

# Speech and Language Pathologist

## UNDERSTANDING MODIFIERS

**GT/95: TeleHealth:** Distribution of health-related services and information via electronic information and telecommunication technologies. Audio and Visual

**HT: Special Education: ELIGIBILITY RECOMMENDATION (IDEA Eval)** –An evaluation must have been done, but it also encompasses all observations, meetings (except the IEP/IFSP, which has a separate code below) and reports which culminate in a determination or re-determination of eligibility for Special Education or Early On services. The service date is the date of the eligibility meeting.

**TM: Special Education: IEP/IFSP MEETING** – Participation in the IEP/IFSP meeting. Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is the IEP meeting date.

**No Modifier: Special Education: OTHER EVAL** – Other evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.

**96: Habilitative** - Learning new skill the student never possessed.

**97: Rehabilitative** - Regaining skill the student lost.

## ASSISTIVE TECHNOLOGY DEVICE (ATD) SERVICES

ATD services must be listed in a student's IEP, in order to use ATD codes. If ATD is not in the student's IEP, use a non-billable code to track your service.

**0] SBS/C4S: Monthly Progress Summary [00000]** End of month summation of all services for Medicaid eligible students. Must be dated last school day of the month. Use report on Home page: User Monthly Progress Summaries - CHECK MONTHLY

<b>1] SBS: SPECIAL EDUCATION STUDENTS</b>
<b>1] SBS: ATD - ATD Assessment [97755]</b> 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
<b>1] SBS: ATD: Self-care Home Management Training HABILITATIVE [97535 96]</b> <b>1] SBS: ATD: Self-care Home Management Training REHABILITATIVE [97535 97]</b> 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.
<b>1] SBS: Tele-Health: ATD: Self-care Home Management Training HABILITATIVE [97535 95 96]</b> <b>1] SBS: Tele-Health: ATD: Self-care Home Management Training REHABILITATIVE [97535 95 97]</b>
<b>1] SBS: Group Speech Therapy, 2-8 students [92508]</b>
<b>1] SBS: IDEA EVAL: Behavioral and Qualitative Analysis of Voice &amp; Resonance HABILITATIVE [92524 HT 96]</b> <b>1] SBS: IDEA EVAL: Behavioral and Qualitative Analysis of Voice &amp; Resonance REHABILITATIVE [92524 HT 97]</b> Evaluation of qualitative analysis of voice and resonance
<b>1] SBS: IDEA Eval: Language Comp/Expr HABILITATIVE [92523 52 HT 96]</b> <b>1] SBS: IDEA Eval: Language Comp/Expr REHABILITATIVE [92523 52 HT 97]</b> Evaluation of language comprehension and expression (e.g., receptive and expressive language)

<p><b>1] SBS: IDEA Eval: Speech Fluency HABILITATIVE [92521 HT 96]</b>  <b>1] SBS: IDEA Eval: Speech Fluency REHABILITATIVE [92521 HT 97]</b>  Evaluation of speech fluency (e.g. stuttering, cluttering)</p>
<p><b>1] SBS: IDEA Eval: Speech Sound Production &amp; Language Comp/Expr HABILITATIVE [92523 HT 96]</b>  <b>1] SBS: IDEA Eval: Speech Sound Production &amp; Language Comp/Expr REHABILITATIVE [92523 HT 97]</b></p>
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<p><b>1] SBS: IEP/IFSP Participation: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 TM 96]</b>  <b>1] SBS: IEP/IFSP Participation: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 TM 97]</b></p>
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<p><b>1] SBS: Individual Speech Therapy HABILITATIVE [92507 96]</b>  <b>1] SBS: Individual Speech Therapy REHABILITATIVE [92507 97]</b>  Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.</p>
<p><b>1] SBS: Other Eval: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 96]</b>  <b>1] SBS: Other Eval: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 97]</b>  Evaluation of qualitative analysis of voice and resonance.</p>
<p><b>1] SBS: Other Eval: Language Comp/Expr HABILITATIVE [92523 52 96]</b>  <b>1] SBS: Other Eval: Language Comp/Expr REHABILITATIVE [92523 52 97]</b>  Evaluation of language comprehension and expression (e.g., receptive and expressive language)</p>
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<p><b>1] SBS: Other Eval: Speech Sound Production and Language Comp/Expr HABILITATIVE [92523 96]</b>  <b>1] SBS: Other Eval: Speech Sound Production and Language Comp/Expr REHABILITATIVE [92523 97]</b>  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)</p>
<p><b>1] SBS: Other Eval: Speech Sound Production HABILITATIVE [92522 96]</b>  <b>1] SBS: Other Eval: Speech Sound Production REHABILITATIVE [92522 97]</b>  Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)</p>
<p><b>1] SBS: Tele-Health: IDEA Eval: Behavioral and Qualitative Analysis of Voice and Resonance HABILITATIVE [92524 HT 95 96]</b>  <b>1] SBS: Tele-Health: IDEA Eval: Behavioral and Qualitative Analysis of Voice and Resonance REHABILITATIVE [92524 HT 95 97]</b></p>

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1] SBS: Tele-Health: IDEA Eval: Speech Sound Production REHABILITATIVE [92522 HT 95 97]
1] SBS: Tele-Health: Individual Speech Therapy HABILITATIVE [92507 95 96]
1] SBS: Tele-Health: Individual Speech Therapy REHABILITATIVE [92507 95 97]
2] NON-BILLABLE DOCUMENTATION
2] <b>IEP: Consult</b> - Use for logging students with Consult service listed in the Program & Services section of their IEP.
2] <b>IEP: Monitor</b> - Use for logging students with Monitor service listed in the Accommodation section of their IEP.
2] <b>Non-Billable: Behavior Plan Meeting</b> – use to log for students with a behavior plan.
2] <b>Non-Billable: Communication</b> - Use to log communication with parent, other providers, staff etc.
2] <b>Non-Billable: Early On Co-Visit</b> - use when service provided by a team member is NOT considered the child's PSP. Co-visits occur at the same place and time as the regularly scheduled service to support the primary provider.
2] <b>Non-Billable: Early On Evaluation</b> - Use to log evaluation for Early On services.
2] <b>Non-Billable: Early On Family Training: Group</b> - Use to log family training provided in a group setting.
2] <b>Non-Billable: Educational Accommodations Delivered</b> – Use to document the student received an accommodation.
2] <b>Non-Billable: Educational Group Accommodations Delivered</b> – Use to document the group received an accommodation.
2] <b>Non-Billable: Group [size 9+]</b>
2] <b>Non-Billable: Home Visit</b> - Use to record Home Visits at the student's home.
2] <b>Non-Billable: Manifestation Determination Review</b> – Meeting determining if the behavior is related to the student's disability.
2] <b>Non-Billable: No School Day</b> – use to note no school day. Start time = time intended to work with student
2] <b>Non-Billable: Other</b> - Use to log any provided service that does not meet criteria of any other selection.
2] <b>Non-Billable: Parent and/or Staff Meeting</b> – Do not use for IEP/IFSP meetings.
2] <b>Non-Billable: Provider Absent</b> - Use to note provider absence. Start time = time intended to work with student.
2] <b>Non-Billable: Provider not Available</b> - Use to note provider not available. Start time = time intended to work with student.
2] <b>Non-Billable: Record Keeping</b> - Use for any student record keeping purposes you want to track.
2] <b>Non-Billable: REED</b> - Use to document REED service.
2] <b>Non-Billable: Related Service Case Management</b> - Use to track Case Management for students that you are the case manager.
2] <b>Non-Billable: Report Writing</b> – Use to document the time it takes to write evaluation/report
2] <b>Non-Billable: Student Absent</b> - Use to report Student Absent. Start Time = time you intended to work with the student.
2] <b>Non-Billable: Student Not Available</b> - Use to log that student was not available. Start Time = time you intended to work with the student.
2] <b>Non-Billable: Student Observation</b> – Use to document time observing students for evaluation purposes.
2] <b>Non-Billable: Student Refused Service</b> – Use to document student refusing service.
2] <b>Non-Billable: Virtual Asynchronous Meeting</b> – Assignment or goal work sent for student to complete and return to provider. No face time with student.

**2] Non-Billable: Virtual Two-Way Educational Communication with Parent** - Phone calls, texts, and/or emails of an educational nature with the parent/guardian regarding a student. Note: Parent and Provider must connect through the phone call, text and/or email.

**2] Provided 1755 Services: Group** - ONLY use this option if you are delivering services under Program 270.

**2] Provided 1755 Services: Individual** - ONLY use this option if you are delivering services under Program 270.

#### GENERAL SERVICE INFORMATION

- Consult services are an integral part or an extension of a direct medical service but are not separately reimbursable by Medicaid.
- Provider Notes must include enough detail to allow reconstruction of what transpired for each service. SOAP is best practice.
- 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 Supplementary Aids/Program Modifications/Support for School Personal.

#### **Service Documentation:**

The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy and counseling, documentation must include a progress entry for each direct service describing the service rendered and the student's response to that day's service or treatment. S.O.A.P. notes are best practice! If not using the S.O.A.P. be sure enough data is in your provider notes to support the service you are entering. There must be enough data for an auditor to "recreate" the service. Your documentation must indicate not only WHAT services are being rendered to meet the student's IEP/IFSP goals, but HOW the student responded to service. Provider Note Example: "John played "Go Fish" with picture cards. John was able to say /k/ sound in carrier phrases with 65% accuracy with moderate prompting. We will continue to focus on the /k/ sound."

Monthly Progress Summaries are REQUIRED for each month that services are reported for Medicaid eligible students. A monthly progress summary summarizes all services provided to the student throughout a month. Monthly Progress Summary Example: "John is making consistent progress toward meeting criteria for IEP goals/objectives. John is currently able to produce /k/ in carrier phrases with an average of 70% accuracy at an independent level. Continue /k/ at phrase level."

#### **Annual Requirements:**

Speech therapy services must be referred by a physician and updated annually. Kent ISD obtains referrals for students with direct speech services in their IEP.

#### **Staff Qualifications:**

The services listed are reimbursable when provided by a Speech and Language Pathologist currently licensed in Michigan.

#### **Supervision & Under the Direction Of:**

Michigan Department of Health and Human Services Provider Manual dated October 2021

##### 1.4 UNDER THE DIRECTION OF

Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care, which at a minimum, includes seeing the individual initially, prescribing the type of care to be provided,

reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.

**Help Desk Contacts:**

General questions regarding Medicaid, Service Capture, or MiPSE (Michigan PowerSchool Special Education) can be answered by contacting:

Erin Burcham

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[mipsehelp@eatonresa.org](mailto:mipsehelp@eatonresa.org)

517-541-8742