

**SPEECH THERAPY CHARGES ACUTE
CARE DOWNTIME SLIP**



DOS

THERAPIST NAME

Patient Name	FIN	DOB	Occurr. Code	Min/Unit	Tx S, L, Voice Vom/Aud Proc Dis	Eval of Speech, Sound Prod	W/Eval Speech, Sound Prod	Tx of Swallow Dys/Oral Fn	Eval of O/P Swallow Fn	Motion FO Eval of Swallow (Cine or Video)	Thera Int for Focus on Cogn	Thera Int for Focus on Cogn, each add'l 15
				Minutes	92507	92522	92523	92526	92610	92611	97129	97130
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