

| Procedure Code | Description | Time Requirement |
|---------------------------|---|----------------------|
| Evaluations | | |
| 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 |
| H0031 | NON MET/IEP Mental Health Evaluation | N/A |
| MET | | |
| 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 |
| H0031:HT | MET Mental Health Evaluation | N/A |
| 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 |
| H0031:TL | REED Social Wk/Psych | N/A |
| IEP | | |
| 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 |
| H0031:TM | IEP Mental Health Evaluation | N/A |
| 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 |

| 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.
4. Must enter supervisor’s name from the drop down menu before you can submit.

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.