

## Fully Licensed Psychologist - 112 Telemedicine

*Telemedicine is the modality of service using telecommunications and information technologies*		
Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
96130:95	Psychological Test/Evaluation - <b>audio &amp; visual</b>	First hour
96131:95	Psychological Test/Evaluation - <b>audio &amp; visual</b>	Each add'l hour
<b>MET</b>		
96130:HT:95	Psychological Test/Evaluation - <b>audio &amp; visual</b>	First hour
96131:HT:95	Psychological Test/Evaluation - <b>audio &amp; visual</b>	Each add'l hour
<b>INSIGHT ORIENTED VERSUS INTERACTIVE COMPLEXITY THERAPY</b>		
<ol style="list-style-type: none"> <li>1. <b>Insight-oriented therapy</b> is behavior-modifying and/or supportive conversation between therapist and client</li> <li>2. <b>Interactive complexity therapy</b> incorporates physical aids to overcome barriers to therapeutic treatment:               <ol style="list-style-type: none"> <li>A. Maladaptive Communication (i.e. high anxiety, reactivity, repeated questions, or disagreement).</li> <li>B. Emotional or Behavioral Conditions inhibiting implementation of the treatment plan.</li> <li>C. Mandated reporting such as in situations involving abuse or neglect.</li> <li>D. Use of play equipment, devices, interpreter, or translator required due to inadequate language expression</li> </ol> </li> </ol>		
<b>Therapy/Treatments – - audio &amp; visual</b>		
90832:95	Individual Therapy – Insight - <b>audio &amp; visual</b>	16-37 mins
90832+90785:95	Individual Therapy – Interactive - <b>audio &amp; visual</b>	16-37 mins
90834:95	Individual Therapy – Insight - <b>audio &amp; visual</b>	38-52 mins
90834+90785:95	Individual Therapy – Interactive - <b>audio &amp; visual</b>	38-52 mins
90837:95	Individual Therapy – Insight - <b>audio &amp; visual</b>	At least 53 mins
90837+90785:95	Individual Therapy – Interactive - <b>audio &amp; visual</b>	At least 53 mins
90847:95	Family Therapy w/student - <b>audio &amp; visual</b>	At least 26 mins
90853:95	Group Therapy other than family – Insight 2-8 Students - <b>audio &amp; visual</b>	Minimum 5 mins
90853+90785:95	Group Therapy other than family – Complex Interactive 2-8 Students - <b>audio &amp; visual</b>	Minimum 5 mins
<b>Therapy/Treatments – - audio only</b>		
90832:93	Individual Therapy – Insight - <b>audio only</b>	16-37 mins
90832+90785:93	Individual Therapy – Interactive - <b>audio only</b>	16-37 mins
90834:93	Individual Therapy – Insight - <b>audio only</b>	38-52 mins
90834+90785:93	Individual Therapy – Interactive - <b>audio only</b>	38-52 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 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>		

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### 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:** The student 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 and 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.