SLP out LOUD
BILLING. POLICY. ADVOCACY.
by Bite-Sized Beginnings

2027 SLP treatment codes Medicare payment fact sheet

Released November 4, 2026 | Effective January 1, 2027

Use these as national Medicare benchmarks. These are calculated nonfacility amounts for non-qualifying APM participants, before geographic and other payment adjustments. They are not Illinois locality allowances or BCBSIL contracted rates.

New timed CPT code family

Treatment focus	Base code / amount	Add-on code / amount
Fluency	92654 | $52.21	92655 | $23.82
Speech sounds	92656 | $65.26	92657 | $23.82
Language	92658 | $49.60	92659 | $22.84
Speech + language	92660 | $70.80	92661 | $27.73
Voice / airway / resonance	92662 | $54.82	92663 | $23.82

Base: first 30 minutes. Add-on: each additional 15 minutes, subject to applicable coding and payer rules. Treatment labels above are abbreviated.

G0903: pediatric amount needs clarification

$66.24 is the national calculation from published Addendum B: 1.30 work + 0.72 practice expense + 0.01 malpractice = 2.03 total RVUs.

The conflict: the final-rule narrative says CMS is maintaining a practice-expense RVU of **0.97**. Substituting that value produces **$74.39**, holding other inputs constant. This is an illustrative alternative calculation, not a confirmed allowance.

Do not present either figure as an undisputed pediatric payment amount until CMS reconciles the discrepancy.

What practices should do now

Ask each payer for written confirmation of accepted codes, effective dates, contracted rates, time/unit rules, visit limits and authorization requirements. Medicare publication alone does not establish another payer's coverage or payment.

Calculation & original sources

National nonfacility total RVUs × **$32.6286** non-QP conversion factor, rounded to cents. Figures exclude geographic adjustments, MPPR, sequestration and other applicable adjustments.

1. CMS final addenda (ZIP): Addendum B, RVUs
2. CMS final rule: pediatric valuation, pp. 233-234; conversion factor, Table D-B2