

## Board Certified Assistant Behavioral Analyst - 128

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
96127	Brief Emotional/Behavioral Assessment	No Requirement
96127:HT	MET – Brief Emotional/Behavioral Assessment	No Requirement
96127:TM	IEP – Brief Emotional/Behavioral Assessment	No Requirement
97151	Behavioral Identification Assessment	Each 15 mins
97151:HT	MET Behavioral Identification Assessment	Each 15 mins
97151:TL	REED Behavioral Identification Assessment	Each 15 mins

<b>Therapy/Treatments</b>		
97155	Adaptive Behavior Treatment using an established plan	Each 15 mins
97156	Family Adaptive Behavior Treatment using an established plan	Each 15 mins
97158	Group Adaptive Behavior Treatment using an established plan (2-8 Students)	Each 15 mins
H0004	Behavioral Health Counseling	Each 15 mins
H2011	Crisis Intervention	Each 15 mins
S9484	Crisis Intervention	Each 60 mins

<b>Non-Billable Code</b>		
<ul style="list-style-type: none"> <li>• <b>Consult Only</b> – Use for logging students with consult-only services listed in the Program &amp; Services section of their IEP</li> <li>• <b>Monitoring</b> – Use for logging students with monitoring service listed in the Accommodation section of their IEP</li> <li>• <b>Behavior Plan Meeting</b> – use to log students with a behavior plan</li> <li>• <b>Communications</b> – Use to log communications with parents, other providers, staff</li> <li>• <b>Attendance</b> - Use to log when a student is missing therapy(ies) due to absences</li> <li>• <b>No School Day</b> – Use to document snow days or other no school day</li> <li>• <b>Record-Keeping</b> – Use for any student record-keeping purposes you want to track</li> <li>• <b>Student Observation</b> – Use to document time observing students for evaluation purposes</li> </ul>		

### 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. Describe the ‘medical’ goal of the service.
3. Indicate the result of the therapy session (student’s response).
4. Avoid discussing academic goals/issues or attendance.

### 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 the change in ownership or termination of participation in Medicaid.