SUPERBILL TEMPLATE for SPEECH-LANGUAGE PATHOLOGISTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PATIENT: | | | | ACCOUNT #: | |
| DOB: | | | | POLICY HOLDER: | |
| ADDRESS: | | | | INSURANCE PLAN: | |
| POLICY #: | |
| REFERRING PHYSICIAN: | | | | DATE INITIAL SYMPTOM: | |
| DATE OF SERVICE: | | | | DATE FIRST CONSULTATION: | |
| PLACE OF SERVICE: | HOME | OFFICE | OTHER: | |  |

**DIAGNOSIS:**

|  |  |
| --- | --- |
| PRIMARY (Speech-Language Pathology): | ICD-10 CODE: |
| SECONDARY (Medical): | ICD-10 CODE: |
| ADDITIONAL: | ICD-10 CODE: |
| ADDITIONAL: | ICD-10 CODE: |

**SERVICES:**

| 🞎 | **DESCRIPTION** | | **CODE** | **CHARGE** | |
| --- | --- | --- | --- | --- | --- |
| **Swallowing Function** | | | | | |
|  | Treatment of swallowing dysfunction and/or oral function for feeding | | 92526 |  | |
|  | Evaluation of oral and pharyngeal swallowing function | | 92610 |  | |
|  | Motion fluoroscopic evaluation of swallowing function by cine or video recording | | 92611 |  | |
|  | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording | | 92612 |  | |
|  | interpretation and report only | | 92613 |  | |
|  | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording | | 92614 |  | |
|  | interpretation and report only | | 92615 |  | |
|  | Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing | | 92616 |  | |
|  | interpretation and report only | | 92617 |  | |
| **Speech, Language, Voice, and Cognition** | | | | | |
|  | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | | 92507 |  | |
|  | group, two or more individuals | | 92508 |  | |
|  | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes | | 97129 |  | |
|  | each additional 15 minutes | | 97130 |  | |
|  | Nasopharyngoscopy with endoscope | | 92511 |  | |
|  | Laryngeal function studies | | 92520 |  | |
|  | Evaluation of speech fluency (eg, stuttering, cluttering) | | 92521 |  | |
|  | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); | | 92522 |  | |
|  | with evaluation of language comprehension and expression (eg, receptive and expressive language) | | 92523 |  | |
|  | Behavioral and qualitative analysis of voice and resonance | | 92524 |  | |
|  | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour | | 92626 |  | |
|  | each additional 15 minutes | | 92627 |  | |
|  | Auditory rehabilitation; pre-lingual hearing loss | | 92630 |  | |
|  | post-lingual hearing loss | | 92633 |  | |
|  | Assessment of aphasia with interpretation and report, per hour | | 96105 |  | |
|  | Developmental screening, with interpretation and report, per standardized instrument form | | 96110 |  | |
|  | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour | | 96112 |  | |
|  | each additional 30 minutes | | 96113 |  | |
|  | Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report | | 96125 |  | |
|  | Laryngoscopy; flexible; diagnostic | | 31575 |  | |
|  | Laryngoscopy; flexible or rigid telescopic, with stroboscopy | | 31579 |  | |
| **Augmentative and Alternative Communication** | | | | | |
|  | Evaluation for use/fitting of voice prosthetic device to supplement oral speech | | 92597 |  | |
|  | Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient; first hour | | 92605 |  | |
|  | each additional 30 minutes | | 92618 |  | |
|  | Therapeutic service(s) for the use of non-speech generating augmentative and alternative communication device, including programming and modification | | 92606 |  | |
|  | Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; first hour | | 92607 |  | |
|  | each additional 30 minutes | | 92608 |  | |
|  | Therapeutic services for the use of speech-generating device, including programming and modification | | 92609 |  | |
|  | Repair/modification of AAC system or device (excluding adaptive hearing aid) | | V5336 |  | |
| **Virtual Services** | | | | | |
|  | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion | | 98966 | |  |
|  | 11-20 minutes of medical discussion | | 98967 | |  |
|  | 21-30 minutes of medical discussion | | 98968 | |  |
|  | Qualified nonphysician health care professional online digital assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | | 98970 | |  |
|  | 11-20 minutes | | 98971 | |  |
|  | 21 or more minutes | | 98972 | |  |
|  | Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment | | 98975 | |  |
|  | Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes | | 98980 | |  |
|  | each additional 20 minutes | | 98981 | |  |
|  | Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment | | G2250 | |  |
|  | Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion | | G2251 | |  |
| **Other Procedures** | | | | | |
|  | Unlisted otorhinolaryngological service or procedure | | 92700 |  | |
|  | Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional | | 99366 |  | |
|  | patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional | | 99368 |  | |
|  | | | |  | |
|  | | **Total Charges: $** | |  | |

**BILLING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| PREVIOUS BALANCE: | | $ | |
| TODAY’S CHARGES: | | $ | |
| **TOTAL DUE:** | | **$** | |
| PAID TODAY: | | $ | |
| PAID BY: | CASH | CREDIT  VISA  MC  OTHER | CHECK |
| **BALANCE:** | | **$** | |

**AUTHORIZATIONS**

|  |  |
| --- | --- |
| I hereby authorize direct payment of benefits to [Practice Name]. | |
| SIGNATURE: |  |
| DATE: |  |

|  |  |
| --- | --- |
| I hereby authorize [SLP’s Full Name, Degree, CCC-SLP] to release any information acquired in the course of treatment. | |
| SIGNATURE: |  |
| DATE: |  |

**SLP’s Full Name, Degree, CCC-SLP**

Practice Name | Street Address | City, State Zip

[your-email@here.com](mailto:your-email@here.com) EMAIL | (999) 999-9999 PHONE | (888) 888-8888 FAX

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