

# Speech/Language Pathologist

## School Based Services

### THERAPY SERVICES:

Therapy services may be documented using the codes below if the student has direct speech therapy in their IEP and has a Speech Referral for services to bill Medicaid, if eligible.

**HABILITATIVE (96)** - Learning new skill the student never possessed. ~ **96 modifier** ~

**REHABILITATIVE (97)** - Regaining skill the student lost. ~ **97 modifier** ~

Speech, language and hearing services include articulation, language and rhythm; Swallowing dysfunction and/or oral function for feeding; Voice therapy; Speech, language or hearing therapy; Speech reading, aural rehabilitation; Esophageal speech training therapy; Speech defect corrective therapy; aural rehab; Fitting and testing of hearing aids or other communication devices

**Individual Speech Therapy HABILITATIVE [92507 96]**

**Individual Speech Therapy REHABILITATIVE [92507 97]**

*Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual*

**Group Speech Therapy, 2-8 students HABILITATIVE [92508 96]**

**Group Speech Therapy, 2-8 students REHABILITATIVE [92508 97]**

*Treatment of speech, language, voice, communication, and/or auditory processing disorder; group (2-8 students)*

### ASSISTIVE TECHNOLOGY DEVICE (ATD) SERVICES

ATD services must be listed in a student's IEP with a doctor's prescription, in order to use the codes below. 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.

**ATD: Self-care Home Management Training HABILITATIVE [97535 96]**

**ATD: Self-care Home Management Training REHABILITATIVE [97535 97]**

*Self-care/home management training (eg, 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.*

**ATD - AT Assessment [97755]** *Assistive technology assessment (eg, 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*

### EVALUATIONS, IEP/IFSP and REED SERVICES

**IDEA EVAL (HT)** - INDICATE INITIAL OR RE-EVAL IN PROVIDER NOTE SECTION. An evaluation must have been done and it encompasses all observations, meetings (except the REED & IEP/IFSP, which have separate codes below) and reports which culminate in a determination of eligibility for Special Education or early-on services. ~ **HT modifier** ~ The service date is the date of the eligibility meeting. Use the proper code utilizing the HT modifier for IDEA evaluations.

**IEP/IFSP MEETING (TM)** - Participation in the IEP/IFSP meeting. ~ **TM modifier** ~ Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is the IEP meeting date using the proper code with the TM modifier for IEP/IFSP.

**REED (TL)**- Participation in the Review of Existing Evaluation Data (REED). ~ **TL modifier** ~ Date of service is the date the REED was completed using the proper code with the TL modifier.

**OTHER EVALUATION**— Evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test is completed using the proper code with the proper modifier.

**HABILITATIVE (96)** - Learning new skill the student never possessed. ~ **96 modifier** ~

**REHABILITATIVE (97)** - Regaining skill the student lost. ~ **97 modifier** ~

92521 HT 96

92521 HT 97

92521 TM 96

92521 TM 97

92521 TL 96

92521 TL 97

92521 96

92521 97

**Speech Fluency.** *Evaluation of speech fluency (e.g. stuttering, cluttering)*

92522 HT 96

92522 HT 97

92522 TM 96

92522 TM 97

92522 TL 96

**Speech Sound Production.** *Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)*

92522 TL 97  
92522 96  
92522 97

92523 52 HT 96  
92523 52 HT 97  
92523 52 TM 96  
92523 52 TM 97  
92523 52 TL 96  
92523 52 TL 97  
92523 52 96  
92523 52 97

**Language Comprehension & Expression.** *Evaluation of language comprehension and expression (e.g., receptive and expressive language)*

92524 HT 96  
92524 HT 97  
92524 TM 96  
92524 TM 97  
92524 TL 96  
92524 TL 97  
92524 96  
92524 97

**Behavioral and Qualitative Analysis of Voice and Resonance.** *Evaluation of qualitative analysis of voice and resonance.*

92523 HT 96  
92523 HT 97  
92523 TM 96  
92523 TM 97  
92523 TL 96  
92523 TL 97  
92523 96  
92523 97

**Speech Sound Production and Language Comp/Expr.** *Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)*

**RECORD-KEEPING ONLY—*Service cannot be classified under one of the codes listed above***

**Communication**-Use to log communication with parent, other providers, staff etc.

**No School Day**-Use to note no school day. Start time = time intended to work with student.

**Other**-Use to log any provided service that does not meet criteria of any other selection.

**Provider Absent**-Use to note provider absence. Start time = time intended to work with student.

**Provider not Available**-Use to note provider not available. Start time = time intended to work with student.

**Student Absent**-Use to report Student Absent.

**Student Not Available**-Use to log that student was not available.

**Consultation** – Consult services are an integral part or an extension of a direct medical service and not separately reimbursable.

**Non-billable Group (size 9+)** – Use for documenting services to a group of students greater than 9.

**GENERAL SERVICE INFORMATION**

- Service entry is due within 30 days after month's end (All Sept logs due by Oct 30, etc.)
- Provider Notes must include enough detail to allow reconstruction of what transpired for each service.
- Therapy/Treatment and Assistive Technology Device services are reportable only if the student's IEP/IFSP includes Direct services with a time and frequency.
- Assistive Technology Device (ATD) services are reportable only if the student's IEP/IFSP includes ATD services under Special Factors, Supplementary Aids and Assessments.
- Provider Notes for Evaluations must indicate "Initial" or "Re-Eval."

## Logging Service Records in PSSE

Contact Info: Lana Stiebe    lstiebe@washtenawisd.org    734-994-8100, x1548

**CASELOAD:** It is important to keep your caseload current. Add new students as necessary and delete students as necessary. If deleting student(s), do this only after all Service Records have been completed.

**\*MEDICAID ELIGIBLE STUDENTS:** A report on PSSE's home page titled [WISD] My Medicaid Caseload (highlighted in purple, right column) automatically lists who on your caseload is Medicaid eligible and has 1 or more direct services. Please check this report monthly. There are occasions when it will change.

*\*If you do not see the 'My Medicaid Caseload' report on your home page, please contact me.*

### Logging Service Records:

1. From your caseload, click the Service Calendar icon to the left of the student's name.
2. Your caseload appears in the left column. Highlight the student you want to record a service for.
3. Select the Calendar Date of your service. Right click on that date. Click **Record Past Service**. The Service Record pops up. Student name, your name, Date and Group Size will pre-populate.
4. Fill in the fields titled: **Service – Service Type – Time – Duration – Progress Report**
5. **Provider Notes:** This field must include enough detail to allow reconstruction of what transpired for each service you are logging. (who was present, what was done, how the did student respond, e.g.)
6. **Areas Covered/Assessed:** At least one area needs to be selected. Choosing "Other" is fine, but you must specify what "Other" is.
7. Check the box titled: **Has this service been completed?**
8. Click **Save**. Completed entries show up in purple on the Service Calendar. Tan colored entries are incomplete.

### \*Logging Monthly Progress Summaries: ONLY ON MEDICAID ELIGIBLE STUDENTS

- Monthly Progress Summaries are **REQUIRED** on Medicaid eligible students and must be dated in the month the services were provided. Using the last school day of the month is recommended.
- Repeat Steps 1-4 from above. **NOTE:** For **Service Type**, you **must** select "Monthly Progress Summary"
- Fill in the **Time** field. It should be a time when school is in session.
- **Duration** is not required to be filled for monthly summary. Leaving it blank, putting in zero, or the time it takes to complete the summary....all are fine.
- **Provider Notes** should include evaluation of progress and summarize how the student did overall during the month. Please note whether there were any changes in treatment and medical or mental status. (just what you personally know). If you know of none, state that.
- **Areas Covered/Assessed:** Choose Monthly Summary, if listed. If not, choose Other. In the Specify field, write Monthly Summary.
- Check the box titled: **Has this service been completed?**
- Click **Save**. Completed entries show up in purple on the Service Calendar. Tan colored entries are incomplete.

**For Medicaid Eligible students:** All completed Service Records will sit in limbo and not be exported or billed if there is no monthly summary.      **Service Records (1 or more) + 1 Monthly Progress Summary = Complete Billing**

When you open a **Service Record**, if **Service** and **Service Type** do not appear, please email me:

Service Record

Student Sample,Sample  
Staff Stiebe,Lana  
Service Date Time\* 02/26/2018



Service\* [redacted]

Service Type\* (none) [redacted]

## Random Moment Time Studies – A Guideline for Direct Service Providers

When chosen, you will receive a notification that you have been randomly selected to complete a web-based time study moment for the Michigan School Based Services Program. Your notification will come via email from [miaop@pcgus.com](mailto:miaop@pcgus.com). The time study gathers information on the activities that school staff are performing for special education students and classifies these activities based on whether they are educational or related to the delivery of designated health services that could be federally matched by Medicaid.

As a significant amount of the SBS Medicaid claim is based on the results of the time studies, it is very important that the person who reviews and assigns a code to your answers understands your activity. Please follow these important guidelines:

**Use detail and be very specific in describing activities that are health related in nature.**

### Question 1- Who was with you?

Vague Response	Detailed Response
A student	A severely multiply impaired student
A parent	A parent of an autistic student
A teacher	The SXI classroom teacher
A principal and staff	The principal of our center program for special education students, along with the OT and PT and Social Worker

### Question 2 – What were you doing?

Vague Response	Detailed Response
Lesson Plans	Developing a health-related plan of care
Compiling Data	Compiling medical evaluations for assessments for IEP
Paperwork	Medical documentation, e.g. documenting student’s progress on IEP goals

### Question 3- Why were you doing this activity

Vague Response	Detailed Response
Scheduled therapy	To promote maintenance and extension of the student’s severely limited range of motion
Per IEP goals	The student is non-verbal and needs support for effective communication during her activities of daily living due to multiple impairments
Student needed assistance	Student was having difficulty breathing, probably due to seasonal allergies. Student needs help with actuation due to limited hand strength

### Question 4- Does the student have an IEP in place for the services you are performing?

This question is very important since without an indication of an IEP/IFSP in place, the service will not be counted for Medicaid purposes.