CLEAR

PRINT

RALEIGH COUNTY SPEECH THERAPY
MEDICAID BILLING FORM WITH DOCUMENTATION

Revised August, 2013

Beginning Date	Ending Date	DIRECT MINUTES per IEP	TOTAL DIRECT MINUTES PROVIDED THIS MONTH	→	NOTE: Billing MUST be submitted no later than the 10th day of the following month	SIGNATURE LINE	FUTURE GOAL:
_____	_____	_____	_____			_____ Date_____	☐ Continue IEP until completion date ☐ Reconvene IEP Team to address change

WVEIS	Last Name		First Name	Middle Name	Provider Name
MEDICAID	**DX**	**EX**	**Birth Date**	**School**	

IEP GOALS:

CODE	PROCEDURE		Total Units Per Month
92506	Evaluation of speech, language, voice communication, auditory processing, and/or aural rehabilitation status	1 per 6 Months	Date
92507	Treatment of speech language, voice, communication, auditory processing, and/or aural rehabilitation); 1:1	15 min	
92508	Treatment of speech language, voice, communication, auditory processing, and/or aural rehabilitation); Group	15 min	
T2022	Care Coordination	1 Month	

Date mm/dd/yy	Time In	Time Out	IEP Goal	Proc Code	# of Units	Activity and Progress

Signature

Date mm/dd/yy	Time In	Time Out	IEP Goal	Proc Code	# of Units	Activity and Progress

Signature

Date mm/dd/yy	Time In	Time Out	IEP Goal	Proc Code	# of Units	Activity and Progress

Signature

Date mm/dd/yy	Time In	Time Out	IEP Goal	Proc Code	# of Units	Activity and Progress

Signature

CARE COORDINATION (UNDUPLICATED STUDENTS ONLY)

Documentation	Code	Care Coordination Activities	Date(s)
Log	A	Met with Sp Ed or Reg Ed teacher regarding child's service needs/progress	
None	Q	Reviewed provider assessment/testing results	
None	R	Reviewed provider notes/memoranda regarding child/s service needs/progress	
Documentation	S	Prepared progress notes (see above)	
Documentation	X	Other:	