

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

Student Name _____

Student ID # _____

Medicaid # _____

D.O.B. _____

Diagnosis Code(s) _____

School # _____

Provider's Name: _____

Please Print

Date of Service: _____

Length of Evaluation:

- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours

Evaluation Procedure Code:

- 92521** Evaluation of Speech Fluency (e.g., stuttering, clutter)
- 92522** Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)
- 92523** 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)
- 92523-52** Evaluation of Language
- 92524** Behavioral and Qualitative Analysis of Voice Resonance

Signature

Title

Date

XED0241 Rev 11/22