

Fully Licensed Psychologist - 112

Procedure Code	Description	Time Requirement
NON MET/IEP Evaluations		
96112	Developmental Test w/Interpretation & Report	First hour
96113	Developmental Test w/Interpretation & Report	Each add'l 30 mins
96127	Brief Emotional/Behavioral Assessment	No Requirement
96130	Psychological Test/Evaluation	First hour
96131	Psychological Test/Evaluation	Each add'l hour
97151	Behavior Identification Assessment	Each 15 mins
H0031	Mental Health Evaluation	No Requirement
Evaluations for the MET		
96112:HT	Developmental Test w/Interpretation & Report	First hour
96113:HT	Developmental Test w/Interpretation & Report	Each add'l 30 mins
96127:HT	Brief Emotional/Behavioral Assessment	No Requirement
96130:HT	Psychological Test/Evaluation	First hour
96131:HT	Psychological Test/Evaluation	Each add'l hour
97151:HT	Behavior Identification Assessment	Each 15 mins
H0031:HT	Mental Health Evaluation	No Requirement
Evaluations for the REED		
96112:TL	Developmental Test w/Interpretation & Report	First hour
96113:TL	Developmental Test w/Interpretation & Report	Each add'l 30 mins
96130:TL	Psychological Test/Evaluation	First hour
96131:TL	Psychological Test/Evaluation	Each add'l hour
97151:TL	Behavior Identification Assessment	Each 15 mins
H0031:TL	Mental Health Evaluation	No Requirement
Evaluations for the IEP		
96127:TM	Brief Emotional/Behavioral Assessment	No Requirement
H0031:TM	Mental Health Evaluation	No Requirement

INSIGHT-ORIENTED VERSUS INTERACTIVE COMPLEXITY THERAPY

1. **Insight-Oriented Therapy** is behavior-modifying and/or supportive conversation between therapist and client
2. **Interactive Complexity Therapy** incorporates physical aids to overcome barriers to therapeutic treatment:
 - A. Maladaptive Communication (i.e. high anxiety, reactivity, repeated questions, or disagreement).
 - B. Emotional or Behavioral Conditions inhibiting implementation of the treatment plan.
 - C. Mandated reporting such as in situations involving abuse or neglect.
 - D. Use of play equipment, devices, interpreter, or translator required due to inadequate language expression

	Therapy/Treatments	
90832	Individual Therapy – Insight	16-37 mins
90832+90785	Individual Therapy – Complex Interactive	16-37 mins
90834	Individual Therapy – Insight	38-52 mins
90834+90785	Individual Therapy – Complex Interactive	38-52 mins
90837	Individual Therapy – Insight	At least 53 mins
90837+90785	Individual Therapy – Complex Interactive	At least 53 mins
90846	Family Therapy w/o Student	At least 26 mins

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Therapy/Treatments cont..		
90847	Family Therapy w/Student	At least 26 mins
90853	Group Therapy other than family – Insight (2-8 Students)	Minimum 5 mins
90853+90785	Group Therapy other than family – Complex Interactive (2-8 Students)	Minimum 5 mins
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
Non-Billable Code		
<ul style="list-style-type: none"> • 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 students with a behavior plan • Communications – Use to log communications with parents, 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 		

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.

Example of Service Note Detail: Group Therapy (90853) – The group focused on starting “My Calm Down Book” and identified various facial expressions to determine the mood. The 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.

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 the change in ownership or termination of participation in Medicaid.