

MCLAREN FLINT- SPEECH / LANGUAGE PATHOLOGY MEDICARE CHARGE SHEET

Therapist: _____

Medical Records: _____

Room # _____

Acct# _____

Key: U = Unlimited T = Timed

Bill Code	U/T	Description	ICD-9	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
		G-CODE - <input checked="" type="checkbox"/> on date reported (see Medicare Fxnal Reporting sheet)											
48800001	U	SPEECH EVAL	92506										
48800005	U	SWALLOW EVAL	92610										
48800006	U	VIDEOUROSCOPY	92611										
48800007	T	APHASIA EVAL WITH REPORT per hour	96105										
48800023	U	PROSTHETIC DEVICE EVAL	92597										
48800014	T	STANDARDIZED COG TEST (1HR)	96125										
48800018	U	SPEECH TREATMENT	92507										
48800022	U	SPEECH TX GROUP (30 MIN) (2 OR MORE)	92508										
48800021	U	SPEECH TX GROUP (60 MIN) (2 OR MORE)	92508										
48800004	U	SWALLOW TREATMENT	92526										
48800009	T	COGNITIVE RETRAINING (each 15 min)	97562										
48800016	T	SENSORY INTEGRATION (EZ. 15 MIN)	97533										
48800024		NO CHARGE VISIT											
80000894		PASSY-MUIR TRACH VALVE											
		LP VOICE PROSTHESIS											
		DUCKBILL VOICE PROSTHESIS											
		INDWELLING VP REPLACEMENT											
Visit #				1	2	3	4	5	6	7	8	9	10



PT.

MR.#/RM.

DR.

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MEDICARE CHARGE SHEET**

NOMS CONVERSION

$$\frac{7 - \text{Actual Score}}{6} \times 100 = \% \text{ Impairment}$$

NOMS SCORE	PERCENT DISABILITY	MODIFIER
7	0	CH = 0% impaired, limited or restricted
6	17	CI = 1-20% impaired, limited or restricted
5	33	CJ= 21-39% impaired, limited or restricted
4	50	CK = 40-59% impaired, limited or restricted
3	67	CL = 60-79% impaired, limited or restricted
2	83	CM = 80-99% impaired, limited or restricted
1	100	CN = 100% impaired, limited or restricted



PT.
MR.#/RM.
DR.