

Licensed Marriage and Family Therapist - 124 Telemedicine

Procedure Code	Description	Time Requirement
Evaluations		
96127:GT	NON MET/IEP Brief Emotional/Behv Assmnt (audio & visual)	N/A
MET		
96127:HT:GT	MET -Brief Emotional/Behv Assmnt (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
H0004:GT:AO	Behavioral Health Counseling (audio only)	Per 15 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

Licensed Marriage and Family Therapist - 124 Telemedicine

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).

***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.

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.