

## Service Record – School Based Speech Therapy

<b>Medicaid Number</b>			<b>Last Name</b>			<b>First Name</b>			
<b>WVEIS Number</b>			<b>Diagnosis Code</b>			<b>Date of Birth</b>			
<b>County</b>			<b>School</b>			<b>Provider Name</b>			
<b># 92507</b>	<b># 92507</b>	<b># 92508</b>	<b># 92508</b>	<b>#92521</b>	<b>#92522</b>	<b>#92523</b>	<b>#92524</b>	<b>#92561</b>	<b>#92567</b>
<b>Dates of Service/units</b>	<b>Dates of Service/units</b>	<b>Date of Service/Units</b>	<b>Date of Service/units</b>	<b>Date of Service</b>	<b>Date of Service</b>	<b>Date of Service</b>	<b>Date of Service</b>	<b>Date of Service</b>	<b>Date of Service</b>
				<b>#92570</b>	<b>#92583</b>	<b>#92592</b>	<b>#92593</b>		
				<b>Date of Service</b>	<b>Date of Service</b>	<b>Date of Service</b>	<b>Date of Service</b>		

**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) <i>Can also be performed by RN</i>	1 per calendar year
92570	Acoustic Immitance Testing <i>Can also be performed by RN</i>	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															

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

\_\_\_\_\_  
*Signature/Credentials*

\_\_\_\_\_  
*Date*