

Procedure Code	Description	Time Requirement
Evaluations		
90791	Psychiatric Diagnostic Eval	N/A
90791+90785	Psychiatric Diagnostic Eval – Interactive	N/A
96110	Developmental Test Limited	N/A
96112	Dev Test by QHP	1 st hour
96113	Dev Test by QHP	Ea add 30 mins
96127	NON MET/IEP Brief Emotional/Behv Assmnt	N/A
96130	Psychological Test/Eval	1 st hour
96131	Psychological Test/Eval	Ea add HR
97151	Beh ID Assess by QHP	Per 15 mins
MET		
96110:HT	MET Developmental Test Limited	N/A
96112:HT	MET Dev Test by QHP	1 st hour
96113:HT	MET Dev Test by QHP	Ea add 30 Min
96127:HT	MET Brief Emotional/Behv Assmnt	N/A
96130:HT	MET Psychological Test/Eval	1 st hour
96131:HT	MET Psychological Test/Eval	Ea add HR
97151:HT	MET Beh ID Assess by QHP	Per 15 mins
REED		
96112:TL	REED Dev Test by QHP	1 st hour
96113:TL	REED Dev Test by QHP	Ea add 30 mins
96130:TL	REED Psychological Test/Eval	1 st hour
96131:TL	REED Psychological Test/Eval	Ea add HR
97151:TL	REED Beh ID Assess by QHP	Per 15 mins
IEP		
96110:TM	IEP Developmental Test Limited	N/A
96112:TM	IEP Dev Test by QHP	1 st hour
96113:TM	IEP Dev Test by QHP	Ea add 30 mins
96127:TM	IEP Brief Emotional/Behv Assmnt	N/A
96130:TM	IEP Psychological Test/Eval	1 st hour
96131:TM	IEP Psychological Test/Eval	Ea add HR
97151:TM	IEP Beh ID Assess by QHP	Per 15 mins
Therapy/Treatments		
90832	Indiv Psychotherapy - Insight	16-37 mins
90832+90785	Indiv Psychotherapy – Interactive	16-37 mins
90834	Indiv Psychotherapy – Insight	38-52 mins
90834+90785	Indiv Psychotherapy – Interactive	38-52 mins
90837	Psychotherapy – Insight	At least 53 mins

Fully Licensed Psychiatrist - 115

Therapy/Treatments Cont..		
90837+90785	Psychotherapy – Interactive	At least 53 mins
90846	Fam Psych Ther w/o student	At least 26 mins
90847	Family Psych Ther w/student	At least 26 mins
90853	Group Psych Ther other than family	N/A
90853+90785	Group Psych Ther other than family – Interactive	N/A
97155	Ind Adapt Beh Treatment by QHP	Per 15 mins
97156	Fam Adapt Beh Treat/Guide by QHP	Per 15 mins
97158	Group Adapt Beh Treat/Guide by QHP	Per 15 mins
H0004	Behavioral Health Counseling	Per 15 mins
S9484	Crisis Intervention	60 mins
Non-Billable	<p>Consult Only – Use for logging students with consult only services listed in the Program & Services section of their IEP</p> <p>Monitoring – Use for logging students with monitoring service listed in the Accommodation section of their IEP</p> <p>Behavior Plan Meeting – use to log for students with a behavior plan</p> <p>Communications – Use to log communications with parent, other providers, staff,</p> <p>Attendance - Use to log when a student is missing therapy(ies) due to absences</p> <p>No School Day – Use to document snow days or other no school day</p> <p>Record Keeping – Use for any student record keeping purposes you want to track</p> <p>Student Observation – Use to document time observing students for evaluation purposes</p>	N/A

SERVICE DETAIL (DAILY):

1. 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.
2. Indicate the result of the therapy session (student’s response).

Example of Service Note Detail: Group Therapy (90853) – Group focused on starting “My Calm Down Book” and identified various facial expressions to determine the mood. Student did a self-portrait of his face when angry, then lost focus and was disruptive and disrespectful to his peers.

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.

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 change in ownership or termination of participation in Medicaid.