators on the upcoming code changes and what to expect
- **Monitor payer adoption timelines** — WSLHA is reaching out to local insurers; stay tuned for updates on when commercial payers beyond Medicare will adopt the new codes
- **Update billing and documentation systems** — coordinate with your EHR/billing platform to ensure the new timed codes are available and documentation templates support domain-based tracking

Key Takeaways & Next Steps

1

The CPT structure is changing

The AMA has mandated a change and the 10 code replacement is proceeding

2

92507 → 30-min base + 15-min add-ons

New timed codes use a base/add-on structure to more closely align with PT/OT & better reflect how SLPs deliver care

3

Watch for CMS to release valuations in July 2026

Understanding the three RVU components helps you advocate for fair valuation; there is an open comment period until September to advocate.

4

Start thinking about the changes, and remember, you already have the skills for this!

Clinical reasoning under uncertainty is what you do — you are not alone as we apply it to this transition