

RALEIGH COUNTY SCHOOLS SPEECH THERAPY MEDICAID BILLING FORM FOR DOCUMENTATION

| | | | | |
|-----------------------|--------------------|--|--|---|
| Beginning Date | Ending Date | Direct Minutes per IEP min/month | Total Direct Minutes this Month | PLAN: <input type="checkbox"/> Continue IEP <input type="checkbox"/> Reconvene IEP Meeting |
|-----------------------|--------------------|--|--|---|

Signature of SLP: _____ Date _____

| WVEIS | LAST NAME | FIRST NAME | MIDDLE NAME | PROVIDER |
|------------|-----------|------------|-------------|----------|
| | | | | |
| MEDICAID # | DX | EX | DOB | SCHOOL |
| | | | | |

IEP GOALS:

| DATE | TIME IN | TIME OUT | IEP GOAL(S) | PROC CODE | # OF UNITS |
|--------------------------|--------------------|--------------------------|---|--------------------------|------------|
| | | | 1 2 3 4 5 | 92507 92508 | |
| ACTIVITY: | | | DATA: | | |
| <input type="checkbox"/> | Oral Motor | <input type="checkbox"/> | Drill | <input type="checkbox"/> | Setting |
| <input type="checkbox"/> | Listening Skills | <input type="checkbox"/> | Vocabulary | <input type="checkbox"/> | School |
| <input type="checkbox"/> | Fluency Strategies | <input type="checkbox"/> | Pre/Post Test | <input type="checkbox"/> | Home |
| <input type="checkbox"/> | Curriculum Work | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Daycare |
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| PROCEDURE CODES | | |
|--------------------|----------------------------|-----------------------|
| 92506 - EVALUATION | 92507 - INDIVIDUAL THERAPY | 92508 - GROUP THERAPY |