Potential Impact of the 2027 CPT Changes Replacing 92507

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Summary

Beginning January 1, 2027, CPT 92507 will be deleted and replaced by 10 individual-treatment codes organized into five clinical categories. The new structure changes both coding specificity and the way direct treatment time is reported. For Medicare Part B, CMS has proposed national payment amounts that are lower than the current 92507 amount for a single 30-minute base unit in every category, but the proposed payment becomes higher than the current 92507 in most categories when enough direct treatment time supports an additional 15-minute unit. The financial effect therefore depends on clinical service, direct treatment time, payer, locality, and practice workflow. The 2027 Medicare amounts remain proposed and are not final.

What is changing?

CPT 92507 currently describes individual treatment of speech, language, voice, communication, and/or auditory processing disorders. Effective January 1, 2027, 92507 is scheduled for deletion. The replacement structure separates individual treatment into five clinical categories, each with a base code for the initial 30 minutes of direct, one-on-one treatment and an add-on code for each additional 15 minutes.

- Fluency disorders
- Speech sound production disorders
- Language comprehension and expression disorders
- Combined speech sound production and language comprehension/expression disorders
- Voice, upper airway dysfunction, and/or resonance disorders

CPT 92508 remains an untimed stand-alone group treatment code for two or more individuals. The new individual codes cannot be reported simply as a renumbered 92507; clinicians will need to select the category that best describes the treatment provided.

Treatment becomes time-based

The 92507 code is untimed. ASHA notes that the historical Medicare valuation of 92507 was based on a typical 60-minute treatment session, even though the descriptor did not specify a time. The new codes explicitly use treatment time.

- 16–37 minutes: 1 base-code unit
- 38–52 minutes: 1 base-code unit + 1 add-on unit
- 53–67 minutes: 1 base-code unit + 2 add-on units
- 68–82 minutes: 1 base-code unit + 3 add-on units
- The add-on code cannot be reported by itself.
- Only direct treatment time associated with the described service counts toward the timed code.

- Payer-specific rules may differ from the general CPT midpoint convention.

Proposed Medicare payment

For 2026, the national Medicare Part B payment for 92507 is $76.15 at the national baseline (before geographic adjustments and other payment adjustments). CMS's proposed 2027 national nonfacility amounts use a proposed conversion factor of $32.8409. The proposed amounts below are national estimates and are not final payment rates.

Clinical category	30-min base	15-min add-on	45-min total	60-min total	30 min vs $76.15	45 min vs $76.15	60 min vs $76.15
Fluency	$52.55	$23.97	$76.52	$100.49	−$23.60 / −31.0%	+$0.37 / +0.5%	+$24.34 / +32.0%
Speech sound production	$66.01	$23.97	$89.98	$113.95	−$10.14 / −13.3%	+$13.83 / +18.2%	+$37.80 / +49.6%
Language comprehension/expression	$49.92	$22.99	$72.91	$95.90	−$26.23 / −34.4%	−$3.24 / −4.3%	+$19.75 / +25.9%
Combined speech sound + language	$71.59	$27.91	$99.50	$127.41	−$4.56 / −6.0%	+$23.35 / +30.7%	+$51.26 / +67.3%
Voice/upper airway/resonance	$54.84	$23.97	$78.81	$102.78	−$21.31 / −28.0%	+$2.66 / +3.5%	+$26.63 / +35.0%

Potential impact on SLP practices

Revenue and productivity

- Practices with predominantly 60-minute direct-treatment sessions may see higher proposed Medicare reimbursement per encounter than the current 92507 amount.
- Practices that commonly provide approximately 30 minutes of direct treatment may see lower proposed payment per encounter.
- Language-only treatment has the lowest proposed 30-minute payment ($49.92) and remains slightly below $76.15 at approximately 45 minutes ($72.91).
- Combined speech sound + language treatment has the highest proposed payment at each time point shown, reaching $127.41 at 60 minutes.
- Revenue projections should use the practice's actual distribution of treatment categories and direct-treatment times rather than assuming every visit is 60 minutes.
- Commercial and Medicaid reimbursement cannot be inferred from the Medicare amounts.

Documentation and coding

- The treatment diagnosis/service category will matter more.
- Documentation should identify the disorder or condition treated, the treatment provided, and the direct treatment time associated with each reported service.
- When both speech sound production and language are treated during the same session, the combined category is used rather than separately reporting the speech and language treatment categories.
- The same treatment time cannot be counted toward more than one timed service.
- Multiple services on the same date may be reportable when services are distinct, medically necessary, separately supported, and meet applicable payer requirements.

Potential impact on dysphagia practice

The new 92507 replacement family does not replace CPT 92526. Swallowing-related treatment remains a separate service. ASHA indicates that the new speech-language treatment codes may be reported on the same date as swallowing-related services when the services are separate and distinct and documentation supports the separate services.

- Treatment time cannot be counted twice.
- Documentation should clearly distinguish the treatment provided under each service.
- A session that includes both language/speech treatment and swallowing treatment may require separate time accounting.

Group treatment: 92508

CPT 92508 remains a stand-alone, untimed group treatment code for two or more individuals. CMS's proposed 2027 national payment is $19.71. The proposed amount is lower than the 2026 national 92508 amount of $24.05, although final 2027 payment and payer-specific policies remain subject to change.

Pediatric practice: proposed G code

CMS has also proposed a new pediatric HCPCS G code, GSLPP. ASHA states that it did not request the proposal and is evaluating it. CMS proposes valuing the G code by crosswalking it to the former 92507 valuation while requiring 60 minutes of personally performed treatment by the billing clinician.

- The G code is a proposal, not a finalized replacement for the CPT family.
- The requirement for 60 minutes of personally performed treatment could have substantial operational implications for pediatric practices.
- Pediatric practices should not assume the proposed G code will be available or paid as proposed until CMS issues the final rule.

Payer implementation is a separate issue

The January 1, 2027 CPT effective date does not guarantee identical implementation across all payers. ASHA states that Medicaid programs and commercial insurers establish their own coverage and payment policies and are not required to adopt Medicare payment rates. Practices should therefore verify implementation with Medicare, Medicare Advantage plans, Virginia Medicaid, and individual commercial payers.

- Effective date for the payer
- Coverage of each new code
- Prior authorization requirements
- Fee schedule/payment amount
- Billing-unit and time-reporting rules
- Claims-processing edits and payer-specific modifiers
- Whether 92507 will continue to be accepted during a payer-specific transition period

Bottom line for SHAV members

The financial effect is mixed, not uniformly positive or negative. The proposed Medicare structure lowers the payment for a single 30-minute base unit compared with the current $76.15 92507 amount, but longer direct-treatment sessions can generate more than the current 92507 payment. The effect varies substantially by clinical category. The change also shifts administrative importance toward accurate direct-treatment time, clinical categorization, documentation, payer-specific rules, and EHR/billing implementation.

For SHAV advocacy and member education, the key message is: do not characterize the change as simply a reimbursement increase or decrease. The potential financial impact depends on what SLPs treat, how long they provide direct treatment, how practices schedule and document care, and how each payer implements the new code family.

Sources

ASHA — New Speech-Language Pathology Treatment Codes Replacing 92507
https://www.asha.org/practice/reimbursement/coding/new-speech-language-pathology-treatment-codes-replacing-92507/

ASHA — CMS Proposes Medicare Payment for New Speech-Language Pathology Treatment Codes (updated September 16, 2026) https://www.asha.org/news/2026/cms-proposes-medicare-payment-for-new-speech-language-pathology-treatment-codes/

ASHA — 2027 Medicare Part B Proposed Rule: Coding, Payment, and Policy Analysis https://www.asha.org/news/2026/2027-medicare-part-b-proposed-rule-coding-payment-and-policy-analysis/

ASHA — 2026 Medicare Fee Schedule for Speech-Language Pathologists https://www.asha.org/siteassets/reimbursement/2026-medicare-fee-schedule-for-speech-language-pathologists.pdf

CMS — CY 2027 Medicare Physician Fee Schedule Proposed Rule (CMS-1848-P) https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1848-p

Important: Proposed Medicare payment amounts are not final. National amounts also vary by locality and other Medicare payment adjustments. This document is intended for professional education and planning and is not legal or billing advice.