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GOODBYE 92507

6 areas to address before Jan 1, 2027

Your speech-therapy billing checklist for the move to time-based codes.

Swipe to start →

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AREA 01 OF 06

01

Documentation standards

Define how clinicians document treatment domain and total time.

- Clear examples for speech, language, fluency, voice & combined treatment
- No turning notes into a coding checklist

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AREA 02 OF 06

02

Charge capture & picklists

Know how your EHR presents the new codes to providers and billers.

- Choose the base service without sorting add-on codes
- Configure defaults so selection stays simple

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AREA 03 OF 06

03

Time & unit calculation

Confirm how the first 30 minutes and each added 15 are counted.

- Test sessions near unit thresholds
- Check against official guidance & early-2027 NCCI edits

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AREA 04 OF 06

04

Fee schedules & contracts

Load the new codes and model reimbursement on final Medicare rates.

- Flag contracts that reference 92507
- Ask payers about timing, G0903 & authorizations

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AREA 05 OF 06

05

Existing authorizations

Will authorizations issued under 92507 stay valid after deletion?

- Build a payer-specific tracker
- Act now, before January denials

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AREA 06 OF 06

06

Staff education & testing

Train clinicians, front office and billers on one workflow.

- Test documentation, coding, claims & remittance
- Monitor early claims by payer

One more →

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Ready for time-based billing?

Read the full blog: Goodbye 92507, Hello Time-Based Billing.

Read the blog · link in bio

Save this post for your team