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The KSHA Communicator

A publication of the
Kentucky Speech-Language-Hearing Association

KENTUCKY
Speech-Language-Hearing
Association

Setting the **P·A·C·E** *for our Profession*

Future Ready: Join Us for the 2027 KSHA Convention!

KSHA Membership – More Than Reduced Convention Registration

Beyond 92507: Preparing Kentucky SLPs for the 2027 Treatment Codes

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KENTUCKY Speech-Language-Hearing Association
Setting the P·A·C·E for our Profession

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President's Message

Advocacy, Development and Engagement

Heather Gaddis, MS, CCC-SLP, CDP
KSHA President



It is truly an honor and privilege to be the president of the Kentucky Speech-Language-Hearing Association. I am incredibly excited for the opportunity to serve our members and to work alongside such a dedicated Executive Council, our members and professionals across the Commonwealth.

For those who may not know me, I have been practicing as a speech-language pathologist for more than 20 years. Throughout my career, I have had the opportunity to work in a variety of settings, including acute care, acute rehabilitation, outpatient services, skilled nursing facilities, long-term care, independent living and assisted living. My professional passion and specialty are in the areas of memory and cognition. These experiences have strengthened my appreciation for the incredible diversity within our profession and the important work being done every day by speech-language pathologists and audiologists throughout Kentucky.

I am already so proud of what KSHA has accomplished and the momentum we have built together. Our association has continued to advocate for our professions, support our members, provide educational opportunities and ensure that the voices of Kentucky speech-language pathologists and audiologists are heard. From legislative advocacy and ongoing work in Frankfort to addressing issues that directly impact our ability to serve our patients and clients, KSHA remains committed to protecting and advancing our professions.

But we are just getting started!

I am incredibly excited about what is still to come. My hope is that KSHA will continue to grow as a strong, connected and responsive organization—one that supports professionals at every stage of their careers. Whether you are a student preparing to enter the field, a new graduate navigating your first professional position, an experienced clinician, an educator or preparing for the next chapter of your career, KSHA should be a place where you feel represented, supported and valued.

In the months ahead, we will continue to focus on advocacy, professional development, member engagement and creating opportunities for connection across all areas of our professions. We are excited to expand educational opportunities throughout the year, support our students and early-career professionals and continue important conversations surrounding the issues affecting speech-language pathology and audiology in Kentucky.

Most importantly, I want our members to know that KSHA is working for you. Your membership makes advocacy possible. It allows us to have a presence in Frankfort, to work with our lobbyist and professional partners, to support students, provide continuing education opportunities, plan meaningful Conventions and events, and represent Kentucky at the national level. Your voice, your involvement and your membership truly matter.

I look forward to sharing regular updates with you throughout my presidency so that you can see what your association is doing on your behalf. There is exciting work already underway, and I cannot wait to see what we can accomplish together.

Thank you for your trust, your membership and your commitment to the professions we love. I am honored to serve as your president and am excited for the year ahead.

Together, I believe we can continue to strengthen KSHA, advocate for our professions and build an even brighter future for speech-language pathology and audiology in Kentucky.

Future Ready: Join Us for the 2027 KSHA Convention!

February 17–19, 2027 | Lexington, Kentucky

Alison Cain and Stefanie Moynahan
KSHA Convention 2027 Co-Chairs




What does it mean to be future ready in a profession that continues to evolve? Join us at the 2027 Kentucky Speech-Language-Hearing Association Convention as we explore ***Future Ready: Where Human Connection Meets Innovation***.

This year's Convention brings together professionals and students from across Kentucky for three days of learning, collaboration and connection. With educational sessions spanning school-based practice, early intervention, adult neurogenic disorders, dysphagia, audiology and professional issues, there will be something for everyone.

We are especially excited to welcome keynote speaker Alan Vu, who will present ***Future Ready: Staying Human in an Age of AI and Innovation***. His presentation will explore a timely question: How do we embrace emerging technologies while preserving the human connection that makes our professions so meaningful?

Attendees can also look forward to hands-on learning opportunities, discussions of professional ethics, poster presentations, exhibitor booths and additional pre-recorded educational offerings.

We're looking forward to reconnecting with colleagues, welcoming new faces, celebrating accomplishments and enjoying KSHA traditions like the Silent Auction and the Golden Brain Competition.

Whether you're a seasoned professional, a new clinician or a student preparing to enter the field, we hope you'll leave inspired, connected and equipped with new ideas to carry into your practice.

We can't wait to welcome you to Lexington as we prepare for the future—together!

New Committee

Leigh Anne Roden, EdD, CCC-SLP

KSHA is excited to announce that our Scholarship and Grants Committee has a new name and an expanded focus: the **Early Career Committee!**

Supporting the next generation of speech-language pathologists and audiologists means supporting our students while also continuing that support as they transition into their careers. The first few years after graduation bring new opportunities, new challenges, and plenty of questions, and we want KSHA to be a resource and a professional home throughout that transition.

The Early Career Committee will continue to support students while expanding its focus to include early career speech-language pathologists and audiologists. We hope to develop new opportunities for connection, engagement and professional growth both at the KSHA Convention and throughout the year.

Interested in getting involved? We are looking for speech-language pathologists and audiologists who are excited about developing creative ideas, activities and opportunities specifically for students and early career professionals. Whether you are early in your own career or simply passionate about supporting those who are, we would love to have you involved.

To learn more or join the Early Career Committee, email leighanne.roden@gmail.com.

KSHA Membership – More Than Reduced Convention Registration

Heather Gaddis, MS, CCC-SLP, CDP, KSHA President



When we think about KSHA membership, one of the first benefits that may come to mind is reduced registration for our Annual Convention. And while that is certainly a wonderful benefit, KSHA membership is so much more than a discount.

KSHA is a community of speech-language pathologists, audiologists, students, educators and professionals who are committed to supporting one another and strengthening our professions across Kentucky.

As your state association, KSHA works on behalf of our members throughout the year. From advocacy in Frankfort and monitoring legislation that impacts our professions and the patients and clients we serve, to providing continuing education opportunities, supporting students and new graduates and creating opportunities for professional connection, KSHA is working to ensure that our voices are heard.

Membership Means Having a Collective Voice

Individually, we may feel that our voices are small. Together, however, we represent professionals from across the Commonwealth who care deeply about communication, swallowing, hearing, cognition and the individuals and families we serve. When important issues arise—whether related to licensure, reimbursement, Medicaid, professional practice or patient access to services—our association provides a way for us to come together and advocate for what matters.

Membership Also Means Connection

Think about the colleagues who have supported you throughout your career. Perhaps they are the person you call with a difficult clinical question, the colleague who encouraged you when you were a new professional, a former classmate or someone you met at a KSHA Convention. Our professional relationships matter, and KSHA provides opportunities to continue building those connections.

A Challenge to Our Members

As we move forward together, I would like to challenge each of our current KSHA members to think of one non-member colleague or friend.

Maybe it is someone you work beside every day. Maybe it is a former classmate. Maybe it is a new graduate who is just beginning their career. Maybe it is someone who has attended Convention but has not yet become a member of our state association.

Reach Out to Them

Ask them if they know what KSHA is doing on behalf of Kentucky speech-language pathologists and audiologists. Share why you are a member. Tell them about the professional connections you have made, the continuing education opportunities available and the importance of having a strong state association advocating for our professions.

Most importantly, remind them that KSHA membership is an investment in our future.

The stronger our membership, the stronger our voice becomes. A larger and more engaged membership allows us to better advocate for our professions, support students and new professionals, provide meaningful educational opportunities and continue building a professional community across Kentucky.

So yes—KSHA membership comes with benefits like reduced Convention registration and access to educational opportunities. But membership is about something bigger. My challenge to you is simple: Invite one colleague or friend to become part of KSHA. Share your story. Share why membership matters to you. And help us continue growing a strong, engaged community of professionals who are ready to support one another and advocate for the future of speech-language pathology and audiology in Kentucky.

KSHA membership is—and always should be—more than reduced Convention registration. It is your voice. Your community. Your profession. And your future.



Dr. Kellie Ellis Wins ASHA-PAC Excellence in Advocacy Honor

Leigh Anne Roden, EdD, CCC-SLP



Congratulations to KSHA's Governmental Relations and Political Action Committee Chair, Dr. Kellie C. Ellis, CCC-SLP, who was recently awarded the 2026 ASHA-PAC Excellence in Advocacy Honor for State Advocacy!

The Excellence in Advocacy Honor recognizes ASHA members who have made significant contributions through political, professional and grassroots advocacy to advance ASHA's public policy priorities. ASHA stated in their award letter, "Your [Kellie's] extraordinary advocacy in Kentucky, particularly your legislative work to strengthen the speech-language pathology and audiology workforce, expand access to services and develop future advocates, stood out to the Board".

Dr. Ellis was nominated by Dr. Leigh Anne Roden and in her nomination, Dr. Roden said, "Dr. Kellie C. Ellis, CCC-SLP, embodies what it means to make advocacy an integral part of one's professional identity. Throughout her career, she has consistently advanced the professions of speech-language pathology and audiology through leadership and advocacy at the local, state and national levels, demonstrating an unwavering commitment to improving policy, expanding access to services, strengthening the workforce and developing future advocates.

Dr. Roden expanded on this by stating, "Dr. Ellis's advocacy has produced meaningful and lasting outcomes that have strengthened the professions of speech-language pathology and audiology while improving access to services for individuals across Kentucky.

Most recently, Dr. Ellis played a central leadership role during the 2026 Kentucky legislative session in advocating for amendments to the Kentucky Healthcare Workforce Development Fund. Through testimony before both House and Senate committees and coordinated advocacy with legislators and professional partners, she successfully helped secure the inclusion of speech-language pathologists and audiologists as eligible healthcare providers under the workforce initiative. This legislative achievement formally recognizes the essential role these professions play in Kentucky's healthcare workforce and creates new opportunities to strengthen recruitment, education and workforce development for future practitioners.

Her leadership has also transformed advocacy engagement within Kentucky. Through the annual Tri-Alliance Legislative Day, Dr. Ellis has institutionalized a sustainable model for grassroots advocacy that introduces students and practicing clinicians to the legislative process and equips them with the skills to effectively advocate for their professions. As a result, hundreds of future and current speech-language pathologists, audiologists, occupational therapists and physical therapists have developed confidence in communicating with policymakers and participating in public policy initiatives."



Beyond 92507: Preparing Kentucky SLPs for the 2027 Treatment Codes

Renee Kinder, MS, CCC-SLP
KSHA STAMP



For years, speech-language pathologists (SLPs) have used 92507 to describe treatment that can look very different from one patient to the next. A child working to be understood in the classroom, an adult rebuilding language after a stroke and a patient learning to manage a voice disorder may all receive services reported under the same code. Our clinical work has always required more specificity than that single number could communicate.

Beginning January 1, 2027, CPT® code 92507 will be replaced by 10 codes organized into five treatment categories. As KSHA's STAMP, I encourage members to begin preparing now, with attention to both accurate reporting and continued access to care. Code 92507 remains in effect through December 31, 2026; the new codes should not be used before their effective date.

Why the Change Matters

The review of 92507 followed its identification through the AMA Relative Value Scale Update Committee's high-volume growth screening process. The resulting code family better distinguishes the clinical services SLPs provide and introduces reporting based on direct treatment time.

That distinction matters for our profession. Treatment of dysarthria involves different clinical decisions from treatment of aphasia, even when both occur after a stroke. More specific reporting gives us an opportunity to make those differences visible while keeping functional communication at the center of care.

Five Clinical Categories, 10 Codes

Each category includes a base code describing the initial 30 minutes of direct, one-on-one treatment and a corresponding add-on code describing each additional 15 minutes.

Treatment category	Base code	Add-on code
Fluency	92654	92655
Speech sound production	92656	92657
Language comprehension and expression	92658	92659
Combined speech sound production and language comprehension and expression	92660	92661
Voice, upper airway dysfunction and/or resonance	92662	92663

Speech sound production includes treatment of articulation and phonological disorders, apraxia and dysarthria. The combined category applies when treatment addresses both speech sound production and language disorders during the session. In that situation, clinicians use the combined code pair rather than reporting the separate speech and language pairs together.

Group treatment code 92508 remains available for two or more individuals. It becomes a stand-alone code and remains untimed.

Understanding Treatment Time

The new individual treatment codes follow a base-and-add-on structure. Under the CPT® midpoint convention, the general reporting thresholds are:

Direct treatment time for the service	Reporting
Fewer than 16 minutes	Service is not reported separately
16–37 minutes	One base code
38–52 minutes	One base code plus one corresponding add-on unit
53–67 minutes	One base code plus two corresponding add-on units
68–82 minutes	One base code plus three corresponding add-on units

For example, 40 minutes of direct language treatment would generally support 92658 and one unit of 92659. An add-on code must accompany its designated base code. Time attributed to another reported service cannot also count toward these treatment codes. Clinicians must verify applicable payer requirements.

The time structure should prompt careful measurement of the care we provide. Session length should continue to reflect clinical need, patient tolerance and functional goals. A reporting threshold alone does not establish medical necessity for extending treatment.

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Therapy Corner

Autism Spectrum Disorder and Hearing Loss: A Mini-Tutorial for Speech-Language Pathologists and Audiologists

Jenny M. Burton, PhD, CCC-SLP, Kaitlyn Rippy, AuD, CCC-A, and Zoe Graham, Western Kentucky University

Autism spectrum disorder (ASD) is characterized by deficits in social communication and the presence of repetitive behaviors and/or interests (American Psychiatric Association [APA], 2022). Hallmark challenges include difficulties with social communication, including use of nonverbal communication skills, maintaining social reciprocity during interactions with others and developing age appropriate social relationships. For children with co-occurring hearing loss, identifying ASD can be more complex, often resulting in delayed diagnosis. Children with hearing loss are diagnosed with ASD an average of three years later than their peers without hearing loss, which can impact access to specialized intervention services (McFayden et al., 2023).

ASD Quick Facts

- About one in 31 children have ASD. It is diagnosed three to four times more often in boys than in girls, although this ratio may underestimate the number of girls affected.
- The average age of diagnosis of ASD in the US is four years.
- ASD exists on a spectrum, meaning individuals can have widely varying strengths and support needs.
- Communication abilities in individuals with ASD can range from very verbal to nonspeaking (APA, 2022; Shaw et al., 2025; Vogindroukas et al., 2022).

ASD and Hearing Loss

- An estimated one to three per 1,000 children are born with permanent hearing loss.
- Studies suggest that children with ASD may have a higher prevalence of hearing differences compared to typically developing peers.
- Co-occurring ASD and hearing loss is relatively rare but likely underidentified due to diagnostic challenges (Centers for Disease Control, 2024; Talge et al., 2026).

Who Can Screen for ASD?

- When clinicians are trained, screening for ASD is well within the scope of practice for both speech-language pathologists and audiologists.
- Audiologists play a critical role in identifying red flags associated with ASD and distinct behaviors associated with reduced hearing (Bonino & Mood, 2021; Kealey, 2014).

Current Hearing Screening Recommendations for All Children

- American Academy of Audiology (2011) recommends hearing screenings in preschool, kindergarten (K) and grades 1, 3, 5 and either 7 or 9.
- ASHA recommends routine screenings upon initial entry or transfer into school and every year in grades K-3, grade 7 and grade 11 (ASHA, n.d.).
- In Kentucky, school districts develop policies for implementing hearing screenings.

Challenges of Audiological Testing for Children With ASD

- Sensory sensitivities can make children uncomfortable with headphones/inserts, otoacoustic emission probes and/or testing stimuli.
- Anxiety or distress from unfamiliar environments can affect testing cooperation.
- Difficulties with joint attention may limit participation in behavioral hearing tests.
- Communication challenges may make instructions more difficult to understand or follow.
- Repetitive behaviors or movement may interfere with accurate measurement of responses (APA, 2022; McTee et al., 2019).

Hearing Testing Recommendations for ASD

- Build rapport with the child before beginning formal audiological measures to reduce anxiety.
- Use behavior-friendly testing approaches that account for sensory sensitivities and communication differences common in ASD.
- Audiologists should rely on cross-checking principles to account for potential differences in auditory functioning and/or structural differences. Physiological tests may yield different results for children with ASD than for neurotypical children (e.g., longer auditory brainstem response latencies and reduced otoacoustic emission responses).
- A sedated auditory brainstem response may be necessary to ensure accurate responses. (Brueggemann, 2012; Cardon et al., 2023; McTee et al., 2019)

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KSHA Member Spotlight

Giving Back

Michelle Raney, KSHA STAR Representative



My journey as a speech-language pathologist began in 2010 after earning my undergraduate degree from the University of Kentucky in 2008 and my master's degree from East Tennessee State University in 2010.

After graduating, I moved back to Lexington, Kentucky, and began working at the Child Development Center of the Bluegrass. During those first several years, I had the opportunity to work with incredible children and families, many of whom were traveling from my hometown of Berea and surrounding communities to receive therapy services. I saw firsthand how difficult it was for families to make that drive multiple times a week just to get their children the care they needed.

My cousin, Jennifer, an occupational therapist, and I are both originally from Berea. We began dreaming about what it might look like to bring quality pediatric therapy services closer to home. So, we took a leap of faith and opened a small private practice, simply hoping to make therapy more accessible for families in our community.

What started as a small leap of faith has grown beyond anything we imagined. Over the past 13 years, Hogg Therapy Pediatrics has expanded to serve families across Central Kentucky, with locations in Berea, Richmond and Lexington.

Throughout this journey, one thing has remained constant: our desire to serve all children and families who need us. From the beginning, we have been committed to providing quality care to all children, including those with Medicaid. Serving children who receive Medicaid has always been an important part of our mission, and I believe every child deserves access to necessary therapy, regardless of their payer.

That commitment hasn't always been easy. Medicaid reimbursement rates are often significantly lower than those of commercial insurance, and the administrative demands, authorization requirements and ongoing changes can make providing care increasingly challenging. Over the years, we've watched reimbursement rates remain stagnant or decrease while the cost of providing quality services continues to rise.

As both a clinician and practice owner, I've experienced firsthand how these challenges affect therapists, businesses and, most importantly, the children and families we serve. I've learned that even the most dedicated providers cannot continue serving children if reimbursement rates and policies make their practices financially unsustainable. Advocating for fair reimbursement and sustainable therapy practices isn't just about supporting businesses or protecting our profession. It's ultimately about protecting access to care for the children and families who depend on us.

That realization is what ultimately led me to become more involved in advocacy.

When the opportunity arose this year to serve as the KSHA STAR representative, as well as on Kentucky's Medicaid Therapy Technical Advisory Committee, I was honored and excited to say yes. I saw it as an opportunity to take the experiences and challenges we've faced over the years and use them to advocate on a broader level for our profession and the families we serve.

And I certainly hit the ground running! Between Medicaid reimbursement cuts, ongoing policy changes and the upcoming changes to CPT code 92507, there has been no shortage of issues to navigate and advocate for.

Although I'm still relatively new to these roles, I'm grateful for the opportunity to learn, collaborate with other professionals and help bring the voices of practicing clinicians to the table. I certainly don't have all the answers, but I believe there is so much value in listening to one another, sharing our experiences and working together toward solutions.

When I look back over the past 16 years, I never would have imagined that opening a small therapy practice in my hometown would eventually lead me here. But the heart behind it all has remained the same: helping children and families access the quality care they deserve.

My hope as the KSHA STAR representative is to help bridge the gap between the decisions being made at the state level and the clinicians providing care every day. I want Kentucky speech-language pathologists to feel informed, supported and empowered to advocate for themselves and the families they serve. I believe our voices matter, and when we work together, we can help create meaningful change.

I'm grateful for the opportunity to serve our profession in this way and excited to continue learning, collaborating and advocating alongside others who share this same passion.

Therapy Corner *(continued from page 7)*

References

American Academy of Audiology. (2011). *Childhood hearing screening: Clinical practice guidelines*. https://www.audiology.org/wp-content/uploads/2021/05/ChildhoodScreeningGuidelines.pdf_5399751c9ec216.42663963.pdf

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9780890425787

American Speech-Language-Hearing Association. (n.d.). *Childhood hearing screening*. Practice Portal. https://www.asha.org/practice-portal/professional-issues/childhood-hearing-screening/

Bonino, A. Y., & Mood, D. (2021, April 4). Pediatric audiologists: Partners in early diagnosis of autism. *The ASHA Leader*. https://leader.pubs.asha.org/do/10.1044/leader.AEA.26042021.16/full/

Brueggeman, P. M. (2012). 10 tips for testing hearing in children with autism. *ASHA Leader, 17*(1), 5–7. https://doi.org/10.1044/leader.FTR3.17012012.5

Cardon, G., Cate, M., Cordingley, S., & Bown, B. (2023). Auditory brainstem response in autistic children: Implications for sensory processing. *Hearing, Balance and Communication, 21*(3), 224–232. https://doi.org/10.1080/21695717.2023.2181558

Centers for Disease Control and Prevention. (2024, May 15). *Research and tracking*. U.S. Department of Health and Human Services. https://www.cdc.gov/hearing-loss-children/research/index.html

Kealey, C. (2014). Autism spectrum disorder: Importance of audiology. *Canadian Medical Association Journal, 186*(5), 372–372. https://doi.org/10.1503/cmaj.114-0020

McFayden, T. C., Culbertson, S., DeRamus, M., Kramer, C., Roush, J., & Mankowski, J. (2023). Assessing autism in deaf/hard-of-hearing youths: Interdisciplinary teams, COVID considerations, and future directions. *Perspectives on Psychological Science: A Journal of the Association for Psychological Science, 18*(6), 1492–1507. https://doi.org/10.1177/17456916231178711

McTee, H. M., Mood, D., Fredrickson, T., Thrasher, A., & Bonino, A. Y. (2019). Using visual supports to facilitate audiological testing for children with autism spectrum disorder. *American Journal of Audiology, 28*(4), 823–833. https://doi.org/10.1044/2019_AJA-19-0047

Shaw, K. A., Williams, S., Patrick, M. E., Valencia-Prado, M., Durkin, M. S., Howerton, E. M., Ladd-Acosta, C. M., Pas, E. T., Bakian, A. V., Bartholomew, P., Nieves-Muñoz, N., Sidwell, K., Alford, A., Bilder, D. A., DiRienzo, M., Fitzgerald, R. T., Furnier, S. M., Hudson, A. E., Pokoski, O. M., Shea, L., … Maenner, M. J. (2025). Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years - Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. *Morbidity and mortality weekly report. Surveillance summaries (Washington, D.C.: 2002), 74*(2), 1–22. https://doi.org/10.15585/mmwr.ss7402a1

Talge, N. M., Keim, S. A., Yisahak, S. F., Findlen, U. M., Bechtold, L. K., & Ingersoll, B. (2026). Deafness and hearing problems and their association with autism spectrum disorder diagnosis and symptoms. *Journal of Developmental and Behavioral Pediatrics, 47*(1), e26–e32. https://doi.org/10.1097/DBP.0000000000001424

Vogindroukas, I., Stankova, M., Chelas, E. N., & Proedrou, A. (2022). Language and speech characteristics in autism. *Neuropsychiatric disease and treatment, 18*, 2367–2377. https://doi.org/10.2147/NDT.S331987

Beyond 92507 *(continued from page 6)*

Kentucky's preparation starts now

Practices should bring clinicians and billing staff together to review code selection, update documentation templates and test their electronic systems before January. Documentation should connect the treatment category to the skilled intervention, identify direct treatment time and explain progress toward the patient's goals.

For Kentucky providers, payer readiness deserves particular attention. Seeking guidance from Kentucky Medicaid and its managed care plans, Medicare Advantage plans and commercial insurers regarding when they will adopt the codes and how existing authorizations will transition. Confirm payment policies and any changes to visit or unit limits. Payer implementation may vary, and approval of a CPT® code does not guarantee coverage or a particular payment rate. ASHA reports that Medicare values remain proposed pending the CY 2027 Physician Fee Schedule final rule.

ASHA offers a coding readiness checklist, a payer outreach template and a code-use tracker. These resources can help practices organize preparation and document payer responses.

Keeping function visible

A more precise code can describe the service, but our documentation must still explain why that service matters. For one patient, success means ordering a meal independently. For another, it means participating in class or communicating a healthcare decision.

As Kentucky SLPs prepare for this transition, our advocacy should connect accurate coding with the everyday outcomes our services make possible. Members who encounter conflicting payer instructions or implementation barriers are encouraged to bring those concerns to KSHA so they can inform coordinated advocacy. The strongest transition will be one that makes our skilled care easier to understand while preserving access for the people who depend on it.

Resource: ASHA: New Speech-Language Pathology Treatment Codes Replacing 92507

Prepared October 5, 2026. Providers should consult current CPT® instructions and payer policies as implementation guidance develops.

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