



## CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX C

## **Chapter 538**School-Based Health Services

## **Appendix 538C**Speech Therapy Billing Form

## Service Record – School Based Speech Therapy Billing Form

Medicaid Number	Last Name	First Name
WVEIS Number	Date of Birth	Provider Name/Credentials
County	School	Month/Year

LIST ALL DIAGNOSIS CODES RELATED TO SPEECH						
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.

Service Date	Diagnosis Code(s)	Procedure Code	Start Time	End Time	Units/Event

Signature/Credentials	Date	Page of		
WVDE – BMS – SBHS – Appendix C	I	Effective Date: August 1, 2019		