



## Fully Licensed Speech Pathologist - 290

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
92521:96	NON MET/IEP Eval – Fluency (habilitative)	N/A
92521:97	NON MET/IEP Eval – Fluency (rehabilitative)	N/A
92522:96	Eval Snd Prod not for MET/IEP (habilitative)	N/A
92522:97	Eval Snd Prod not for MET/IEP (rehabilitative)	N/A
92523:96	NON MET/IEP Eval –Snd Prod & Lan Com/Expr (habilitative)	N/A
92523:97	NON MET/IEP Eval –Snd Prod & Lan Com/Expr (rehabilitative)	N/A
92523:52:96	NON MET/IEP Eval –Snd Lan Com/Expr (habilitative)	N/A
92523:52:97	NON MET/IEP Eval –Snd Lan Com/Expr (rehabilitative)	N/A
92524:96	NON MET/IEP Beh/Qual analysis vce/res (habilitative)	N/A
92524:97	NON MET/IEP Beh/Qual analysis vce/res (rehabilitative)	N/A
96105	Assess express/receptive speech w/interpret & rpt/hr	60 minutes
<b>MET</b>		
92521:HT:96	MET Eval of Fluency (habilitative)	N/A
92521:HT:97	MET Eval of Fluency (rehabilitative)	N/A
92522:HT:96	MET Eval Snd Prod (habilitative)	N/A
92522:HT:97	MET Eval Snd Prod (rehabilitative)	N/A
92523:HT:96	MET Eval –Snd Prod & Lan Com/Expr (habilitative)	N/A
92523:HT:97	MET Eval –Snd Prod & Lan Com/Expr (rehabilitative)	N/A
92523:52:HT:96	MET Eval –Snd Lan Com/Expr (habilitative)	N/A
92523:52:HT:97	MET Eval –Snd Lan Com/Expr (rehabilitative)	N/A
92524:HT:96	MET Behav/Qual analysis – voice/reso (habilitative)	N/A
92524:HT:97	MET Behav/Qual analysis – voice/reso (rehabilitative)	N/A
<b>REED</b>		
92521:TL:96	REED Eval of Fluency (habilitative)	N/A
92521:TL:97	REED Eval of Fluency (rehabilitative)	N/A
92522:TL:96	REED Eval Snd Prod (habilitative)	N/A
92522:TL:97	REED Eval Snd Prod (rehabilitative)	N/A
92523:TL:96	REED Eval –Snd Prod & Lan Com/Expr (habilitative)	N/A
92523:TL:97	REED Eval –Snd Prod & Lan Com/Expr (rehabilitative)	N/A
92523:52:TL:96	REED Eval –Snd Lan Com/Expr (habilitative)	N/A
92523:52:TL:97	REED Eval –Snd Lan Com/Expr (rehabilitative)	N/A
92524:TL:96	REED Behav/Qual analysis – voice/reso (habilitative)	N/A
92524:TL:97	REED Behav/Qual analysis – voice/reso (rehabilitative)	N/A
<b>IEP</b>		
92521:TM:96	IEP Eval of Fluency (habilitative)	N/A
92521:TM:97	IEP Eval of Fluency (rehabilitative)	N/A
92522:TM:96	IEP Eval Snd Prod (habilitative)	N/A
92522:TM:97	IEP Eval Snd Prod (rehabilitative)	N/A
92523:TM:96	IEP Eval –Snd Prod & Lan Com/Expr (habilitative)	N/A
92523:TM:97	IEP Eval –Snd Prod & Lan Com/Expr (rehabilitative)	N/A
92523:52:TM:96	IEP Eval –Snd Lan Com/Expr (habilitative)	N/A
92523:52:TM:97	IEP Eval –Snd Lan Com/Expr (rehabilitative)	N/A
92524:TM:96	IEP Behav/Qual analysis – voice/reso (habilitative)	N/A
92524:TM:97	IEP Behav/Qual analysis – voice/reso (rehabilitative)	N/A



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	Therapy/Treatments	
92507:96	Speech/Hearing Therapy Individual (habilitative)	N/A
92507:97	Speech/Hearing Therapy Individual (rehabilitative)	N/A
92508	Speech/Hearing therapy Group (group of 2-8 students)	N/A
	Assistive Technology	
97535:96	ATD Service – ADL (habilitative)	15 minutes
97535:97	ATD Service – ADL (rehabilitative)	15 minutes
<b>Non-Billable</b>	<b>Consultation</b> – Use for logging students with consult only services listed in the Program & Services section of their IEP <b>Communication</b> – Use for logging phone or email contact with students/parent/guardian. <b>Other</b> – use to log service that does not qualify as a Medicaid billable services. <b>Intern</b> – Used by student intern to record direct service that will not be billed out to Medicaid. <b>Group size more than 8</b> - Direct service to students in groups larger than 8. <b>No School Day</b> – Use to document snow days or other no school day <b>Provider Absent or Student Absent</b> <b>Provider not Available or Student not Available</b>	N/A

**96-Habilitative:** The student is learning a NEW SKILL that they never possessed.

**97-Rehabilitative:** The student is REGAINING a skill that they lost.

### SERVICE DETAIL (DAILY):

1. Describe what actually occurred on the date of service. Ensure that the Service Detail Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. Indicate the result of the therapy session (student's response).

**Example of Service Note Detail:** Group Therapy 92508:96 – Student played “Go Fish” with picture cards and was able to say /k/ sound in carrier phrases with 65% accuracy with moderate prompting. We will continue to focus on the /k/ sound.

### MONTHLY SUMMARY (PROGRESS) NOTES:

1. Summarize (evaluate) the student's monthly progress toward your medical/health related goal.
2. Include any changes in medical/mental status and changes in treatment with rationale for change.
3. Service Detail (Daily) Notes and Monthly (Progress) Summary Notes must not match.

**Example of Summary Note:** Student is making consistent progress toward meeting goal of being able consistently produce the /k/ sound. Student is currently able to produce /k/ in carrier phrase with an average of 70% accuracy at an independent level. Continuing /k/ at phrase level.

**RECORD KEEPING:** Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of change in ownership or termination of participation in Medicaid.

**TELEPRACTICE:** GT Modifier will follow standard CPT code for services provided via simultaneous audio and video virtual contact with student/family session through a HIPAA compliance virtual platform. Therapist will indicate in the provider note the virtual platform that was used.