SLP DAILY SERVICE & TREATMENT GRID

RESIDENT INFORMATION				KEY OF CODES												F/	FACILITY:																	
Last Name			R =	Refu	sed	HD = Holiday				С	= Car	ncellec	elled LCD = Last Covered Day					P	PROVIDER #: MONTH: YEAR:															
First Name/MI			H=	Hold		MD = Physician Office					/ = Wit	hheld																						
SS #			MR i	ŧ								Visits since SOC:						-[6	MEDICARE A							MANAGED CARE								
Medical ICD Code			Start	of Ca	re Date						Onset Date:							№	MEDICARE # MEDICAID															
Treatment ICD Code											Unser	Date.																						
	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)																			C	\bigcirc					\frown									
2) Total Skilled Treatment Time (Actual Minutes)																	~?	Ċ					6			2								
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 occurre	nce "O" based codes here. PART B BILLI	ING Note:	Up to o	ne of ea	ich code	e may b	billed j	per pat	tient pei	r day on	Part B U	JB-04.	2	N	$\overline{\mathbb{N}}$	Ţ	<u> </u>		C	2				$\overline{\ }$			ſ	١						
92507	SLP Treatment	0										2	6	17	gre .																			
92508	Speech/Language Group (2 or more)	0									25	<u> </u>	20	SZ				-							$\langle \rangle$	\bigcirc								
92521	Speech Fluency Evaluation	0										NY				\leq)				Λ	\geq									
92522	Speech Sound Evaluation	0						-	,	103	ÐV	1			$\left(\right)$					-														
92523	Speech Language Comprehension and Expression Evaluation	0							10	18								12	/				\swarrow											
92524	Qualitative Analysis of Voice and Resonance	0				5	12		220							\square																		
92526	Dysphagia Treatment	0			-	51	V	1	_		K					$\left(\right)$				2														
92610	Clinical Evaluation of Swallowing Function	0		65								10					\square	2						L_										
			KĘ.	1	J									\square	Ш		\rangle	2			6		<u>My</u>											
	' based codes here. PART B BILLING Not	1	ised coo	des occi	ur in 15	minute	increme	ents wit	th the e	exception	n of the i	two 60 (ninute o	odes be	elow: Tr	ansfer	number	of each	code to	o separa	ate line i	item on	UB-04 1	or Part	В.									
96105	Aphasia Assessment - 60 min	T - 60			5			Щ					\mathbb{H}		7			1	A			Į												
97530	Therapeutic Activities	T - 15			F	-					\square			2				A			6		<u> </u>											
97532	Cognitive Skills Development	T - 15	-//			<u> </u>		++	2		\rightarrow	\geq	>			-	<u>A</u>	D																
	Adaptive Equipment Fitted		-(1			-			+	-	0			6	~				0															
	Clinician's Initials				-				5				E																					
	Supervisor's Initials		\frown			-	\rightarrow	12		-		C	6		Ð	V	+																	TOTALS
3) Total E	valuation Units (#1/15) For Part A	UB-04		0										I all																				TOTALS
	eatment Units (#2/15) For Part A		17			\succ											+																	
		~	1							1			,				1																	
													CLIN	ICAL	co	ΜМ	ENTS																	
	Name/Title		J.	nitials	_			N	lame/1	Title				Initia	ls –	_		_	Name	e/Title				In	nitials				Na	ame/Ti	itle			Initials
				mains				N	anne/	1110									-Name	o, nue									NG	anie/1	into the second se			
Eorem 2707	E Rev 1/17 @ RRIGGS Dos Mainas I	7 00 40																																

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