

Speech-Language Pathology Referral

- Comprehensive Voice Evaluation (92506) including acoustic/aerodynamic examination (92520) and stroboscopy (31579)
- Comprehensive evaluation of the swallow including Modified Barium Swallow in Radiology (MBS-92611) and/or Flexible Endoscopic Examination of the Swallow (FEES-92616)
- Tracheo-esophageal Prosthesis Fitting (TEP-92597) and therapeutic training
- Comprehensive resonance evaluation including endoscopic examination of palatal and laryngeal function (31579), acoustic and aerodynamic evaluation (92520), and videofluoroscopic examination of palatal function
- Speech/voice therapy (92507) or swallowing therapy (92526) (must have documented Speech Pathology evaluation within 6 months of starting therapy)
- Continued speech/voice/swallowing therapy (use only if patient has been in therapy at this center and you are certifying continued treatment) (92507 or 92526)

Would you like this patient seen by an Emory Voice Center
Laryngologist?

Yes No

Patient Name: _____

Patient Phone Number: _____ DOB: _____

Physician's Signature: _____

Physicians's Diagnosis: _____ ICD-9 _____

Physician's Name Printed: _____

Phone Number: _____ Date: _____

EMORY HEALTHCARE

EMORY VOICE CENTER

550 Peachtree Street, NE, Suite 9-4400
Atlanta, Georgia 30308

Phone 404-686-1850 Fax 404-686-4699