

## McLAREN FLINT - NRI SPEECH / LANGUAGE PATHOLOGY MEDICARE CHARGE SHEET

Therapist: \_\_\_\_\_  
 KX = \_\_\_\_\_ visit      Threshold: \_\_\_\_\_ visit  
 Cert. period from: \_\_\_\_\_ to: \_\_\_\_\_  
 # of visits: \_\_\_\_\_

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date

MUST CHECK BOX BELOW DATE WHEN REPORTED (see Medicare Fxnl Reporting Sheet)

Bill Code		Description	G-CODE										
46400526	U	Speech Sound Production & Language Eval	92523										
46400527	U	Speech Voice & Resounce 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	Standarized 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										
46400555	T	Cognitive Retraining (each 15 min)	G0515										
46400082	U	Team Conference with pt/family	99366										
46400083	U	Team Conference without pt/family	99368										
46400102		No Charge Visit											

Visit Number (if Applicable)	1	2	3	4	5	6	7	8	9	10



PT. \_\_\_\_\_  
 MR.#/P.M. \_\_\_\_\_  
 DR. \_\_\_\_\_