

Speech-Language Pathologist – Full License

Tip Sheet

Service Type/Description	Procedure Code	Start/End Time	Medical Areas
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.). <u>Note:</u> An evaluation must be completed to use this service type.			
<ul style="list-style-type: none"> • MET/Eval – Speech Fluency (e.g., stuttering, cluttering). 	92521 HT	No	Yes
<ul style="list-style-type: none"> • MET/Eval – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). 	92522 HT	No	Yes
<ul style="list-style-type: none"> • 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). 	92523 HT	No	Yes
<ul style="list-style-type: none"> • MET/Eval – Language Comprehension/Expression (e.g., receptive and expressive language). 	92523 52 HT	No	Yes
<ul style="list-style-type: none"> • MET/Eval – Behavioral Qualitative Analysis of Voice (and resonance). 	92524 HT	No	Yes
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.			
<ul style="list-style-type: none"> • IEP – Speech Fluency (e.g., stuttering, cluttering). 	92521 TM	No	Yes
<ul style="list-style-type: none"> • IEP – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). 	92522 TM	No	Yes
<ul style="list-style-type: none"> • IEP – 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). 	92523 TM	No	Yes
<ul style="list-style-type: none"> • IEP – Language Comprehension/Expression (e.g., receptive and expressive language). 	92523 52 TM	No	Yes
<ul style="list-style-type: none"> • IEP – Behavioral Qualitative Analysis of Voice (and resonance). 	92524 TM	No	Yes
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.			
<ul style="list-style-type: none"> • REED – Speech Fluency (e.g., stuttering, cluttering). 	92521 TL	No	Yes
<ul style="list-style-type: none"> • REED – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). 	92522 TL	No	Yes
<ul style="list-style-type: none"> • REED – 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). 	92523 TL	No	Yes
<ul style="list-style-type: none"> • REED – Language Comprehension/Expression (e.g., receptive and expressive language). 	92523 52 TL	No	Yes
<ul style="list-style-type: none"> • REED – Behavioral Qualitative Analysis of Voice (and resonance). 	92524 TL	No	Yes
Evals not related to MET or IEP			
Evaluations completed for purposes other than the IDEA Assessment. The date of service is the date the test is completed.			
<ul style="list-style-type: none"> • Non-MET/Eval – Speech Fluency (e.g., stuttering, cluttering). 	92521	No	Yes
<ul style="list-style-type: none"> • Non-MET/Eval – Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria). 	92522	No	Yes

<ul style="list-style-type: none"> • 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). 	92523	No	Yes
<ul style="list-style-type: none"> • Non-MET/Eval – Language Comprehension/Expression (e.g., receptive and expressive language). 	92523 52	No	Yes
Therapy/ATD			
<ul style="list-style-type: none"> • Individual Therapy: Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab). 	92507	Optional	Yes
<ul style="list-style-type: none"> • Group Therapy: Therapeutic procedure(s), group (2 or more individuals). 	92508	Optional	Yes
<ul style="list-style-type: none"> • ATD Self-care/Home Mgmt. Training: Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1. 	97535	Yes	Yes
<ul style="list-style-type: none"> • Assistive Technology Assessment: 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"> ○ If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to. ○ Do not use if assessments for DME are billed by a Medicaid medical supplier. 	97755	Yes	Yes
Record Keeping Only			
<ul style="list-style-type: none"> • Monthly Progress Note 	-	-	No
<ul style="list-style-type: none"> • Student Absent/Unavailable 	-	-	No
<ul style="list-style-type: none"> • Provider Absent/Unavailable 	-	-	No
<ul style="list-style-type: none"> • Non-billable Entry 	-	-	No

Medical Areas		
<ul style="list-style-type: none"> • Evaluation • IEP Development/Review • Articulation • Augmentative Communication • Expressive Language 	<ul style="list-style-type: none"> • Fluency/Stuttering • Language • Oral Motor Dysfunction; Swallowing • Phonological • Pragmatic/Semantic Language • Processing 	<ul style="list-style-type: none"> • Rate/Rhythm • Receptive Language • Voice Therapy • ATD Services • ATD Coordinating • ATD Training

General Service Information
<ul style="list-style-type: none"> • Consult services are an integral part or an extension of a direct medical service and are not separately reimbursable. • Billing is due on the 5th of each month. • Group therapy must be provided in groups of 2-8 students – not billable if more than 8 • Service comments must include enough detail to allow reconstruction of what transpired for each service. • Monthly progress notes are REQUIRED for all months for which services are reported: <ul style="list-style-type: none"> ○ Must include evaluation of progress and summarize the services reported during the month ○ Must be dated in the month the services were provided - <i>using the last school day of the month is recommended</i> • If you have any questions, please contact the Medicaid department: <ul style="list-style-type: none"> ○ Heidi Cuthbert at 269-471-7725, ext. 1143 or Heidi.Cuthbert@berrienresa.org