

MDE Credentialed School Psychologist - 123 Caring for Students

Procedure Code	Description	Time Requirement
Evaluations		
96112:HA	Dev Test by QHP	First Hour
96113:HA	Dev Test by QHP	Each add 30 mins
96127:HA	Brief Emotional/beh Assessment	N/A
96130:HA	Psychological Test/Eval	First Hour
96131:HA	Psychological Test/Eval	Each add HR
97151:HA	Beh ID Assess by QHP	Per 15 mins
	Therapy/Treatments	
90832:HA	Indiv Psychotherapy – Insight	16-37 mins
90832+90785:HA	Indiv Psychotherapy – Interactive	16-37 mins
90834:HA	Indiv Psychotherapy – Insights	38-52 mins
90834+90785:HA	Indiv Psychotherapy – Interactive	38-52 mins
90837:HA	Indiv Psychotherapy – Insight	At least 53 mins
90837+90785:HA	Indiv Psychotherapy – Interactive	At least 53 mins
90846:HA	Fam Therapy w/o Student	At least 26 mins
90847:HA	Fam Psychotherapy w/student	At least 26 mins
90853:HA	Group Psychotherapy other than fam	N/A
90853+90785:HA	Group Psychotherapy Interact other than fam	N/A
97155:HA	Ind Adapt Beh Treatment by QHP	Per 15 mins
97156:HA	Fam Adapt Beh Treat/Guide by QHP	Per 15 mins
97158:HA	Group Adapt Beh Treat/Guide by QHP	Per 15 mins
H0004HA	Behavioral Health Counseling	Per 15 mins
H2011:HA	Crisis Intervention – Drugs & Alcohol Only	Per 15 mins
Non-Billable	Consult Only – Use for logging students with consult only services listed in the Program & Services section of their IEP Monitoring – Use for logging students with monitoring service listed in the Accommodation section of their IEP Behavior Plan Meeting – use to log for students with a behavior plan Communications – Use to log communications with parent, other providers, staff, Attendance - Use to log when a student is missing therapy(ies) due to absences No School Day – Use for any student record keeping purposes you want to track Student Observation – Use to document time observing students for evaluation purposes	N/A



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SERVICE DETAIL (DAILY):

- 1. <u>Describe</u> what actually occurred on the date of service. Ensure that the Service Detail Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
- 2. <u>Indicate</u> the result of the therapy session (student's response).

MONTHLY SUMMARY (PROGRESS) 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 Detail (Daily) Notes and Monthly (Progress) Summary Notes 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 change in ownership or termination of participation in Medicaid.