

McLAREN NEUROLOGIC REHABILITATION INSTITUTE – SPEECH/LANGUAGE PATHOLOGY CHARGE SHEET

8708



Client: _____ Insurance: _____ Acct#: _____

Medical Record # _____ Expiration Date: _____

Therapist: _____

Key: U = Untimed T = Timed

Bill Code	Description	CPT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
46400526	U Speech Sound Production & Language Evaluation	92523																				
46400527	U Speech Voice & Resource Evaluation	92524																				
46400525	U Speech Sound Production Eval	92522																				
46400016	U Swallow Eval	92610																				
46400019	T Aphasia Eval with Report per hour	96105																				
46400086	T AAC Eval (1 hr)	92607																				
46400087	T AAC Eval (each additional 30 min)	92608																				
46400028	T Standardized Cog Test (1 hr)	96125																				
46400020	U Developmental Testing	96110																				
46400021	U Developmental Testing-Extended	96111																				
46400011	U Speech Tx	92507																				
46400013	U Speech Tx Grp (30 min) (2 or more)	92508																				
46400012	U Speech Tx Grp (60 min) (2 or more)	92508																				
46400014	U Swallow Tx	92526																				
46400015	U AAC Device Training	92609																				
46400061	T Cognitive Retraining (each 15 min)	97532																				
46400082	U Team Conference with pt/family	99366																				
46400083	U Team Conference without pt/family	99368																				
46400102	No Charge Visit																					