

# Speech-Language Pathologist (SLP) Tip Sheet

## MET/Eval (Initial and 3-Year)

Encompasses all meetings, reports and evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP mtg.). Note: An evaluation must be completed to use this service type.

Procedure Code	Service Type / Description
92521:HT:96	MET/Initial Eval OR ReEval – Speech Fluency (e.g., stuttering, cluttering). Habilitative.
92521:HT:97	MET/Initial Eval OR ReEval – Speech Fluency (e.g., stuttering, cluttering). Rehabilitative.
92522:HT:96	MET/Initial Eval OR ReEval – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Habilitative.
92522:HT:97	MET/Initial Eval OR ReEval – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Rehabilitative.
92523:HT:96	MET/Initial Eval OR ReEval – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <b>with</b> evaluation of language comprehension and expression (e.g., receptive and expressive language). Habilitative.
92523:HT:97	MET/Initial Eval OR ReEval – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <b>with</b> evaluation of language comprehension and expression (e.g., receptive and expressive language). Rehabilitative.
92523:52:HT:96	MET/Initial Eval OR ReEval – Language Comprehension/Expression (e.g., receptive and expressive language). Habilitative.
92523:52:HT:97	MET/Initial Eval OR ReEval – Language Comprehension/Expression (e.g., receptive and expressive language). Rehabilitative.
92524:HT:96	MET/Initial Eval OR ReEval – Behavioral Qualitative Analysis of Voice (and resonance). Habilitative.
92524:HT:97	MET/Initial Eval OR ReEval – Behavioral Qualitative Analysis of Voice (and resonance). Rehabilitative.

## IEP (Annual and Initial)

Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP meeting.

Procedure Code	Service Type / Description
92521:TM:96	IEP – Speech Fluency (e.g., stuttering, cluttering). Habilitative.
92521:TM:97	IEP – Speech Fluency (e.g., stuttering, cluttering). Rehabilitative.
92521:TM:96	IEP – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Habilitative.
92521:TM:97	IEP – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Rehabilitative.
92523:TM:96	IEP – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <b>with</b> evaluation of language comprehension and expression (e.g., receptive and expressive language). Habilitative.
92523:TM:97	IEP – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <b>with</b> evaluation of language comprehension and expression (e.g., receptive and expressive language). Rehabilitative.
92523:52:TM:96	IEP – Language Comprehension/Expression (e.g., receptive and expressive language). Habilitative.
92523:52:TM:97	IEP – Language Comprehension/Expression (e.g., receptive and expressive language). Rehabilitative.
92524:TM:96	IEP – Behavioral Qualitative Analysis of Voice (and resonance). Habilitative.
92524:TM:97	IEP – Behavioral Qualitative Analysis of Voice (and resonance). Rehabilitative.

## REED (Effective 10/1/2013)

Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.

Procedure Code	Service Type / Description
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92521:TL:96	REED – Speech Fluency (e.g., stuttering, cluttering). Habilitative.
92521:TL:97	REED – Speech Fluency (e.g., stuttering, cluttering). Rehabilitative.
92521:TL:96	REED – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Habilitative.
92521:TL:97	REED – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Rehabilitative.
92523:TL:96	REED – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <b>with</b> evaluation of language comprehension and expression (e.g., receptive and expressive language). Habilitative.
92523:TL:97	REED – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); <b>with</b> evaluation of language comprehension and expression (e.g., receptive and expressive language). Rehabilitative.
92523:52:TL:96	REED – Language Comprehension/Expression (e.g., receptive and expressive language). Habilitative.
92523:52:TL:97	REED – Language Comprehension/Expression (e.g., receptive and expressive language). Rehabilitative.
92524:TL:96	REED – Behavioral Qualitative Analysis of Voice (and resonance). Habilitative.
92524:TL:97	REED – Behavioral Qualitative Analysis of Voice (and resonance). Rehabilitative.

#### OTHER EVALUATIONS (NOT RELATED TO THE MET OR IEP)

Procedure Code	Service Type / Description
92521:96	Non-MET/Eval – Speech Fluency (e.g., stuttering, cluttering). Habilitative.
92521:97	Non-MET/Eval – Speech Fluency (e.g., stuttering, cluttering). Rehabilitative.
92522:96	Non-MET/Eval – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Habilitative.
92522:97	Non-MET/Eval – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). Rehabilitative.
92523:96	Non-MET/Eval – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language). Habilitative.
92523:97	Non-MET/Eval – Speech Sound with Language: Speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language). Rehabilitative.
92523:52:96	Non-MET/Eval – Language Comprehension/Expression (e.g., receptive and expressive language). Habilitative.
92523:52:97	Non-MET/Eval – Language Comprehension/Expression (e.g., receptive and expressive language). Rehabilitative.
92524:96	Non-MET/Eval – Behavioral Qualitative Analysis of Voice (and resonance). Habilitative.
92524:97	Non-MET/Eval – Behavioral Qualitative Analysis of Voice (and resonance). Rehabilitative.

#### THERAPY / ATD

Procedure Code	Service Type / Description
92507:96	<b>Individual Habilitative Therapy:</b> Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab).
92507:97	<b>Individual Rehabilitative Therapy:</b> Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab).
92508:96	<b>Habilitative Group Therapy:</b> Therapeutic procedure(s), group (2 or more individuals).
92508:97	<b>Rehabilitative Group Therapy:</b> Therapeutic procedure(s), group (2 or more individuals).
97535:96	<b>ATD Self-care/Home Mgmt. Training:</b> Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1. Habilitative.

97535:97	<b>ATD Self-care/Home Mgmt. Training:</b> Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1. Rehabilitative.
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**THERAPY / ATD (continued)**

97755	<b>Assistive Technology Assessment:</b> To restore, augment, or compensate for existing function and/or maximize environmental accessibility: direct 1:1 provider contact required. <ul style="list-style-type: none"> <li>• If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to.</li> <li>• <b>Do not use if assessments for DME are billed by a Medicaid medical supplier.</b></li> </ul>
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**AREAS COVERED / ASSESSED**

Must chose at least one for record to save:	- Articulation	- Fluency / Stuttering	-Phonological
	- ATD Training	- Augmentive Communication	-Language
	- ATD Coordinating	- IEP Development / Review	-Processing
	- ATD Service	- Pragmatic / Semantic Language	-Rate / Rhythm
	- Evaluation	- Oral Motor Dysfunction; Swallowing	-Receptive Language
	- Expressive Language	- Monthly Summary	-Voice Therapy
	- Other (If Other Specify): <input style="width: 100px;" type="text"/>		

**RECORD-KEEPING ONLY**

UNBILLABLE	Choose a service type from your drop-down box that does not have a numeric code at the end of the description when making an entry for record-keeping purposes only. For example:		
	- Communication	No School Day	- Student not available
	- Consultation	Other	- Student absent
	- Group size more than 8 Provider not available		
	- Intern	Provider absent	

**GENERAL SERVICE INFORMATION**

**Provider Notes must include enough detail to allow reconstruction of what transpired for each service.**

\* Notes are vital in determining what actually occurred on the date of services & the result of the service. Notes should **STAND ALONE**, so that individuals with basic knowledge can answer simple questions such as: Is the student making progress? How does the service relate to the goals & how will they be measured? If an abbreviation, symbol, or other mark is used, it must be standard, widely accepted health care terminology. Symbols, marks, etc. **UNIQUE** to that provider **MUST NOT BE USED.**

· Consult services are an integral part or an extension of a direct medical service and **are not separately reimbursable**. **DO NOT USE** service types that show a “procedure code” at the end of the description.

- Service logs should be recorded by the 15th of the month following the service date.
- Group therapy must be provided in groups of 2-8 students – not billable if more than 8
- Monthly progress notes are **REQUIRED** for all months for which services are reported:
- Must include evaluation of progress and summarize the services reported during the month
- Must be dated in the month the services were provided - *using the last school day of the month is recommended*

**Staff Qualifications:**

The services listed are reimbursable when provided by a licensed or limited licensed Master's degree speech-language pathologist (SLP). Limited Licensed must be practicing under the direction of a licensed professional. If this is not the case, contact your Special Education Director.

**IEP Requirements:**

Therapy and treatment services are reportable only if the student's IEP includes Direct or Direct/Consultation services with a time and frequency.

- If you have any questions, please contact the Macomb ISD Medicaid department:
  - o Katy Irwin at 586-228-3343 or kirwin@misd.net or via PowerSchool SpecEd messaging: kirwin