St. Lucie Public Schools
Department of Exceptional Student Education
Documentation and Billing of Speech/Language Therapy
Provider # 1669547451

Student Name ______________________________________ **Student ID #** _________________________

Medicaid # ____ **D.O.B.**_______________________________

Diagnosis Code(s) __________________________________ **School #** _____________________________

Provider's Name: ___________________________________

Please Print

Date of Service	Procedure Code	Length of Treatment (Minutes)	Therapy Method		Progress
	☐ 92506 Evaluation by Pathologist ☐ 92507 Individual Session with Pathologist ☐ 92507HM Individual Session with Assistant ☐ 92508 Group Session by Speech Pathologist Number in Group_____________ ☐ 92508HM Group Session by Pathology Assistant Number in Group _____________	Minimum of: 15 Minutes___ 30 Minutes___ 45 Minutes___ 1 Hour ___ Other ___ (Beyond 1 hour)	Artic: RL: OM: EL: FL: AAC: Voi: WL:	OTHER:	___Mastered ___Progress ___No Change ___Return to Previous stage of therapy
			Signature Credentials Date		
	☐ 92506 Evaluation by Pathologist ☐ 92507 Individual Session with Pathologist ☐ 92507HM Individual Session with Assistant ☐ 92508 Group Session by Speech Pathologist Number in Group_____________ ☐ 92508HM Group Session by Pathology Assistant Number in Group _____________	Minimum of: 15 Minutes___ 30 Minutes___ 45 Minutes___ 1 Hour ___ Other ___ (Beyond 1 hour)	Artic: RL: OM: EL: FL: AAC: Voi: WL:	OTHER:	___Mastered ___Progress ___No Change ___Return to Previous stage of therapy
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			Signature Credentials Date		

Treatment Method Codes		
Artic: Articulation/Phonological Therapy OM: Oral Motor Activities FL: Fluency Therapy	Voi: Voice Therapy RL: Receptive Language Therapy EL: Expressive Language Therapy	AAC: Alternative/Augmentative Communication WL: Written Language Therapy