Revised 10-21-11

Sample Documentation of Speech/Language Services		***Diagnostic Codes***		
Student:	Medicaid#:	☐ 315.31	☐ 307.0	☐
District:		☐ 315.39	☐ 389.18	☐
Provider:	Place of Service: ☐-Home (12) ☐-School (03) ☐-Other (99)			
Credentials:	School Name:		DOB:	

Procedure Code	*Goal*	*Objectives*	*Activities/Consultation*	*Results / Narrative*	*Progress*	*Plan*
Date: ____/____/____ ☐ 92507 ☐ 92508 ☐ 92506 HA ☐ S9152 Length of Time ___ min. Units _____ Initials: _____	☐Articulation ☐Language ☐Stuttering ☐Voice ☐Phonology ☐_____	Obj. #	Using ___ Worksheets ___ Picture cards ___ Games ___ Computers ___ Manipulatives ___ Word list ___ Book ___ Other	____ % correct ____ of ____ correct ____ Not assessed Narrative: _____ _____ _____ _____ _____	____ Mastered ____ Progress ____ No change ____ Regression Other: _____ _____ _____ _____	___ Continue objective ___ Objective met ___ Initiate new objective ___ Teacher training ___ Parent training ___ Consult ___ Discontinue Other: _____ _____
Date: ____/____/____ ☐ 92507 ☐ 92508 ☐ 92506 HA ☐ S9152 Length of Time ___ min. Units _____ Initials: _____	☐Articulation ☐Language ☐Stuttering ☐Voice ☐Phonology ☐_____	Obj. #	Using ___ Worksheets ___ Picture cards ___ Games ___ Computers ___ Manipulatives ___ Word list ___ Book ___ Other	____ % correct ____ of ____ correct ____ Not assessed Narrative: _____ _____ _____ _____ _____	____ Mastered ____ Progress ____ No change ____ Regression Other: _____ _____ _____ _____	___ Continue objective ___ Objective met ___ Initiate new objective ___ Teacher training ___ Parent training ___ Consult ___ Discontinue Other: _____ _____
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Note: Each clinical service note must include sufficient information to support billing Medicaid for services per the current Medicaid manual.