

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 _____

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 _____

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 # _____

COMMONLY USED CPT AND HCPCS CODES FOR SPEECH THERAPY SERVICES:

CPT (Used for PPOs, HMOs, self-pay)		
	Code	Description
Speech Language Evaluation	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)
Dysphagia Evaluation	92610	Evaluation of oral and pharyngeal swallowing function
Fluoroscopic Evaluation of Swallowing	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording.
Speech Therapy Treatments	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

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