

INFINITE THERAPY SOLUTIONS, LLP

SPEECH THERAPY BILLING FORM

Therapist Name _____
Therapist License _____
Therapist NPI _____

Patient Name _____
Date of Service _____

Number of Units

- ___ 92521 Evaluation of Speech Fluency (stuttering, cluttering)
- ___ 92522 Speech Evaluation (articulation, phonological process, apraxia, dysarthria)
- ___ 92523 Speech Evaluation(92522) with evaluation of language comprehension and expression
- ___ 92526 Treatment of swallowing dysfunction and/ or oral motor function
- ___ 97507 Treatment of Speech, language, voice, communication,and/or auditory processing
- ___ 90910 Biofeedback Training
- ___ 97532 Cognitive Skills Development
- ___ 1000 Team Meeting/Parent Training

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