

PLEASE PRINT

### MEDICAID-DIRECT SERVICE CLAIMS AUDIOLOGIST LOG

SCHOOL DISTRICT: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

AHCCCS ID: \_\_\_\_\_

Diagnosis Code or SPED Category: \_\_\_\_\_

Circle Appropriate Month: → July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

PROVIDER NAME: \_\_\_\_\_

PROVIDER TYPE: \_\_\_\_\_

PROVIDER ID #: \_\_\_\_\_

PROVIDER PHONE #: \_\_\_\_\_

Day	UNITS	SERVICE CODE	COMMENTS
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CODE	DEFINITION
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold), air only
92553	Pure tone audiometry (threshold), air and bone
92555	Speech audiometry threshold
92556	Speech audiometry threshold, with speech recognition
92557	Comprehensive audiometry threshold evaluation (92553 & 92556)
92562	Loudness balance test, alternate binaural or monaural
92563	Tone decay test
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
92571	Filtered speech test
92572	Staggared spondaic word test
92576	Synthetic sentence identification test
92577	Stenger test, speech
92579	Visual reingorcement audiometry (VRA)
92582	Conditioning play audiometry
92583	Select picture audiometry
92585	Auditory evoked potentials,comprehensive
92587	Evoked otacoustic emissions;
92588	Comprehensive or diagnostic evaluation

I certify that the services indicated above were performed by me and are indicated in the IEP.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_