

Limited Licensed Speech Pathologist - 142 Telemedicine

Procedure Code	Description	Time Requirement
Therapy/Treatments		
92507:GT:96	Speech/Hearing Therapy Individual (habilitative) audio & visual	N/A
92507:GT:97	Speech/Hearing Therapy Individual (rehabilitative) audio & visual	N/A
92508:GT	Speech/Hearing therapy Group (group of 2-8 students) audio/visual	N/A
Non-Billable	<p>Consult Only – Use for logging students with consult only services listed in the Program & Services section of their IEP</p> <p>Monitoring – Use for logging students with monitoring service listed in the Accommodation section of their IEP</p> <p>Behavior Plan Meeting – use to log for students with a behavior plan Communications – Use to log communications with parent, other providers, staff,</p> <p>Attendance - Use to log when a student is missing therapy(ies) due to absences</p> <p>No School Day – Use to document snow days or other no school day</p> <p>Record Keeping – Use for any student record keeping purposes you want to track</p> <p>Student Observation – Use to document time observing students for evaluation purposes</p>	N/A

96-Habilitative: The student is learning a NEW SKILL that they never possessed.

97-Rehabilitative: The student is REGAINING a skill that they lost.

Telehealth is modality of service using telecommunications and information technologies

GT: Telehealth services provided “via interactive audio and video telecommunications systems.”

SERVICE DETAIL (DAILY):

1. Describe what actually occurred on the date of service. Ensure that the Service Detail Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. Indicate the result of the therapy session (student’s response).

Example of Service Note Detail: Group Therapy 92508:96 – Student played “Go Fish” with picture cards and was able to say /k/ sound in carrier phrases with 65% accuracy with moderate prompting. We will continue to focus on the /k/ sound.

***Add to your note “Services were provided (location of service) during the COVID-10 shutdown”**

MONTHLY SUMMARY (PROGRESS) NOTES:

1. Summarize (evaluate) the student’s monthly progress toward your medical/health related goal.
2. Include any changes in medical/mental status and changes in treatment with rationale for change.
3. Service Detail (Daily) Notes and Monthly (Progress) Summary Notes must not match.
4. Must enter supervisor’s name from drop down before you can submit.

Example of Summary Note: Student is making consistent progress toward meeting goal of being able consistently produce the /k/ sound. Student is currently able to produce /k/ in carrier phrase with an average of 70% accuracy at an independent level. Continuing /k/ at phrase level.

RECORD KEEPING: Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of change in ownership or termination of participation in Medicaid.