

SPEECH THERAPY PATIENT REFERRAL & PRESCRIPTION FORM

Monique R. May, M.S., CCC-SLP 6889 W. Colonial Drive Orlando, FL 32818 | ConfidentCommunicationCenter.com | 407-900-4805

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 |

| | 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 |