

128 - Board Certified Assistant Behavior Analyst

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
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
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	-

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.

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**.

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.