



# Frequently Asked Questions

## Outpatient Speech-language Pathology and the NCCI Billing Edits

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### Question 1

Previously, there was no printed notice about the inability to use 97532 and 92507 on the same day by the same discipline. Prior printed information from CO Medicaid stated that this practice was accepted with the use of the -59 modifier. As an example, the EI manual (revision 8/18/14) provides a scenario in which 97532 and 92507 can be used on the same day, with the use of -59 modifier.

### Department Response

The Department of Health Care Policy and Financing publishes its Medicaid policy in the Department's rules, provider bulletins, billing guidance and other written policy. Only claims submitted to Medicaid that comply with policy are payable. See Section [8.041.3](#) of the Department's rules on NCCI Payment Methodologies.

The EI Billing Manual lists possible codes, modifiers and codes which may be billed together. The manual cautions the therapist to obtain information on the most current codes and what is acceptable to be billed together.

The Medicaid NCCI Policy Manual is located at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/national-correct-coding-initiative.html>. See in Chapter 11, paragraph H.3, on billing CPT codes 92507 and 97532.

3. A single practitioner should not report CPT codes 92507 (treatment of



speech, language, voice . . . ; individual) and/or 92508 (treatment of speech, language, voice . . . ; group) on the same date of service as CPT codes 97532 (development of cognitive skills to improve . . .) or 97533 (sensory integrative techniques to enhance . . .).

However, if the two types of services are performed by different types of practitioners on the same date of service, they may be reported separately by a single billing entity. For example, if a speech language pathologist performs the procedures described by CPT codes 92507 and/or 92508 on the same date of service that an occupational therapist performs the procedures described by CPT codes 97532 and/or 97533, a provider entity that employs both types of practitioners may report both services utilizing an NCCI PTP-associated modifier.

NCCI edits are automated claims processing safeguards to help ensure program integrity. The Affordable Care Act requires the state to implement Medicaid NCCI edits. Colorado implements Medicaid NCCI edits as is reflected in Section [8.041](#).

Under certain specified conditions described above, it may be allowable to bill CPT code 92507 and 97532 for the same date of service by utilizing modifier 59. The EI Manual reflects the possibility of the specified conditions described above to be billed. The medical record must support that the services meet the specified conditions. If the records do not support the specified conditions, any payment made is inappropriate and is recoverable.

For questions regarding allowed billing under the NCCI payment methodologies, the Department directs providers to the [Medicaid.gov](https://www.Medicaid.gov) website on Medicaid NCCI policy. Colorado Medicaid providers are required to comply with Department policy on NCCI payment methodologies.

## Question 1.a.

In order for providers to appropriately code their services going forward, what is the effective date of discontinuance of the use of this practice?

### Department Response

The Department's policy has not been revised. The billing practice was not allowable under Department policy. The EI Manual lists possible codes, modifiers and codes which may be billed together. The manual cautions the therapist to obtain information on the most current codes and what is acceptable to be billed together.



## Questions 1.b.

Is there a revised manual/bulletin reflecting a change in practice?

### Department Response

A revised manual/bulletin is not required as the Department's policy has not been revised.

## Question 2

We understand that audits may take place when these codes are billed together going forward, once notification is provided.

### Department Response

The Provider Participation [Agreement](#) gives to all Colorado Medicaid providers notice of, and each provider agrees to, audits by federal and state agencies or their designees.

### 2.a.

For what dates of service will claims be audited solely for this specific pairing?

### Department Response

Federal and state auditors may review all documentation which supports any claim submitted to Colorado Medicaid without limitation. Providers are required to keep all records needed to support claims submitted to Colorado Medicaid for six years.

### 2.b.

Is there any general information about audits that can be provided?

### Department Response

Information on compliance monitoring by the Department is available at Section [8.076](#), Program Integrity. Information on auditing is available on CMS' website. See the Medicare and Medicaid Reviews, Audits, and Investigations: A Primer for Physicians and Other Health Care Professionals (Audit) Toolkit located on the [Medicaid Program Integrity Education \(MPIE\) website](#).



## Question 3

There is a variance in acceptable codes as printed in the EI manual vs. the Medicaid manual in general for the state.

### 3.a.

To avoid confusion about billing going forward, what source(s) should clinicians in Colorado use as billing guidance?

#### Department Response

The authoritative sources of billing information for Colorado Medicaid are the Department of Health Care Policy and Financing rules, provider bulletins, billing manuals and guidance.

### 3.b.

Are there different billing guides that are appropriate to different settings, e.g. early intervention, outpatient?

#### Department Response

The Department publishes an outpatient speech therapy billing manual for Medicaid on its website. This guidance is applicable to all non-Inpatient Hospital, non-Home Health Agency, and non-school based settings. The outpatient speech therapy billing manual applies to outpatient speech therapy claims which include early intervention services billed using CPT or HCPCS codes.

### 3.c.

Will Colorado Medicaid publish a list of acceptable codes for all providers, or are EI providers limited to use only of the codes printed in the 8/14 manual (copy attached)?

#### Department Response

Colorado Medicaid does not publish a list of acceptable billing codes separate from the Department's rules, provider bulletins, billing manuals, fee schedule, and guidance. EI providers are expected to follow Department policy for their provider type (i.e. speech therapy, occupational therapy, etc.) along with other Department policy. The sole special billing requirement for EI providers is the use of modifier 'TL' on their claims so that the Department knows the service was



related to early intervention. All billing policies apply equally to all applicable provider types regardless of whether they participate in the early intervention program.

### 3.d.

The EI manual lists 92609 (use of speech device service) and the general guidance ([https://www.colorado.gov/pacific/sites/default/files/CMS1500\\_Speech\\_5.pdf](https://www.colorado.gov/pacific/sites/default/files/CMS1500_Speech_5.pdf)) includes both 92609 and 92606 (use of non-speech device service).

#### 3.d.i.

Are EI providers precluded from using certain codes such as 92606?

#### Department Response

EI speech therapy providers are eligible to bill for code 92606 as long as it is in accordance with the Medicaid policy in the Department's rule, provider bulletins, billing guidance and other written policy. Billing for any other codes must also be in accordance with Medicaid policy in the Department's rule, provider bulletins, billing guidance and other written policy.

#### 3.d.ii.

Can you clarify the use of habilitative/rehabilitative codes specific to provider setting?

#### Department Response

Clarification between Habilitative and Rehabilitative speech therapy codes will be published in upcoming version of the Speech Therapy billing manual.

### 3.e.

Are there other codes, such as team conferences or parent training, billable by speech-language pathologists under Medicaid?



## Department Response

Acceptable billing codes for speech therapy are those published in the Colorado Medicaid Speech Therapy billing manual.

## Question 4

For providers where funding for speech-language services may come from more than one source, e.g. EI funding that comes from Community Centered Boards (CCB) and CCBs receive funding from multiple sources, can codes such as 97532 that couldn't be billed on the same day as 92507 by the SLP, then be billed to the CCB?

## Department Response

Department policy, including NCCI payment methodologies, applies to all submitted claims which are paid with Medicaid funds.

## Question 5

The CCI edits would apply to all providers, however, there seems to be an indication that this isn't the case for home health providers. Can you address any difference in billing for SLPs in other settings?

## Department Response

Home Health Agencies bill speech therapy using revenue codes, not CPT or HCPCS codes.

## For more information contact

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