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INFORMATION FOR FEES REIMBURSEMENT :

**Please share this sheet with your Accounts Payable department.
 The corresponding ICD-9 codes below that reflect what was learned during
 the FEES study should be added to your patient's medical diagnoses.**

Month/Year: _____

Facility: _____

Therapist: _____

Patient Name	Date of Service	Payor	S.O.C. Date	Onset Date

**THE CODE(S) CHECKED BELOW REPRESENT THE SPEECH THERAPY
 CPT CODES USED DURING TODAY'S CONSULTATION SERVICE:**

CPT 92612: Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
Treatment time: _____ minutes
Use ICD-9 787.22 Oropharyngeal dysphagia

CPT 92506: Evaluation of speech, language, voice, communication, and/or auditory processing
Treatment time: _____ minutes

Use ICD-9 784.40 Voice and resonance disorder, unspecified

Use ICD-9 784.42 Dysphonia (hoarseness)

OTHER: _____

CPT 92526: Treatment of swallowing dysfunction and/or oral function for feeding
Treatment time: _____ minutes
Use ICD-9 787.22 Oropharyngeal dysphagia

THIS IS NOT A BILL. The above represents the Speech Therapy CPT Codes used during the consultation services provided by SDX, LLC. These codes must be billed by the facility per "Consolidated billing" according to Medicare regulations in section 4432(b) of the Balanced Budget Act of 1997. The facility should submit the Speech Therapy Codes to the facility's Medicare intermediary or to the Resident's insurance company for reimbursement. For Medicare A, the above should be included in the facility's cost reports. In return for service, SDX, LLC will invoice the facility a consultation fee per contracted rate. This invoice will be sent to the facility monthly summarizing services provided and payment due. Retain this record for your files as per facility policy.