



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) ®. 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 in *Coding & Billing for Audiology and Speech-Language Pathology*, which is updated annually. 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-10 CODE:
SECONDARY (Medical):	ICD-10 CODE:

**SERVICES:**

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE	<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<b>Swallowing Function</b>					
<input type="checkbox"/> Treatment of swallowing dysfunction and/or oral function for feeding	92526	<u>  x  </u>	<input type="checkbox"/> Behavioral and qualitative analysis of voice and resonance	92524	<u>  x  </u>
<input type="checkbox"/> Evaluation of oral & pharyngeal swallowing function	92610	<u>  x  </u>	<input type="checkbox"/> Evaluation of auditory rehabilitation status, first hour	92626	<u>  x  </u>
<input type="checkbox"/> Motion fluoroscopic evaluation of swallowing function by cine or video recording	92611	<u>  x  </u>	<input type="checkbox"/> each additional 15 minutes	92627	<u>  x  </u>
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording	92612	<u>          </u>	<input type="checkbox"/> Auditory rehabilitation; pre-lingual hearing loss	92630	<u>  x  </u>
<input type="checkbox"/> interpretation and report only	92613	<u>  x  </u>	<input type="checkbox"/> Auditory rehabilitation; post-lingual hearing loss	92633	<u>  x  </u>
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording	92614	<u>          </u>	<input type="checkbox"/> Assessment of aphasia with interpretation and report, per hour	96105	<u>  x  </u>
<input type="checkbox"/> interpretation and report only	92615	<u>  x  </u>	<input type="checkbox"/> Developmental screening, with interpretation and report, per standardized instrument form	96110	<u>  x  </u>
<input type="checkbox"/> Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing	92616	<u>          </u>	<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	<u>  x  </u>
<input type="checkbox"/> interpretation and report only	92617	<u>  x  </u>	<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	<u>  x  </u>
<b>Speech and Language</b>					
<input type="checkbox"/> Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual	92507	<u>  x  </u>	<input type="checkbox"/> Laryngoscopy; flexible; diagnostic	31575	<u>          </u>
<input type="checkbox"/> group, two or more individuals	92508	<u>  x  </u>	<input type="checkbox"/> Laryngoscopy; flexible or rigid telescopic, with stroboscopy	31579	<u>          </u>
<input type="checkbox"/> Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one patient contact by the provider;	97127	<u>  x  </u>	<b>Augmentative and Alternative Communication</b>		
<input type="checkbox"/> Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes	97533	<u>  x  </u>	<input type="checkbox"/> Evaluation for use/fitting of voice prosthetic device to supplement oral speech	92597	<u>  x  </u>
<input type="checkbox"/> Nasopharyngoscopy w/ endoscope	92511	<u>          </u>	<input type="checkbox"/> Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to-face with the patient;		
<input type="checkbox"/> Laryngeal function studies	92520	<u>  x  </u>	<input type="checkbox"/> first hour	92605	<u>  x  </u>
<input type="checkbox"/> Evaluation of speech fluency (eg, stuttering, cluttering)	92521	<u>  x  </u>	<input type="checkbox"/> each additional 30 minutes	92618	<u>  x  </u>
<input type="checkbox"/> Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	92522	<u>  x  </u>	<input type="checkbox"/> Therapeutic service(s) for the use of non-speech generating augmentative and alternative communication device, including programming and modification	92606	<u>  x  </u>
<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	<u>  x  </u>			

<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	<u>  x  </u>
<input type="checkbox"/> each additional 30 minutes	92608	<u>  x  </u>
<input type="checkbox"/> Therapeutic services for the use of speech-generating device, including programming and modification	92609	<u>  x  </u>
<input type="checkbox"/> Repair/Modification of AAC device (excluding adaptive hearing aid)	V5336	
<b>Other Procedures</b>		
<input type="checkbox"/> Otorhinolaryngological service or procedure	92700	<u>  x  </u>
<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	<u>  x  </u>
<input type="checkbox"/> 11-20 minutes of medical discussion	98967	<u>  x  </u>
<input type="checkbox"/> 21-30 minutes of medical discussion	98968	<u>  x  </u>

<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	<u>  x  </u>
<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	<u>  x  </u>
<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	<u>  x  </u>

Total Charges: \$                     

**BILLING INFORMATION**

PREVIOUS BALANCE:	\$
TODAY'S CHARGES:	\$
<b>TOTAL DUE:</b>	<b>\$</b>
PAID TODAY:	\$

PAID BY:    CASH        CREDIT        CHECK  
                                   VISA    MC    OTHER

<b>BALANCE:</b>	<b>\$</b>
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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