

**SPEECH THERAPY CHARGES
DOWNTIME SLIP**



Patient Name _____

Patient FIN Number _____

Date of Birth _____

Therapy Code	Therapy Description	Date/Time		Date/Time		Date/Time
		Therapy Minutes	Therapy Units	Therapy Minutes	Therapy Units	Therapy Minutes
31579	Laryngoscopy, Flexible or Rigid Telescopic; with Stroboscopy					
92507	Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder					
92508	Group Therapy					
92521	Evaluation of Speech Fluency (e.g., Stuttering, Cluttering)					
92522	Evaluation of Speech Sound Production					
92523	With Evaluation of Speech Production					
92524	Behavioral and Qualitative Analysis of Voice and Resonance					
92526	Treatment of Swallowing Dysfunction and/or Oral Function for Feeding					
92606	Therapeutic Services for the Use of Non-Speech-Generating Augmentation and Alternative Communication Device					
92607	Evaluation for Prescription of Speech-Generating Augmentive and Alternative Communication Devices; 1st Hour					
92608	Evaluation for Prescription of Speech-Generating Augmentive and Alternative Communication Devices; Each Addition 30 minutes					
92609	Therapeutic Services for the Use of Speech-Generating Device					
92610	Evaluation of Oral and Pharyngeal Swallowing Function					

**SPEECH THERAPY CHARGES
DOWNTIME SLIP**



Patient Name _____

Patient FIN Number _____

Date of Birth _____

Therapy Code	Therapy Description	Date/Time		Date/Time		Date/Time
		Therapy Minutes	Therapy Units	Therapy Minutes	Therapy Units	Therapy Minutes
92611	Motion Fiberoptic Evaluation of Swallowing Function by Cine or Video Recording					
92612	Flexible Fiberoptic Endoscopic Evaluation of Swallowing by Cine or Video Recording					
97129	Therapeutic Interventions that Focus on Cognitive					
97130	Therapeutic Interventions that Focus on Cognitive; Each Additional 15 Minutes					
97533	Sensory Integrative Techniques; Each Additional 15 Minutes					