

DATE \_\_\_\_\_

### PATIENT INFORMATION

Patient's First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Female  Male  
Parent/Guardian Name \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone ( ) \_\_\_\_\_  
Alternate Phone ( ) \_\_\_\_\_  
Interpreter needed?  No  Yes: Language \_\_\_\_\_

### INSURANCE INFORMATION

Subscriber Name \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health Plan \_\_\_\_\_  
Authorization # \_\_\_\_\_  
Group # \_\_\_\_\_  
Member ID \_\_\_\_\_  
Secondary Insurance, if any \_\_\_\_\_

Activity or other medical precautions or considerations?  No  Yes (Describe/define) \_\_\_\_\_

- Speech & Language Therapy Evaluation & Treatment
- Feeding/Dysphagia Evaluation
- Videoswallow study
- Other \_\_\_\_\_

Anticipated frequency/duration \_\_\_\_\_  
Special instructions \_\_\_\_\_

Physician Signature \_\_\_\_\_  
Name of Physician (print) \_\_\_\_\_  
License # \_\_\_\_\_

### REFERRING MD CONTACT INFORMATION

Referring MD \_\_\_\_\_  
Best way to reach me is by  Phone  Fax  Pager  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_  
Office Name \_\_\_\_\_  
Office Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Pager ( ) \_\_\_\_\_

### DIAGNOSIS

Diagnosis ICD-10 code \_\_\_\_\_  
Reason for visit:  
 Speech/Language Impairment due to recent cognitive/neurological insult  
 Speech/Language delay  
 Augmentative communication evaluation  
 Feeding/failure to thrive  
 Other \_\_\_\_\_

Brief Medical History \_\_\_\_\_

## COMMONLY USED CPT AND HCPCS CODES FOR SPEECH THERAPY SERVICES:

<b>CPT (Used for PPOs, HMOs, self-pay)</b>		
	<b>Code</b>	<b>Description</b>
<b>Speech Language Evaluation</b>	92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
<b>Dysphagia Evaluation</b>	92610	Evaluation of oral and pharyngeal swallowing function
<b>Fluoroscopic Evaluation of Swallowing</b>	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording.
<b>Speech Therapy Treatments</b>	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual
	97532	Cognitive skills: Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one, each 15 minutes
	92526	Dysphagia treatment: Treatment of swallowing dysfunction and/or oral function for feeding

<b>HCPCS (Used for Medi-Cal, CCS, many government funded HMOs, etc)</b>		
	<b>Code</b>	<b>Description</b>
<b>Speech Therapy Evaluation (need to request both codes)</b>	X4300, and	Language Evaluation
	X4301	Speech Evaluation
<b>Speech Therapy Treatments</b>	X4303	Speech-language therapy, individual, per hour (following procedures x4300 or x4301)
	X4304	Speech-language therapy, individual, ½ hour