

## Limited Licensed Professional Counselor – 127 Caring for Students Program

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
96127:HA	Brief Emotional/Beh Assmnt NOT for MET/IEP	N/A
<b>Therapy/Treatments</b>		
90832:HA	Indiv Psychotherapy – Insight	16-37 mins
90832+90785:HA	Indiv Psychotherapy – Interact complex	16-37 mins
90834:HA	Indiv Psychotherapy – Insight	38-52 mins
90834+90785:HA	Indiv Psychotherapy – Interact complex	38-52 mins
90837:HA	Psychotherapy – Insight	At least 53 mins
90837+90785:HA	Psychotherapy – Interact complex	At least 53 mins
90846:HA	Fam Therapy w/o student	At least 26 mins
90847:HA	Family Psychotherapy w/student	At least 26 mins
90853:HA	Group Psychotherapy other than family (group, 2-8 students)	N/A
90853+90785:HA	Group Psychotherapy Interact other than family	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
H0004:HA	Behavioral Health Counseling	Per 15 mins
H2011:HA	Crisis Intervention <b>Drug &amp; Alcohol only</b>	Per 15 mins
<b>Non-Billable</b>	<p><b>Consult Only</b> – Use for logging students with consult only services listed in the Program &amp; Services section of their IEP</p> <p><b>Monitoring</b> – Use for logging students with monitoring service listed in the Accommodation section of their IEP</p> <p><b>Behavior Plan Meeting</b> – use to log for students with a behavior plan</p> <p><b>Communications</b> – Use to log communications with parent, other providers, staff,</p> <p><b>Attendance</b> - Use to log when a student is missing therapy(ies) due to absences</p> <p><b>No School Day</b> – Use to document snow days or other no school day</p> <p><b>Record Keeping</b> – Use for any student record keeping purposes you want to track</p> <p><b>Student Observation</b> – Use to document time observing students for evaluation purposes</p>	N/A

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### **SERVICE DETAIL (DAILY):**

1. Reference each type of service claimed including assessments and participation in the multi-disciplinary team assessment
2. Describe 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.
3. Indicate the result of the therapy session (student's response).

**Example of Service Note Detail:** 9/15/18 – Student was able to talk about a situation with a peer that made him angry and how he was able to diffuse his anger.

### **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.

**Example of Summary Note:** Student has shown an increase in displaying appropriate social, emotional and behavioral skills this month, particularly with his peers.

**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.