

SLP DAILY SERVICE & TREATMENT GRID

RESIDENT INFORMATION		KEY OF CODES															FACILITY:																
Last Name		R = Refused HD = Holiday C = Cancelled LCD = Last Covered Day H = Hold MD = Physician Office W = Withheld															PROVIDER #: _____ MONTH: _____ YEAR: _____ <input type="checkbox"/> MEDICARE A <input type="checkbox"/> MANAGED CARE MEDICARE # _____ <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE B <input type="checkbox"/> OTHER _____																
First Name/MI		MR # _____ Visits since SOC: _____ Start of Care Date: _____ Onset Date: _____																															
SS #																																	
Medical ICD Code																																	
Treatment ICD Code																																	
TREATMENT TIME		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
1) Total Skilled Evaluation Time (Actual Minutes)																																	
2) Total Skilled Treatment Time (Actual Minutes)																																	
CPT CODE	SERVICE DESCRIPTION	O or T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Use occurrence "O" based codes here. PART B BILLING Note: Up to one of each code may be billed per patient per day on Part B UB-04.																																	
92507	SLP Treatment	O																															
92508	Speech/Language Group (2 or more)	O																															
92521	Speech Fluency Evaluation	O																															
92522	Speech Sound Evaluation	O																															
92523	Speech Language Comprehension and Expression Evaluation	O																															
92524	Qualitative Analysis of Voice and Resonance	O																															
92526	Dysphagia Treatment	O																															
92610	Clinical Evaluation of Swallowing Function	O																															
Use time "T" based codes here. PART B BILLING Note: Time based codes occur in 15 minute increments with the exception of the two 60 minute codes below. Transfer number of each code to separate line item on UB-04 for Part B.																																	
96105	Aphasia Assessment - 60 min	T - 60																															
97530	Therapeutic Activities	T - 15																															
97532	Cognitive Skills Development	T - 15																															
	Adaptive Equipment Fitted																																
	Clinician's Initials																																
	Supervisor's Initials																																
3) Total Evaluation Units (#1/15) For Part A UB-04																																	
4) Total Treatment Units (#2/15) For Part A UB-04																																	
CLINICAL COMMENTS																																	
Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	Name/Title		Initials	