

**Fully Licensed Professional Counselor – 117**

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
96127	Brief Emotional/Beh Assmnt	N/A
96127:TM	IEP Meeting related to brief Emotional/Beh Assmnt	N/A
96127:HT	Brief Emotional/Beh Assmnt for MET	N/A
<b>Therapy/Treatments</b>		
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
90837+90785	Psychotherapy – Interact complex	At least 53 mins
90846	Fam Therapy w/o student	At least 26 mins
90847	Family Psychotherapy w/student	At least 26 mins
90853	Group Psychotherapy other than family (group, 2-8 students)	At least 26 mins
90853+90785	Group Psychotherapy Interact other than family	At least 26 mins
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 minutes
S9484	Crisis Intervention	Per 60 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

**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.

**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.