

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:

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