Service Record – School Based Speech Therapy

## Medicaid Number Last Name First Name

**WVEIS Number Diagnosis Code Date of Birth**

**County School Provider Name**

# 92507

Dates of Service/units

# 92507

Dates of Service/units

# 92508

Date of Service/Units

# 92508

Date of Service/units

#92521

Date of Service

#92522

Date of Service

#92523

Date of Service

#92524

Date of Service

#92561

Date of Service

#92567

Date of Service

#92570

Date of Service

#92583

Date of Service

#92592

Date of Service

#92593

Date of Service

**Speech Therapy Services: *Physician’s authorization on file. Must be identified on Service Plan.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** |  | **Procedure** | **Service Unit** |
| 92507 | Treatment of speech language, voice, communication, and/or auditory processing  disorder (includes aural rehabilitation); Individual therapy session | | 16 units per month at 15  minutes per unit |
| 92508 | Treatment of speech language, voice, communication, and/or auditory processing  disorder (includes aural rehabilitation); Group, two or more individuals | | 16 units per month at 15  minutes per unit |
| 92521 | Evaluation of speech fluency (e.g., stuttering, cluttering) | | 1 per calendar year |
| 92522\* | Evaluation of speech sound production (e.g., articulation, phonological process,  apraxia, dysarthria) | | 1 per calendar year |
| 92523\* | Evaluation of speech production (e.g., articulation, phonological process, apraxia,  dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) | | 1 per calendar year |
| 92524 | Behavioral and qualitative analysis of voice and resonance | | 1 per calendar year |
| 92561 | Beskey Diagnostic |  | 1 per calendar year |
| 92567 | Tympanometry (impedance testing) *Can also be performed by RN* | | 1 per calendar year |
| 92570 | Acoustic Immitance Testing *Can also be performed by RN* | | 4 per calendar year |
| 92583 | Select Picture Audiometry |  | 1 per calendar year |
| 92592 | Hearing Aid Check - Monaural |  | 4 per calendar year |
| 92593 | Hearing Aid Check-Binaural |  | 4 per calendar year |

**Notes:** \*92522 and 92523 may not be billed together on the same day. A speech sound production evaluation (92522) is already included

as a part of 92523 (speech sound production evaluation with language evaluation).

If a service is provided via Telehealth add GT to the procedure code.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Start  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| End  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Start  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| End  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Signature/Credentials Date*

WVDE – BMS – SBHS – Appendix 538C Effective Date: August 1, 2015