

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: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER: _____	

DIAGNOSIS:

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

SERVICES:

DESCRIPTION	CODE	CHARGE	DESCRIPTION	CODE	CHARGE
Swallowing Function			<input type="checkbox"/> Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes	97533	
<input type="checkbox"/> Treatment of swallowing dysfunction and/or oral function for feeding	92528		<input type="checkbox"/> Nasopharyngoscopy with endoscope	92511	
<input type="checkbox"/> Evaluation of oral and pharyngeal swallowing function	92610		<input type="checkbox"/> Laryngeal function studies	92520	
<input type="checkbox"/> Motion fluoroscopic evaluation of swallowing function by cine or video recording	92611		<input type="checkbox"/> Evaluation of speech fluency (eg, stuttering, cluttering)	92521	
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording	92612		<input type="checkbox"/> Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	92522	
<input type="checkbox"/> interpretation and report only	92613		<input type="checkbox"/> with evaluation of language comprehension and expression (eg, receptive and expressive language)	92523	
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording	92614		<input type="checkbox"/> Behavioral and qualitative analysis of voice and resonance	92524	
<input type="checkbox"/> interpretation and report only	92615		<input type="checkbox"/> Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	92626	
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing	92616		<input type="checkbox"/> each additional 15 minutes	92627	
<input type="checkbox"/> interpretation and report only	92617		<input type="checkbox"/> Auditory rehabilitation; pre-lingual hearing loss	92630	
Speech, Language, Voice, and Cognition			<input type="checkbox"/> post-lingual hearing loss	92633	
<input type="checkbox"/> Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507		<input type="checkbox"/> Assessment of aphasia with interpretation and report; per hour	96105	
<input type="checkbox"/> group, two or more individuals	92508		<input type="checkbox"/> Developmental screening, with interpretation and report, per standardized instrument form	96110	
<input type="checkbox"/> 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		<input type="checkbox"/> 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	
<input type="checkbox"/> each additional 15 minutes	97130				

Disclaimer: ASHA's superbill template is only a model. It does not dictate which services should or should not be listed on the bill and does not imply coverage by payers. Some procedures, codes, or other pertinent information required by a payer may not be included in the models. See [ASHA's website](https://www.asha.org/practice-ideas/superbill-template) for additional information on this template.

DESCRIPTION	CODE	CHARGE	DESCRIPTION	CODE	CHARGE
<input type="checkbox"/> each additional 30 minutes	96113		<input type="checkbox"/> 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 not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	98968	
<input type="checkbox"/> Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face (eg, administering tests to the patient and time interpreting these test results and preparing the report	96125		<input type="checkbox"/> 11-20 minutes of medical discussion	98967	
<input type="checkbox"/> Laryngoscopy; flexible; diagnostic	31575		<input type="checkbox"/> 21-30 minutes of medical discussion	98968	
<input type="checkbox"/> Laryngoscopy; flexible or rigid telescopic, with stroboscopy	31579		<input type="checkbox"/> Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	98970	
Augmentative and Alternative Communication			<input type="checkbox"/> 11-20 minutes	98971	
<input type="checkbox"/> Evaluation for use/fitting of voice prosthetic device to supplement oral speech	92597		<input type="checkbox"/> 21 or more minutes	98972	
<input type="checkbox"/> Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient; first hour	92605		<input type="checkbox"/> 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	99368	
<input type="checkbox"/> each additional 30 minutes	92618		<input type="checkbox"/> Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	99368	
<input type="checkbox"/> Therapeutic service(s) for the use of non-speech generating augmentative and alternative communication device, including programming and modification	92606				
<input type="checkbox"/> Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; first hour	92607				
<input type="checkbox"/> each additional 30 minutes	92608				
<input type="checkbox"/> Therapeutic services for the use of speech-generating device, including programming and modification	92609				
<input type="checkbox"/> Repair/modification of AAC device (excluding adaptive hearing aid)	V5336				
Other Procedures					
<input type="checkbox"/> Unlisted otolaryngological service or procedure	92700				

Total Charges: \$ _____

BILLING INFORMATION

PREVIOUS BALANCE:	\$
TODAY'S CHARGES:	\$
TOTAL DUE:	\$
PAID TODAY:	\$

PAID BY: CASH CREDIT CHECK
 VISA MC OTHER

BALANCE:	\$
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AUTHORIZATIONS

I hereby authorize direct payment of benefits to Speech Services, Inc.

SIGNATURE: _____

DATE: _____

I hereby authorize Jane Smith, MA, CCC-SLP to release any information acquired in the course of treatment.

SIGNATURE: _____

DATE: _____

Jane Smith, MA, CCC-SLP
 Speech Services, Inc. | 999 Anywhere Street | Rockville, MD 00000
speechservices@company.com EMAIL | (999) 999-9999 PHONE | (888) 888-8888 FAX

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