

PLEASE PRINT

Medicaid - Direct Service Claims SPEECH-HEARING THERAPIST LOG

SCHOOL DISTRICT: _____

PROVIDER NAME: _____

STUDENT NAME: _____

PROVIDER TYPE: _____

STUDENT ID: _____

PROVIDER PHONE #: _____

Diagnosis Code or SPED Category: _____

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

DAY	UNITS	SERVICE CODE	COMMENTS
1			
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**ALL SPEECH THERAPY IS BILLED
AS AN EVENT - 1 UNIT PER CODE**

CODE	DESCRIPTION
92506	Evaluation
92507	Speech therapy individual
92508	Speech therapy group
92520	Laryngeal function studies
92526	Oral function therapy
92626	Evaluation of auditory rehabilitation status: 1st. Hour
92627	Evaluation of auditory rehabilitation status: each additional 15 min
92630	Auditory rehabilitation; pre-lingual
92633	Auditory rehabilitation; post-lingual

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

SIGNATURE: _____

DATE: _____