



Name: \_\_\_\_\_

Thank you for contacting the Speech, Language and Hearing Department. **Please fill out the history form and bring to your appointment. We MUST have the physician's order on the day of the appointment. If it is not already at our office, please bring it with you or the appointment will have to be rescheduled.** Cancellations must be made more than 24 hours before the appointment for timely rescheduling.

\_\_\_\_\_ Clinical Feeding/Swallowing Evaluation-CPT 4 code 92610 at Outpatient Clinic- 33 Research Way, E. Setauket NY 11733

**Please be sure to bring any specialized feeding cups, bottles and/or utensils.**

**Individuals on a restricted diet must bring food to the appointment to ensure the evaluation can be completed.**

**If indicated after the clinical evaluation, you may be scheduled for an objective swallow test on a separate day at the hospital, level 4 Radiology:**

- Videofluoroscopic Swallow Study-CPT 4 codes 92611 & 74230
- Fiberoptic Endoscopic Swallowing Study –CPT code 92612

**You should contact your health plan to assure coverage for the appointment noted above and question your deductible and co-pay amount. You will be responsible for your co-pay at the time of the appointment and any deductible after insurance determination. The provider is Stony Brook University Hospital (tax ID # 113243405) Outpatient Speech and Hearing Department for codes 92610, 92611 and 92612. If a Videofluoroscopic Swallow Study is recommended, an additional Radiology procedure code 74230 is billed. Services are billed to the insurance carrier by the hospital billing department 444 - 4151. **If an insurance authorization/referral is required, it must be in our department 24 hours before the appointment.****

Thank you for your cooperation. Please contact the department if you have any questions 631-444-4191.