



Provider Alert

Billing for Speech Therapy Claims

Effective June 1, 2018, all speech therapy claim submissions for Medicaid members in our STAR, STAR Kids, STAR+PLUS and Children's Health Insurance Program (CHIP) benefit plans will need to include the correct billing structure and limitations.

We're making this change to align with the Texas Health and Human Services Commission (HHSC). On Sept. 1, 2017, the HHSC changed the definition of a speech therapy encounter and the billing structure for individual speech therapy procedure codes as follows:

Individual speech therapy treatment is limited to one encounter per day, per care provider and only one of the following codes will pay per day:

Individual Speech Therapy Treatment Procedure Codes

92507	92526
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Group speech therapy treatment is limited to one encounter per day for all care providers and the following code applies:

Group Speech Therapy Treatment Procedure Code

92508

As of June 1, 2018, **we'll deny any claims submitted without the correct limit of one encounter per care provider, per day.**

If you need to submit a corrected claim:

- **Online:** Use claimsLink to request a claim reconsideration and choose "Corrected Claim" as the reason for reconsideration. Learn more at UHCprovider.com/claimsLink.
- **On paper:** Write "Corrected Claim" across the top of the form so that it isn't rejected as a duplicate claim.

For more information about Texas Medicaid billing, go to TMHP.com > Providers > Medicaid Provider Manual > Texas Medicaid Provider Procedures Manual > PDF Individual Chapters > [Chapter 6: Claims Filing](#).

We're Here to Help

If you have questions about claim reconsiderations, please call us at 888-887-9003, from 8 a.m. – 6 p.m. Central Time, Monday through Friday. Thank you.