

School Social Worker Tip Sheet

Service Type/Procedure Code	Service Type/Description
<p>Psychological, Counseling, and Social Work Services - Provider notes must include enough detail to allow reconstruction of what transpired for each service. Document delivery of service per the IEP service times.</p> <p>Requires Monthly Progress Summary - Must include evaluation of progress and summarize the services reported during the month & must be dated in the month the services were provided - <i>using the last school day of the month is recommended.</i></p> <p>Evals, Assessments, and Meeting Modifiers -</p> <p><u>HT</u>: ELIGIBILITY RECOMMENDATION (IDEA: Eval) – An evaluation must have been done, but it also encompasses all observations, meetings (except the REED & IEP/IFSP, which have separate codes below) and reports which culminate in a determination or re-determination of eligibility for Special Education or Early On services. The service date is the date of the eligibility meeting.</p> <p><u>TM</u>: IEP/IFSP MEETING – Participation in the IEP/IFSP meeting. Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is the IEP meeting date.</p> <p><u>TL</u>: REED MEETING – Participation in the Review of Existing Evaluation Data (REED). Date of service is the date the REED form was completed. Attendance is not necessary; participation includes written input submitted prior to the meeting.</p> <p><u>GT</u>: TELEHEALTH - MSA Policy Bulletin 20-15 permanently establishes telehealth for behavioral health and includes a temporary COVID-19 provision allowing for telephone only services. The effective date of this policy is March 1, 2020. Please remember that all teleservices must be billed with the GT modifier and a place of service of 02-telehealth. Please document the place of service in your provider notes.</p> <p>No Modifier: OTHER EVAL – Other evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.</p>	
<p>◆ Psychotherapy, 16 to 37 minutes with student and/or family member (90832)</p>	<p>Treatment of a mental or emotional disorder with student and/or family (if student is present for part of the session).</p>
<p>◆ Psychotherapy, 38 to 52 minutes with student and/or family member (90834)</p>	<p>Treatment of a mental or emotional disorder with student and/or family (if student is present for part of the session).</p>
<p>◆ Interactive Complexity-Psychotherapy, 16 to 37 minutes w/student and/or family (90785: 90832)</p>	<p>Interactive complexity is used in conjunction with psychotherapy when factors complicate the delivery of service.</p> <p>Common issues that exist:</p> <ol style="list-style-type: none"> 1. Maladaptive Communication (i.e. high anxiety, reactivity or disagreement) 2. Caregiver's emotions or behaviors interfere with implementation of treatment plan 3. Mandated reporting such as in situations or abuse or neglect 4. Use of play equipment devices or an interpreter due to lack of fluency or undeveloped verbal skills.
<p>◆ Interactive Complexity-Psychotherapy, 38 to 52 minutes w/student and/or family (90785: 90834)</p>	<p>Interactive complexity is used in conjunction with psychotherapy when factors complicate the delivery of service.</p> <p>Common issues that exist:</p> <ol style="list-style-type: none"> 1. Maladaptive Communication (i.e. high anxiety, reactivity or disagreement) 2. Caregiver's emotions or behaviors interfere with implementation of treatment plan 3. Mandated reporting such as in situations or abuse or neglect 4. Use of play equipment devices or an interpreter due to lack of fluency or undeveloped verbal skills.

◆ Family Psychotherapy (conjoint) w/o student present; must be in IEP/IFSP (90846)	Family psychotherapy (conjoint psychotherapy) without the student present. Limit one session per day
◆ Family Psychotherapy (conjoint) with student (90847)	Family psychotherapy (conjoint psychotherapy) with student present. Limit one session per day
◆ Group Therapy, 2-8 students (90853)	Two to eight students present in therapy group. Limit one session per day
◆ Individual Behavioral Health Counseling (H0004)	Behavioral counseling per 15 minutes - addresses mental health and substance use disorders.
Crisis Intervention can be provided to any student. Service is not listed in IEP/IFSP, 504, or Health Plan	
◆ Crisis Intervention Service (S9484)	Crisis Intervention mental health services, per hour; unscheduled activities provided for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral, and direct therapy.
Social Work Evaluation (Initial and Three-Year Redetermination) - Date of Service is Date of IEP/IFSP	
◆ Initial/Reeval Mental Health Assessment, IDEA (H0031 HT)	Evaluation of the student's overall mental health functioning; used for initial and recertification of special education eligibility.
◆ Brief Emotional/Behavioral Assessment for IDEA (96127 HT)	Brief emotional/behavior assessment (e.g. depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale, with scoring and documentation, per standardized instrument used for initial and recertification of special education eligibility.
◆ IDEA Eval: Developmental Screen w/score (96110 HT)	Developmental screen with scoring and documentation, per standardized instrument used for initial and recertification of special education eligibility.
◆ IDEA Eval: Developmental Testing 31 to 76 minutes (96112 HT)	Developmental testing (including assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments when performed).
◆ IDEA Eval: Developmental Testing +77 minutes (96112 HT; 96113 HT)	Same as above with additional time. Select the above procedure until you reach 76 minutes. Select this procedure to record time of testing at 77 minutes and beyond. These are recorded on the same date of service – the date student becomes certified for special education.
Social Work Evaluation – Not for Certification - Date of Service is Date the Evaluation is completed	
◆ Mental Health Assessment, Not related to MET or IEP/IFSP (H0031)	Mental health assessment which is not used for special education certification.
◆ Brief Emotional/Behavioral Assessment, Not related to MET or IEP/IFSP (96127)	Brief emotional/behavior assessment (e.g. depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale, with scoring and documentation, per standardized instrument; not used for special education certification.
◆ Other Eval: Developmental Screen w/score – Not for IDEA (96110)	Developmental screen with scoring and documentation, per standardized instrument; not used for special education certification.
◆ Other Eval: Developmental Testing 31 to 76 minutes – Not for IDEA (96112)	Developmental testing (including assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments when performed); not used for special education certification.
◆ Other Eval: Developmental Testing 77+ minutes – Not for IDEA (96112; 96113)	Same as above with additional time. Select the above procedure until you reach 76 minutes. Select this procedure to record time of testing at 77 minutes and beyond. These are recorded on the same date of service – the date you complete the evaluation.

IEP/IFSP Participation	
● IEP/IFSP Participation – Mental Health Assessment (H0031 TM)	Participation in the IEP/IFSP meeting. Completed evaluation = mental health assessment
● IEP/IFSP Participation – Brief Emotional/Behavioral Assessment (96127 TM)	Participation in the IEP/IFSP meeting. Completed evaluation = brief emotional/behavioral assessment
● IEP/IFSP Participation-Developmental Screen w/score (96110 TM)	Participation in the IEP/IFSP meeting. Completed evaluation = developmental screen
REED	
● REED –Psych/SW Mental Health Assessment (H0031 TL)	Participation in the reevaluation of existing data (REED) in the determination of the student’s eligibility for special education services. Completed mental health assessment.
● REED; Developmental Testing 31 to 76 minutes (96112 TL)	Participation in the reevaluation of existing data (REED) in the determination of the student’s eligibility for special education services. Completed Developmental Testing.
● REED; Developmental Testing 77+ minutes (96112 TL; 96113 TL)	Participation in the reevaluation of existing data (REED) in the determination of the student’s eligibility for special education services. Completed Developmental Testing with additional time.
Record Keeping Only	
• Other	-
• Communication	-
• No School Day	-
• Consultation	-
• Student Absent/Unavailable	-
• Provider Absent/Unavailable	-
• Non-billable Group (size 9+)	Record services for groups larger than 8 or when therapy is a part of the classroom activity.

Services: School Social Workers General Service Information
<p>Developmental testing is medically related testing (not performed for educational purposes) provided to determine if motor, speech, language, and psychological problems exist or to detect the presence of any developmental delays. Testing is accomplished by the combination of several testing procedures and includes the evaluation of the student’s history and observation. Whenever possible and when age-appropriate, standardized objective measurements are to be used (e.g. Denver II) for students under the age of six. Administering the tests must generate material that is formulated into a report. Developmental testing done for educational purposes cannot be billed to Medicaid.</p> <ul style="list-style-type: none"> ● Provider Notes must include enough detail to allow reconstruction of what transpired for each service: Intervention/Strategies Used + Therapist Action (level of assist/focus/feedback) + Student Response + Next Steps ● Notes are vital in determining what occurred on the date of services and the result of the service. ● Monthly progress notes are REQUIRED for all months for which, therapy services are reported: <p>-Must include evaluation of progress and summarize the services reported during the month</p> <p>-Must be dated in the month the services were provided - <i>using the last school day of the month is recommended</i></p> <p>-Group therapy must be provided in groups of 2-8 students.</p> <ul style="list-style-type: none"> • If the group is larger than 8, use the procedure “Non-billable Group” to document the service. <p>-Services provided as part of a regular classroom activity are not reimbursable.</p> <ul style="list-style-type: none"> • When regularly scheduled attention is provided to one student who is part of the class currently in session the service is not reimbursable. <p>-Consult services are not separately reimbursable.</p> <ul style="list-style-type: none"> • If you are providing consult services, use the service type “Consultation” to document the service <p>-Billing is due on the 15th of each month.</p> <ul style="list-style-type: none"> • If you have any questions, please contact the Medicaid Department: <ul style="list-style-type: none"> ○ Shawna Dippman 734-342-8620 ○ Kim Torrance 734-342-8621