122 - Limited Licensed Psychologist

EVALUATIONS

Encompasses all meetings, reports, testing and observations completed for the assessment. The date of service is the date of the evaluation/assessment

PROCEDURE CODE	SERVICE TYPE	START/END TIME
H0031 HA	**Mental Health Assessment** A professional, clinical evaluation of the student's overall mental health functioning	No
96112 HA 96113 HA	**Developmental Testing, First Hour** (31-75 min) Includes assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments w/interpretation and report ● Each additional 30 min of testing beyond the first hour (76+ minutes).	Yes
96130 HA 96131 HA	**Psychological Test/Evaluation, First Hour** (31-75 min) Includes 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
97151 HA	**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 HA	**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 HA	**Individual Therapy, 45 min** (actual time can be 38-52 min) Treatment of a mental disorder or behavioral disturbance; with patient and/or family.	Yes
90837 HA	**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 HA	**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 conditions 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 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 HA	**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 HA	**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 HA	**Family Therapy without Student, 50 min** The goal of these sessions is to address family dynamics, communication and relationships	Yes
90847 HA	**Family Therapy with Student, 50 min** The goal of these sessions is to address family dynamics, communication and relationships	Yes
90853 HA	**Group Therapy other than Family, minimum 5 min** (2-8 students)	Yes
90853 +90785 HA	**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 HA	**Adaptive Behavior Treatment using an established plan, each 15 min**	Yes
97156 HA	**Family Adaptive Behavior Treatment using an established plan, each 15 min**	Yes
97158 HA	**Group Adaptive Behavior Treatment using an established plan, each 15 min** 2-8 students	Yes
H0004 HA	**Behavioral Health Counseling, each 15 min**	Yes
H2011 HA	**Crisis Intervention, each 15 min**	Yes
S9484 HA	**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	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	-

Case Management/Care Coordination

T1016 HA	Case Management/Care Coordination, each 15 mins	yes

- **Coordination of Care with Outside Providers (healthcare agencies or community):**
  - To make a referral to connect the student with services or activities that would help them reach their identified goals
  - Assistance in finding and connecting to necessary resources other than covered services to meet basic needs
- **Family Contacts:**
  - Communicating with the student's family to identify the student's needs, review the student's progress towards goals, gather family input, or connect the family with area resources that would help the student reach their identified goals
  - Service provided to assist parents/guardians in understanding the nature of the student's diagnosis
  - Services provided to assist parents/guardians in understanding the behavioral health needs of the student
  - Services provided to assist parents/guardians in understanding the student's development
- **School Team Meetings:**
  - Other activities that address and/or support the student in reaching their identified goals
  - Attending school team meetings regarding your student's progress or needs
  - Providing consultation services to other school staff on ways to best support your student with his needs and help the student reach their identified goals
  - Monitoring and modifying covered services

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: Group Therapy (90853) – The group focused on starting "My Calm Down Book" and identified various facial expressions to determine the mood. The student did a self-portrait of his face when angry, then lost focus and was disruptive and disrespectful to his peers.

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: Student is making limited progress with improving his ability to follow directions and interact with peers appropriately. Will continue to address his goals toward appropriate peer behavior.

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.