

117 - Fully Licensed Professional Counselor Tip Sheet

MET/EVALUATION

Encompasses all meetings, reports, testing and observations completed for the IDEA Assessment. The evaluation should only be reported **once**, even if the evaluation is administered over several days (one log for all work done). The date of service is the date eligibility is determined (IEP/IFSP mtg). **Note:** An evaluation must be completed to use this code.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
H0031 HT	Mental Health Assessment A professional, clinical evaluation of the student's overall mental health functioning.	No
96112 HT	Developmental Testing w/Interpretation & Report, First Hour (31-75 min) (Including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments) Each additional 30 min of testing beyond the first hour (76+ minutes)	Yes
96113 HT		
96127 HT	Brief Emotional/Behavioral Assessment (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument.	No
96130 HT	Psychological Test/Evaluation, First Hour (31-75 min) (Including integration of patient data, interpretation of standardized test results, treatment planning, and report) Each additional 30 min of testing beyond the first hour (76+ minutes)	Yes
96131 HT		
97151 HT	Behavior Identification Assessment, each 15 min (Includes face-to-face time with beneficiary to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report)	Yes

REED

Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
H0031 TL	Mental Health Assessment Participation in the Review of Existing Evaluation Data (REED) related to the Mental Health Assessment	No
96112 TL	Developmental Testing w/Interpretation & Report, First Hour (31-75 min) Participation in the Review of Existing Evaluation Data (REED) related to the Developmental Testing. Each additional 30 min of testing beyond the first hour (76+ minutes)	Yes
96113 TL		
96130 TL	Psychological Test/Evaluation, First Hour (31-75 min) (Including integration of patient data, interpretation of standardized test results, treatment planning, and report) Each additional 30 min of testing beyond the first hour (76+ minutes)	Yes
96131 TL		
97151 TL	Behavior Identification Assessment, each 15 min	Yes

PROCEDURE CODE	SERVICE TYPE	START/END TIME
	(Includes face-to-face time with beneficiary to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report)	

IEPT/IFSP

Participation in the IEPT/IFSP. Encompasses all work done for the IEPT. The date of services is the date of the IEP team meeting.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
H0031 TM	Mental Health Assessment Participation in the IEPT/IFSP related to the Mental Health Assessment	No
96127 TM	Brief Emotional/Behavioral Assessment (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument.	No

EVALS NOT RELATED TO MET OR IEP

Evaluations completed for purposes other than the IDEA assessment. The date of service is the date the test is completed.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
H0031	Mental Health Assessment Mental Health Assessment not related to the REED, MET or IEP	No
96112	Developmental Testing, First Hour (31-75 min) Developmental Testing not related to the REED, MET or IEP	Yes
96113	Each additional 30 min of testing beyond the first hour (76+ minutes)	
96127	Brief Emotional/Behavioral Assessment (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument.	No
96130	Psychological Test/Evaluation, First Hour (31-75 min) (Including integration of patient data, interpretation of standardized test results, treatment planning, and report)	Yes
96131	Each additional 30 min of testing beyond the first hour (76+ minutes)	
97151	Behavior Identification Assessment, each 15 min (Includes face-to-face time with beneficiary to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report)	Yes

THERAPY/COUNSELING

PROCEDURE CODE	SERVICE TYPE	START/END TIME
90832	Individual Therapy, 30 min (actual time can be 16-37 min) Treatment of a mental disorder or behavioral disturbance; with patient and/or family.	Yes
90834	Individual Therapy, 45 min (actual time can be 38-52 min) Treatment of a mental disorder or behavioral disturbance; with patient and/or	Yes

PROCEDURE CODE	SERVICE TYPE	START/END TIME
	family.	
90837	Individual Therapy, 60 min (actual time can be 53+ min) Treatment of a mental disorder or behavioral disturbance; with patient and/or family.	Yes
90832 +90785	Individual Therapy, Interactive Complexity, 30 min Interactive complexity incorporates physical aids to overcome barriers to therapeutic treatment, such as specific communication factors. One of the following must exist to use this code: 1. Maladaptive Communication (i.e. high anxiety, reactivity or disagreement) 2. Caregiver's emotions or behaviors interferes with implementation of the treatment plan 3. Mandated reporting such as in situations involving abuse or neglect 4. Use of play equipment, devices, or an interpreter required due to lack of fluency or undeveloped verbal skills	Yes
90834 +90785	Individual Therapy, Interactive Complexity, 45 min Interactive complexity incorporates physical aids to overcome barriers to therapeutic treatment, such as specific communication factors. One of the 4 conditions above must exist to use this code.	Yes
90837 +90785	Individual Therapy, Interactive Complexity, 60 min Interactive complexity incorporates physical aids to overcome barriers to therapeutic treatment, such as specific communication factors. One of the 4 conditions above must exist to use this code.	Yes
90846	Family Therapy without Student, 50 min The goal of these sessions is to address family dynamics, communication and relationships	Yes
90847	Family Therapy with Student, 50 min The goal of these sessions is to address family dynamics, communication and relationships	Yes
90853	Group Therapy other than Family, minimum 5 min (2-8 students)	Yes
90853 +90785	Group Therapy other than Family, Interactive Complexity, 60 min (2-8 Students) Interactive complexity incorporates physical aids to overcome barriers to therapeutic treatment, such as specific communication factors. One of the 4 conditions above must exist to use this code.	Yes
97155	Adaptive Behavior Treatment using an established plan, each 15 min	Yes
97156	Family Adaptive Behavior Treatment using an established plan, each 15 min	Yes
97158	Group Adaptive Behavior Treatment using an established plan, each 15 min 2-8 students	Yes
H0004	Behavioral Health Counseling, each 15 min	Yes
H2011	Crisis Intervention, each 15 min	Yes
S9484	Crisis Intervention, per hour Unscheduled activities performed for the purpose of resolving an immediate crisis. Includes crisis response, assessment, referral and direct therapy.	Yes

Non-Billable Code

PROCEDURE CODE	SERVICE TYPE	START/END TIME
Consult Only	Use for logging students with consult-only services listed in the programs/services section of their IEP	-
Behavior Plan	Use to log students with a behavior plan only	-
Communication	Use to log communications with parents, other providers, staff	-
Attendance	Use to log when a student is missing therapy(ies) due to absences	-
Observation	Use to document time observing students for evaluation purposes	-

GENERAL BILLING INFORMATION

Service History Notes:

1. **Describe** what occurred on the date of service. Ensure that the Service History Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. **Describe** the “medical” goal of the service.
3. **Indicate** the result of the therapy session (student’s response).
4. **Avoid** discussing academic goals/issues or attendance.

Example of Service Note Detail: Student reports bullying is no longer an issue. Worked on self-esteem to improve symptoms of anxiety and classroom behavior. The student needed prompting to participate.

Monthly History Notes:

1. **Summarize** (Evaluate) the student’s monthly progress toward your medical/health-related goal.
2. **Include** any changes in medical/mental status and changes in treatment with rationale for change.
3. Service History Notes (Daily and Monthly History Notes (Progress) **must not match**.

Example of Summary Note: Students identified signs and symptoms of anxiety and good qualities about themselves; however, they appear depressed and lack self-esteem. Will continue to work on self-esteem/anxiety issues next month.

Record Keeping:

Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of the change in ownership or termination of participation in Medicaid.