

Service Provider Evaluation Log 2017-2018

Student's name:		Provider's Name:	
Student's date of birth:	PA Secure ID	Provider's Title:	
School:	Date:	Provider's Signature:	
Disability/Diagnosis:			<input type="checkbox"/> Early Intervention <input type="checkbox"/> School Age

Initial Evaluation Re-Evaluation

Service	Treatment			Refer to the keys below for an explanation of the treatment codes	
Date	Start Time	End Time	Treatment Key (see Pg 2)	Evaluation Service Type	Description of Service

Date Evaluation Completed: ___/___/_____

<u>Evaluation Service Type:</u>			
AUD = Audiology	OT= Occupational Therapy	PSY= Psychiatric	SW= Social Work
OM= Orientation and Mobility	PT= Physical Therapy	SLH= Speech-Language and Hearing	THI= Teacher of the Hearing Impaired

Treatment Key:

1	Direct	Administering Tests (face to face)
2	Direct	Assessment of Student (face to face)
3	Direct	Classroom Observation (face to face)
4	Indirect	Consultation with a medical professional
5	Indirect	Professional Responsibilities: Parent Consultation
6	Indirect	Professional Responsibilities: Teacher/Staff Consultation
7	Indirect	Report Writing

Notes:

- All evaluations/assessments are paid based upon a “Per Evaluation” unit of service, effective March 1, 2015.
- In order for the evaluation log to be submitted as a compensable claim, at least one of the three face-to-face options from the Treatment Key must be selected.
- An initial evaluation or re-evaluation may only be billed to Medicaid if it results in the student receiving an ongoing IEP health-related MA-eligible service(s). The ongoing service does not have to be the same discipline as the evaluation.
- **Attach all documentation relating to the evaluation to this log.**