



Speech Therapists are documenting charges within the documentation forms. This flyer will display what charges can be documented by each of the Member Organizations by Speech Therapists.

Time Spent with Patient Charge Section

The first column of the table displays the charge name. The remaining columns are for each of the Member Organizations.

NOTE: If a treatment was performed that has a charge documentation field for it and the column in this flyer for your facility has a NO in it, this treatment is not charged for by your facility. Documenting a *Units* charge will result in a suspended charge which will need to be corrected if you charge for it.

NOTE: Each Member Organization should only document a charge if there is a YES or their location in the column for their facility. Documentation of a charge with a NO in the column will result in a suspended charge and will need to be corrected.

Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Untimed Codes							
Eval of Speech Fluency Units	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Yes	Yes	Yes
Eval of Speech Sound Prod	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Except Unity	Yes	Yes
Eval SLP Lang Comprehension	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Except Unity	Yes	Yes
Behavioral Qualitative Analysis	Hybrid Time Based Charges	No	No	On Hybrid Time Based Charges	Except Unity	Yes	Yes

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Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Treatment of Speech, Lang, Voice, Communication and or Auditory Process	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Yes	Yes	Yes
Treatment of Swallowing Dysfunction, and or Oral Function for Feeding	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Yes	Yes	Yes
Fluoroscopic Evaluation Swallow Function	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Waterville	Yes	Yes
Flexible Fiberoptic Endoscopic Swallow Eval	Yes	No	No	Hospital	No	No	No
Audiology Screening Test, Pure Tone, Air Only	No	No	No	No	No	No	No
Endoscopy Swallow Test	No	No	No	No	No	Mercy ENT	No
Interp FEES/Laryngeal Test	No	No	No	No	No	Mercy ENT	No
Eval Use/Fitting Voice Prosthetic Device to Supplement Oral Speech	Yes	Yes	No	Yes	No	Yes	No

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Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Evaluation for Non-Speech Generating AAC Device	Yes	Yes	No	No	No	Yes	No
Treatment Use of Speech Generating Device	No	No	No	No	No	No	No
Aural Rehab/ Cochlear Implant	No	No	No	No	No	Yes	No
Cognitive Performance	Yes	Yes	No	No	No	No	Yes
Developmental Screening	No	No	No	No	No	Yes	No
FEES & Larynx Sensory w/Cine	Yes	No	No	No	No	No	No
Laryngoscopy Sensory Test	Yes	No	No	No	No	No	No
Laryngoscopy Flex/Rigid w/Strob	Yes	No	No	Yes	No	No	No
Nasal Function Study Rhinomanom	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Laryngeal function Studies	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Non-Speech Device Ea Ad 30 min	No	No	No	No	No	Yes	No
Biofeedback Training	No	No	No	No	No	Mercy ENT	No

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Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Timed Codes							
Group Therapy	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Yes	Yes	No
Evaluation for Speech Generating AAC Device - First Hour	Yes	No	No	Yes	No	Yes	Yes
Assessment of Aphasia, Per Hour	Yes	Yes	No	Yes	No	Yes	Yes
Evaluation for Speech Generating AAC Device - Additional 30 Minutes	Yes	No	No	Yes	No	Yes	Yes
Sensory Integrative Techniques	No	No	No	No	No	No	Yes
Cognitive Function Therapeutic Interventions - Initial 15 Minutes	Yes	No	No	Yes	Except Skowhegan	Yes	No
Cognitive Function Therapeutic Interventions - Additional 15 Minutes	Yes	No	No	Yes	Except Skowhegan	Yes	No
Attended E-Stim	No	No	No	No	No	Yes	No

Untimed Codes Specific to Outpatients							
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Evaluation of Oral and Pharyngeal Swallow Function	On Hybrid Time Based Charges	Yes	No	On Hybrid Time Based Charges	Yes	Yes	Yes
Evaluation for Non-Speech Generating ACC Device	Yes	No	No	Yes	No	Yes	No
Developmental Testing 1st hr.	Yes	No	No	No	No	No	No

Timed Codes Specific to Outpatients							
Neuromuscular Re-Education	No	No	No	No	Yes	No	No
Physical Performance Test	No	No	No	No	Hospital/ Waterville	No	No
Therapeutic Exercise	No	No	No	No	Yes	No	No
Therapeutic Activities	No	No	No	No	Yes	No	Yes