

Documenting Speech/Language Services

UNDERSTANDING MODIFIERS

GT: Telemedicine: Distribution of health-related services and information via electronic information and telecommunication technologies.

HT: Special Education: ELIGIBILITY RECOMMENDATION (IDEA Eval) –An evaluation must have been done, but it also encompasses all observations, meetings (except the IEP/IFSP, which has a separate code below) and reports which culminate in a determination or re-determination of eligibility for Special Education or Early On services. The service date is the date of the eligibility meeting.

TM: Special Education: IEP/IFSP MEETING – Participation in the IEP/IFSP meeting. Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is the IEP meeting date.

No Modifier: Special Education: OTHER EVAL – Other evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.

96: Habilitative - Learning new skill the student never possessed.

97: Rehabilitative - Regaining skill the student lost.

ASSISTIVE TECHNOLOGY DEVICE (ATD) SERVICES

ATD services must be listed in a student’s IEP with a doctor’s prescription, in order to use ATD codes. If ATD is not in the student’s IEP, please use a non-billable code to track your service. ATD services are intended to directly assist with a disability in the selection, coordination of acquisition or use of an ATD; Selecting, providing for the acquisition of an ATD device, designing, fitting, customizing, adapting, applying, retaining or replacing the ATD, including orthotics.

| 1 SBS: SPECIAL EDUCATION STUDENTS | |
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| 97755 | 1 SBS: ATD - ATD Assessment [97755] Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes |
| 97535 96 | 1 SBS: ATD: Self-care Home Management Training HABILITATIVE [97535 96] Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact; each 15 minutes. |
| 97535 97 | 1 SBS: ATD: Self-care Home Management Training REHABILITATIVE [97535 97] Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact; each 15 minutes. |
| 92508 96 | 1 SBS: Group Speech Therapy, 2-8 students HABILITATIVE [92508 96] Treatment of speech, language, voice, communication, and/or auditory processing disorder; group (2-8 students) |
| 92508 97 | 1 SBS: Group Speech Therapy, 2-8 students REHABILITATIVE [92508 97] Treatment of speech, language, voice, communication, and/or auditory processing disorder; group (2-8 students) |
| 92524 HT 96 | 1 SBS: IDEA EVAL: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 HT 96] Evaluation of qualitative analysis of voice and resonance. |
| 92524 HT 97 | 1 SBS: IDEA EVAL: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 HT 97] Evaluation of qualitative analysis of voice and resonance. |
| 92523 52 HT 96 | 1 SBS: IDEA Eval: Language Comp/Expr HABILITATIVE [92523 52 HT 96] Evaluation of language comprehension and expression (e.g., receptive and expressive language) |
| 92523 52 HT 97 | 1 SBS: IDEA Eval: Language Comp/Expr REHABILITATIVE [92523 52 HT 97] Evaluation of language comprehension and expression (e.g., receptive and expressive language) |
| 92521 HT 96 | 1 SBS: IDEA Eval: Speech Fluency HABILITATIVE [92521 HT 96] Evaluation of speech fluency (e.g. stuttering, cluttering) |
| 92521 HT 97 | 1 SBS: IDEA Eval: Speech Fluency REHABILITATIVE [92521 HT 97] Evaluation of speech fluency (e.g. stuttering, cluttering) |
| 92522 HT 96 | 1 SBS: IDEA Eval: Speech Sound Production HABILITATIVE [92522 HT 96] Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) |
| 92522 HT 97 | 1 SBS: IDEA Eval: Speech Sound Production REHABILITATIVE [92522 HT 97] Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) |

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| 92523 HT 96 92523 HT 97 | 1] SBS: IDEA Eval: Speech Sound Production and Language Comp/Expr HABILITATIVE [92523 HT 96] 1] SBS: IDEA Eval: Speech Sound Production and Language Comp/Expr REHABILITATIVE [92523 HT 97] |
| 92524 TM 96 92524 TM 97 | 1] SBS: IEP/IFSP Participation: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 TM 96] 1] SBS: IEP/IFSP Participation: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 TM 97] |
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| 92507 96 92507 97 | 1] SBS: Individual Speech Therapy HABILITATIVE [92507 96] Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 1] SBS: Individual Speech Therapy REHABILITATIVE [92507 97] Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |
| 92524 96 92524 97 | 1] SBS: Other Eval: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 96] Evaluation of qualitative analysis of voice and resonance. 1] SBS: Other Eval: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 97] Evaluation of qualitative analysis of voice and resonance. |
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| 92508 GT | 1] SBS: Telemedicine: Group Speech Therapy, 2-8 students [92508 GT] |
| 92507 GT 96 92507 GT 97 | 1] SBS: Telemedicine: Individual Speech Therapy HABILITATIVE [92507 GT 96] 1] SBS: Telemedicine: Individual Speech Therapy REHABILITATIVE [92507 GT 97] |
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| 2] NON-BILLABLE DOCUMENTATION | |
| <p>2] IEP: Consult-Use for logging students with Consult service listed in the Program & Services section of their IEP.</p> <p>2] IEP: Monitoring-Use for logging students with Monitor service listed in the Accommodation section of their IEP.</p> <p>2] Non-Billable: Behavior Plan Meeting – use to log for students with a behavior plan.</p> <p>2] Non-Billable: Communication-Use to log communication with parent, other providers, staff etc</p> <p>2] Non-Billable: Early On Family Training: Group-Use to log family training provided in a group setting.</p> <p>2] Non-Billable: Educational Accommodations Delivered – Use to document the student received an accommodation.</p> <p>2] Non-Billable: Educational Group Accommodations Delivered – Use to document the group received an accommodation.</p> <p>2] Non-Billable: Home Visit-Use to record Home Visits at the student’s home.</p> <p>2] Non-Billable: Manifestation Determination Review –Meeting determining if the behavior is related to the student’s disability.</p> <p>2] Non-Billable: No School Day – use to note no school day. Start time = time intended to work with student</p> <p>2] Non-Billable: Other-Use to log any provided service that does not meet criteria of any other selection.</p> <p>2] Non-Billable: Parent and/or Staff Meeting – Do not use for IEP/IFSP meetings.</p> <p>2] Non-Billable: Provider Absent-Use to note provider absence. Start time = time intended to work with student.</p> <p>2] Non-Billable: Provider not Available-Use to note provider not available. Start time = time intended to work with student.</p> <p>2] Non-Billable: Record Keeping-Use for any student record keeping purposes you want to track.</p> <p>2] Non-Billable: REED-Use to document REED service.</p> <p>2] Non-Billable: Related Service Case Management - Use to track Case Management for students that you are the case manager.</p> <p>2] Non-Billable: Report Writing– Use to document the time it takes to write evaluation/report</p> <p>2] Non-Billable: Student Absent-Use to report Student Absent. Start Time = time you intended to work with the student.</p> <p>2] Non-Billable: Student Not Available-Use to log that student was not available. Start Time = time you intended to work with the student.</p> <p>2] Non-Billable: Student Observation– Use to document time observing students for evaluation purposes.</p> <p>2] Non-Billable: Student Refused Service– Use to document student refusing service.</p> <p>2] Program 270 – Early On Work on Goals - ONLY use this option if you are delivering services under Program 270.</p> <p>2] Program 270 – Early On Work on Goals Group- ONLY use this option if you are delivering services under Program 270.</p> | |
| 3] C4S: GENERAL EDUCATION STUDENTS | |
| Documentation of service delivery for general education students who have a parent signed consent to treat and a 504 Plan or Plan of Care. If student is Medicaid eligible, and a speech referral is on file, services can be billed. Proposed roll out for general education speech services in the future. | |
| GENERAL SERVICE INFORMATION | |
| <input type="checkbox"/> Consult services are an integral part or an extension of a direct medical service but are not separately reimbursable by Medicaid. <input type="checkbox"/> Therapy/Treatment and Assistive Technology Device services are reportable only if the student’s IEP/IFSP includes Direct services with a time and frequency. <input type="checkbox"/> Assistive Technology Device (ATD) services are reportable only if the student’s IEP/IFSP includes ATD services under Supplementary Aids/Program Modifications/Support for School Personal. <input type="checkbox"/> Provider Notes for Evaluations must indicate “Initial” or “Re-Eval.” <input type="checkbox"/> Billing is due the 15 th of the Month. | |

Service Documentation:

The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students.

For direct services such as therapy, service documentation must include:

- The activity/method of treatment
- Level of assistance needed (i.e. visual cue, modeling, etc.)
- Specific findings or results of each therapy session
- Next steps (if any)

Provider Note Example: Group Therapy 92508 –*“John played “Go Fish” with picture cards. John 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 Progress Summaries are REQUIRED for each month that services are reported for Medicaid eligible students. A monthly progress summary must include:

- Evaluation of progress toward IEP goals for the month.
- Include any changes in medical/mental status & changes in treatment plans with rationale for change.

Monthly Progress Summary Example: *“John is making consistent progress toward meeting criteria for IEP goals/objectives. John is currently able to produce /k/ in carrier phrases with an average of 70% accuracy at an independent level. Continue /k/ at phrase level.”*

Annual Requirements:

Speech therapy services must be referred by a physician and updated annually.

Staff Qualifications:

The services listed are reimbursable when provided by a Speech and Language Pathologist currently licensed in Michigan.

Supervision & Under the Direction Of:

Michigan Department of Health and Human Services Provider Manual dated October 2019

1.4 UNDER THE DIRECTION OF

Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care, which at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.