WAYNE RESA
Leading... Learning for All

SERVICE
LEADERSHIP
COLLABORATION
EXCELLENCE

Limited Licensed Psychologist - 122
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
H0031:HA	Mental Health Evaluation	N/A
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
S9484:HA	Crisis Intervention	Per 60 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 to document snow days or other no school day **Record Keeping –** Use for any student record keeping purposes you want to track **Student Observation –** Use to document time observing students for evaluation purposes	N/A

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.
4. Must enter supervisor's name from drop down before you can submit.

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.

Revised 8/21/2020