

# Service Record – School Based Speech Therapy Billing Form

<b>Medicaid Number</b>	<b>Last Name</b>	<b>First Name</b>
<b>WVEIS Number</b>	<b>Date of Birth</b>	<b>Provider Name</b>
<b>County</b>	<b>School</b>	<b>Month/Year</b>

<b>LIST ALL DIAGNOSIS CODES RELATED TO SPEECH</b>					
1.	2.	3.	4.	5.	6.

Speech Therapy Services: Physician's authorization on file. Services must be identified on the Plan of Care. If a service is provided via Telehealth add GT modifier to the procedure code.

<b>Service Date</b>	<b>List Diagnosis Code Number(s)</b>	<b>Procedure code</b>	<b>Start Time</b>	<b>End Time</b>	<b>Units/Event</b>

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*Signature/Credentials*  
WVDE – BMS – SBHS – Appendix C

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*Date*      *Page \_\_\_ of \_\_\_*  
Effective August 1, 2019