



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

MODEL SUPERBILL for SPEECH-LANGUAGE PATHOLOGY

The following is a model of a superbill which could be used by a speech-language pathology practice when billing private health plans. This sample is not meant to dictate which services should or should not be listed on the bill. Most billable codes are from the American Medical Association (AMA) *Current Procedural Terminology* (CPT)[®] 2013. Prosthetic and durable medical equipment codes, such as speech generating device codes, are published by the Centers for Medicare and Medicaid Services (CMS) as the [Healthcare Common Procedure Code System](#) (HCPCS).

The superbill is a standard form which health plans use to process claims. For the professional rendering services, it provides a time efficient means to document services, fees, codes, and other information required by insurance companies, (i.e., certification and licensure). The patient uses this form to file for health plan payment.

NOTE: This is only a model, therefore some procedures, codes, or other pertinent information may not be found on the following model. A complete list of speech-language pathology related codes is available in the *2014 Coding & Billing for Audiology and Speech-Language Pathology*. You can purchase this product through ASHA's [Online Store](#) or by calling ASHA's Product Sales at 1-888-498-6699.

More information on coding for speech-language pathology services can also be found on ASHA's [billing and reimbursement website](#).

MODEL SPEECH-LANGUAGE PATHOLOGY SUPERBILL

PATIENT:	INSURED:
REFERRING PHYSICIAN:	ADDRESS:
FILE:	INSURANCE PLAN:
DATE:	INSURANCE PLAN #:
DATE INITIAL SYMPTOM:	DATE FIRST CONSULTATION:

PLACE OF SERVICE: HOME OFFICE OTHER: _____

DIAGNOSIS:

PRIMARY (Speech-Language Pathology):	ICD-9 CODE:
SECONDARY (Medical):	ICD-9 CODE:

SERVICES:

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE	<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
Swallowing Function					
<input type="checkbox"/> Treatment of swallowing dysfunction and/or oral function for feeding	92526	_____	<input type="checkbox"/> Behavioral and qualitative analysis of voice and resonance	92524	_____
<input type="checkbox"/> Evaluation of oral & pharyngeal swallowing function	92610	_____	<input type="checkbox"/> Evaluation of auditory rehabilitation status, first hour	92626	_____
<input type="checkbox"/> Motion fluoroscopic evaluation of swallowing function by cine or video recording	92611	_____	<input type="checkbox"/> each additional 15 minutes	92627	_____
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording	92612	_____	<input type="checkbox"/> Auditory rehabilitation; pre-lingual hearing loss	92630	_____
<input type="checkbox"/> interpretation and report only	92613	_____	<input type="checkbox"/> Auditory rehabilitation; post-lingual hearing loss	92633	_____
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording	92614	_____	<input type="checkbox"/> Assessment of aphasia with interpretation and report, per hour	96105	_____
<input type="checkbox"/> interpretation and report only	92615	_____	<input type="checkbox"/> Developmental screening, with interpretation and report, per standardized instrument form	96110	_____
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing	92616	_____	<input type="checkbox"/> Developmental testing, (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	96111	_____
<input type="checkbox"/> interpretation and report only	92617	_____	<input type="checkbox"/> Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	96125	_____
Speech and Language			<input type="checkbox"/> Laryngoscopy; flexible fiberoptic; diagnostic	31575	_____
<input type="checkbox"/> Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual	92507	_____	<input type="checkbox"/> Laryngoscopy; flexible or rigid fiberoptic, with stroboscopy	31579	_____
<input type="checkbox"/> group, two or more individuals	92508	_____	Augmentative and Alternative Communication		
<input type="checkbox"/> Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one patient contact by the provider; each 15 minutes	97532	_____	<input type="checkbox"/> Evaluation for use/fitting of voice prosthetic device to supplement oral speech	92597	_____
<input type="checkbox"/> Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes	97533	_____	<input type="checkbox"/> Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient; first hour	92605	_____
<input type="checkbox"/> Nasopharyngoscopy w/ endoscope	92511	_____	<input type="checkbox"/> each additional 30 minutes	92618	_____
<input type="checkbox"/> Laryngeal function studies	92520	_____	<input type="checkbox"/> Therapeutic service(s) for the use of non-speech generating augmentative and alternative communication device, including programming and modification	92606	_____
<input type="checkbox"/> Evaluation of speech fluency (eg, stuttering, cluttering)	92521	_____			
<input type="checkbox"/> Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	92522	_____			
<input type="checkbox"/> Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)	92523	_____			

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<input type="checkbox"/> Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; first hour	92607	_____
<input type="checkbox"/> each additional 30 minutes	92608	_____
<input type="checkbox"/> Therapeutic services for the use of speech-generating device, including programming and modification	92609	_____
<input type="checkbox"/> Repair/Modification of AAC device (excluding adaptive hearing aid)	V5336	_____
Other Procedures		
<input type="checkbox"/> Otorhinolaryngological service or procedure	92700	_____
<input type="checkbox"/> Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	98966	_____
<input type="checkbox"/> 11-20 minutes of medical discussion	98967	_____
<input type="checkbox"/> 21-30 minutes of medical discussion	98968	_____

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<input type="checkbox"/> Online assessment & management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment & management service provided within the previous 7 days, using the Internet or similar electronic communications network.	98969	_____
<input type="checkbox"/> Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional	99366	_____
<input type="checkbox"/> Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	99368	_____
Total Charges: \$		_____

BILLING INFORMATION

PREVIOUS BALANCE:	\$ _____
TODAY'S CHARGES:	\$ _____
TOTAL DUE:	\$ _____
PAID TODAY:	\$ _____

PAID BY: CASH CREDIT CHECK
 VISA MC OTHER

BALANCE:	\$ _____
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AUTHORIZATIONS

I hereby authorize direct payment of benefits to Speech Services, Inc.

SIGNATURE: _____

DATE: _____

I hereby authorize Jane Smith, MA, CCC-SLP to release any information acquired in the course of treatment.

SIGNATURE: _____

DATE: _____

Jane Smith, MA, CCC-SLP

Speech Services, Inc.
 999 Anywhere Street
 Rockville, MD 00000
 (999) 999-9999 PHONE
 (888) 888-8888 FAX

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