



Speech Language Pathology Requisition Form

Phone: (808) 856-9821

Fax: (808) 856-0115

Patient's Name:	Patient's DOB:
Primary Insurance:	Insurance Policy #:
Secondary Insurance:	Insurance Policy #:
Contact Number:	Email Address:
Patient's Address:	

DIAGNOSIS:

PRIMARY:	ICD-10 CODE:
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Services: *Please check all that apply*

DESCRIPTION	CODE	DESCRIPTION	CODE
Swallowing Function			
<input type="checkbox"/> Evaluation of oral and pharyngeal swallow	92610	<input type="checkbox"/> Laryngeal function studies	92520
<input type="checkbox"/> Treatment of swallowing dysfunction and/or oral function for feeding	92526	<input type="checkbox"/> Evaluation of speech fluency (e.g. stuttering, cluttering)..	92521
<input type="checkbox"/> Flexible Fiberoptic Endoscopic Evaluation of Swallowing	92612	<input type="checkbox"/> Evaluation of speech sound production (e.g articulation, phonological process, apraxia, dysarthria).....	92522
<input type="checkbox"/> interpretation and reporting only	92617	<input type="checkbox"/> Nasopharyngoscopy with endoscope	92511
Speech, Language, Voice, and Cognition			
<input type="checkbox"/> Evaluation of speech sound production with evaluation of language comprehension and expression	92523	<input type="checkbox"/> Behavioral and Qualitative analysis of voice and resonance	92524
<input type="checkbox"/> individual treatment.....	92507	<input type="checkbox"/> Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of surgically implanted device(s); first hour	92626
<input type="checkbox"/> group, two or more individuals	92508	<input type="checkbox"/> each additional 15 minutes	92627
<input type="checkbox"/> Therapeutic interventions that focus on cognitive function; initial 15 minutes	97120	<input type="checkbox"/> Auditory rehabilitation; pre-lingual hearing loss	92630
<input type="checkbox"/> each additional 15 minutes	97130	<input type="checkbox"/> post-lingual hearing loss	92633
		<input type="checkbox"/> Assessment of aphasia with interpretation and report, first hour	96105

Ordering Physician Signature	Date
Physician's Name	Time
Physician's NPI	