Chapter 538 School-Based Health Services

Appendix 538C

Speech Therapy Billing Form

Effective Date: August 1, 2015

Service Record – School Based Speech Therapy

| Medicaid Num | nber | | Last Name | | | | | First Name | | | | | | |
|---------------------------|---------------------------|--------|---------------------|--------------------------|--------------------|----|-----------------|--------------------|--------------------|--------------------|------------------------------|--|--|--|
| | | | | | | | | | | | | | | |
| WVEIS Numb | ber | | Diagnosis Code | | | | | Date of Birth | | | | | | |
| | | | | | | | | | | | | | | |
| County | | School | | | | | Provider Name | | | | | | | |
| | | | | | | | | | | | | | | |
| # 92507 | # 92507 | | 2508 | # 92508 | #92521 | | 2522 | #92523 | #92524 | #92561 | #92567 Date of Service | | | |
| Dates of Service/units | Dates of Service/units | | te of vice/Units | Date of Service/units | Date of Service | | nte of rvice | Date of Service | Date of Service | Date of Service | | | | |
| | | | | | | | | | | | | | | |
| | | | | | #92570 | | 2583 | #92592 | #92593 | | | | | |
| | | | | | Date of Service | | ate of rvice | Date of Service | Date of Service | | | | | |
| | | | | | Service | 36 | IVICE | Service | Service | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | 1 | | 1 | 1 | 1 | | | | |

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 | | | | | | | | | | | | | | | | | |
| | | | | | | | - | _ | | | | | - | | 1 | 1 | |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 3 24 | 1 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Start | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | |
| End | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | |