

Limited Licensed Psychologist - 122 Telemedicine

Procedure Code	Description	Time Requirement
Evaluations		
96112:GT	Dev Test by QHP (audio & visual)	First 60 mins
96113:GT	Dev Test by QHP (audio & visual)	Each add 30 mins
96127:GT	NON MET/IEP Brief Emotional/Behv Assmnt (audio & visual)	N/A
96130:GT	Psych Test/Eval (audio & visual)	First 60 mins
96131:GT	Psych Test/Eval (audio & visual)	Each add HR
96151:GT	Beh ID assess by QHP (audio & visual)	Per 15 mins
H0031:GT	NON MET/IEP Mental Health Evaluation (audio & visual)	N/A
MET		
96112:HT:GT	MET -Dev Test by QHP (audio & visual)	First 60 mins
96113:HT:GT	MET -Dev Test by QHP (audio & visual)	Each add 30 mins
96127:HT:GT	MET -Brief Emotional/Behv Assmnt (audio & visual)	N/A
96130:HT:GT	MET -Psych Test/Eval (audio & visual)	First 60 mins
96131:HT:GT	MET -Psych Test/Eval (audio & visual)	Each add HR
96151:HT:GT	MET -Beh ID assess by QHP (audio & visual)	Per 15 mins
H0031:HT:GT	MET -Mental Health Evaluation (audio & visual)	N/A
Therapy/Treatments		
90832:GT	Indiv Psychotherapy – Insight (audio & visual)	16-37 mins
90832:GT:AO	Indiv Psychotherapy – Insight (audio only)	16-37 mins
90832+90785:GT	Indiv Psychotherapy – Interactive (audio & visual)	16-37 mins
90832+90785:GT:AO	Indiv Psychotherapy – Interactive (audio only)	16-37 mins
90834:GT	Indiv Psychotherapy – Insight (audio & visual)	38-52 mins
90834:GT:AO	Indiv Psychotherapy – Insight (audio only)	38-52 mins
90834+90785:GT	Indiv Psychotherapy – Interactive (audio & visual)	38-52 mins
90834+90785:GT:AO	Indiv Psychotherapy – Interactive (audio only)	38-52 mins
90837:GT	Psychotherapy – Insight (audio & visual)	At least 53 mins
90837:GT:AO	Psychotherapy – Insight (audio only)	At least 53 mins
90837+90785:GT	Psychotherapy – Interactive (audio & visual)	At least 53 mins
90837+90785:GT:AO	Psychotherapy – Interactive (audio only)	At least 53 mins
90846:GT	Fam Psych Ther w/o student (audio & visual)	At least 26 mins
90846:GT:AO	Fam Psych Ther w/o student (audio only)	At least 26 mins
90847:GT	Family Psych Ther w/student (audio & visual)	At least 26 mins
90847:GT:AO	Family Psych Ther w/student (audio only)	At least 26 mins
90853:GT	Group Psych Ther other than family (audio & visual)	N/A
90853:GT:AO	Group Psych Ther other than family (audio only)	N/A
90853+90785:GT	Group Psych Ther other than family – Interactive (audio & visual)	N/A
90853+90785:GT:AO	Group Psych Ther other than family – Interactive (audio only)	N/A
97155:GT	Ind Adapt Beh Treatment by QHP (audio & visual)	Per 15 mins
97156:GT	Fam Adapt Beh Treat/Guide by QHP (audio & visual)	Per 15 mins
97158:GT	Group Adapt Beh Treat/Guide by QHP (audio & visual)	Per 15 mins
H0004:GT	Behavioral Health Counseling (audio & visual)	Per 15 mins
H004GT:AO	Behavioral Health Counseling (audio only)	Per 15 mins

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<p>Non-Billable</p>	<p>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</p>	<p>N/A</p>
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Telehealth is modality of service using telecommunications and information technologies.

GT: Telehealth services provided “via interactive audio and video telecommunications systems”

AO: Telehealth services provided “via interactive audio telecommunications systems ONLY”

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:HA) – 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.

***Add to your note “Services were provided (location of service) during the COVID-10 shutdown”**

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 your supervisor’s name from drop down 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.