

## Board Certified Behavioral Analyst – 118 Telemedicine

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
97152:GT	Beh ID Sup Assess by Tech ( <b>audio &amp; visual</b> )	Per 15 mins
97152:HT:GT	MET Beh ID Sup Assess by Tech ( <b>audio &amp; visual</b> )	Per 15 mins
<b>Therapy/Treatments</b>		
97153:GT	Ind Adapt Beh Therapy ( <b>audio &amp; visual</b> )	Per 15 mins
97154:GT	Group Adapt Beh Therapy by Tech ( <b>audio &amp; visual</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

**Telehealth is modality of service using telecommunications and information technologies.**

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

### 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.

**\*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.

**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.