**School Psychologist Tip Sheet**

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| **Service Type/Procedure Code** | **Service Type/Description** |
| **Psychological, Counseling, and Social Work Services -** Provider notes must include enough detail to allow reconstruction of what transpired for each service.  **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 - *using the last school day of the month is recommended.*  **EVALS, ASSESSMENTS, MEETINGS AND MODIFIERS -**  **HT: 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.**  **TM: 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.**  **TL: 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.**  **No Modifier: OTHER EVAL – Other evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.** | |

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| **Procedure Code** | **Service Description** |
| **EVALUATION, IEP/IFSP, REED AND TESTING SERVICES** | |
| **H0031** | **Mental Health Assessment**   * H0031 HT: IDEA Eval: Mental Health Assessment * H0031 TM: IEP/IFSP Participation: Mental Health Assessment * H0031 TL: REED: Psych/SW Mental Health Assessment * H0031: Other Eval: Mental Health Assessment, Not related to eligibility |
| **96110** | **Developmental Screening W/Score Limited** (*developmental milestone survey, speech and language delay screen, with scoring and documentation, per standardized instrument)*   * 96110 HT: IDEA Eval: Developmental Screening W/Score Limited * 96110 TM: IEP/IFSP Participation: Developmental Screening W/Score Limited * 96110: Other Eval: Developmental Screening W/Score Limited, Not related to eligibility |
| **96112** | **Developmental Testing – (31-75 minutes)** *With interpretation and report. Includes assessment of fine and/or gross motor, language, social, adaptive and/or cognitive level, social, memory and/or executive functions by standardized developmental instruments with interpretation and report*   * 96112 HT: IDEA Eval: Developmental Testing – (31-75 minutes) * 96112 TL: REED: Developmental Testing – (31-75 minutes) * 96112: Other Eval: Developmental Testing – (31-75 minutes), Not related to eligibility |
| **96112:96113** | **Developmental Testing – Additional 30 minutes (76+ minutes)** *Includes assessment of fine and/or gross motor, language, social, adaptive and/or cognitive level, social, memory and/or executive functions by standardized developmental instruments with interpretation and report*   * 96112:96113 HT: IDEA Eval: Developmental Testing – Additional 30 minutes (76+ minutes) * 96112:96113 TL: REED: Developmental Testing – Additional 30 minutes (76+ minutes) * 96112:96113: Other Eval: Developmental Testing – Additional 30 minutes, (76+ minutes) Not related to eligibility |
| **96116** | **Neurobehavioral Status Exam and Report** -*Clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities*   * 96116 HT: IDEA Eval: Neurobehavioral Status Exam and Report * 96116 TL: REED: Neurobehavioral Status Exam and Report * 96116: Other Eval: Neurobehavioral Status Exam and Report, Not related to eligibility |
| **96130** | **Psychological Testing Evaluation – (31-90 minutes)** *Psychological testing evaluation including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the student, family member(s) or caregiver(s), when performed*   * 96130 HT: IDEA Eval: Psychological Testing Evaluation – (31-90 minutes) * 96130 TL: REED: Psychological Testing Evaluation – (31-90 minutes) * 96130: Other Eval: Psychological Testing Evaluation – (31-90 minutes), Not related to eligibility |
| **96130:96131** | **Psychological Testing Evaluation – Additional hour (91+ minutes)** *Psychological testing evaluation including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the student, family member(s) or caregiver(s), when performed*   * 96130:96131 HT: IDEA Eval: Psychological Testing Evaluation – Additional hour (91+ minutes) * 96130:96131 TL: REED: Psychological Testing Evaluation – Additional hour (91+ minutes) * 96130:96131: Other Eval: Psychological Testing Evaluation – Additional hour (91+ minutes), Not related to eligibility |
| **96132** | **Neuropsychological Testing – (31-90 minutes)** *Neuropsychological testing evaluation including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the student, family member(s) or caregiver(s), when performed*   * 96132 HT: IDEA Eval: Neuropsychological Testing – (31-90 minutes) * 96132 TL: REED: Neuropsychological Testing – (31-90 minutes) * 96132: Other Eval: Neuropsychological Testing – (31-90 minutes), Not related to eligibility |
| **96132:96133** | **Neuropsychological Testing – Additional hour (91+ minutes)** *Neuropsychological testing evaluation including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the student, family member(s) or caregiver(s), when performed*   * 96132:96133 HT: IDEA Eval: Neuropsychological Testing – Additional hour (91+ minutes) * 96132:96133 TL: REED: Neuropsychological Testing – Additional hour (91+ minutes) * 96132:96133: Other Eval: Neuropsychological Testing – Additional hour (91+ minutes), not related to eligibility |
| **96136** | |  | | --- | | **Psychological or Neuropsychological Test and Scoring – (16-45 minutes)** *Psychological or neuropsychological test administration and scoring two or more tests, any method* |  * 96136 HT: IDEA Eval: Psychological or Neuropsychological Test and Scoring – (16-45 minutes) * 96136 TL: REED: Psychological or Neuropsychological Test and Scoring – (16-45 minutes) * 96136: Other Eval: Psychological or Neuropsychological Test and Scoring – (16-45 minutes), Not related to eligibility |
| **96136:96137** | **Psychological or Neuropsychological Test and Scoring – Additional 30 minutes (46+ minutes)** *Psychological or neuropsychological test administration and scoring two or more tests, any method*   * 96136:96137 HT: IDEA Eval: Psychological or Neuropsychological Test and Scoring – Additional 30 minutes (46+ minutes) * 96136:96137 TL: REED: Psychological or Neuropsychological Test and Scoring – Additional 30 minutes (46+ minutes) * 96136:96137: Other Eval: Psychological or Neuropsychological Test and Scoring – Additional 30 minutes (46+ minutes), Not related to eligibility |
| **96127** | **Brief Emotional/Behavioral Assessment** *(e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument*   * 96127 HT: IDEA Eval: Brief Emotional/Behavioral Assessment * 96127 TL: REED: Brief Emotional/Behavioral Assessment * 96127: Other Eval: Brief Emotional/Behavioral Assessment, not related to eligibility |
| **THERAPY/TREATMENT** | |
| **90832** | **Psychotherapy, 16-37 Minutes with Student and/or Family Member.** The treatment of a behavior disturbance or mental disorder. May include face-to-face time with family if student is present for part of the session. Codes 90832 and 90834 cannot be billed on the same day. |
| **90785:**  **90832** | **Interactive Complexity-Psychotherapy, 16-37 Minutes with Student and/or Family Member** *(see 90832 description above)*. Use the combination code when specific communication factors complicate delivery of service. One of the following must exist to use this code combination: Codes 90785:90832 and 90785:90834 cannot be billed on the same day.  1. Maladaptive Communication (i.e. high anxiety, reactivity, repeated questions or disagreement)  2. Emotional or Behavioral Conditions inhibiting implementation of treatment plan  3. Mandated reporting such as in situations involving abuse or neglect  4. Use of play equipment, devices, interpreter or translator required due to inadequate language expression or different language spoken between student and professional. |
| **90834** | **Psychotherapy, 38-52 Minutes with Student and/or Family Member.** The treatment of a behavior disturbance or mental disorder. May include face-to-face time with family if student is present for part of the session. Codes 90832 and 90834 cannot be billed on the same day. |
| **90785:**  **90834** | **Interactive Complexity-Psychotherapy, 38-52 Minutes with Student and/or Family Member** *(see 90834 description above).* Use the combination code when specific communication factors complicate delivery of service. One of the following must exist to use this code combination: Codes 90785:90832 and 90785:90834 cannot be billed on the same day. This code may be used when delivery of service is complicated by one of the above identified communication factors.  1. Maladaptive Communication (i.e. high anxiety, reactivity, repeated questions or disagreement)  2. Emotional or Behavioral Conditions inhibiting implementation of treatment plan  3. Mandated reporting such as in situations involving abuse or neglect  4. Use of play equipment, devices, interpreter or translator required due to inadequate language expression or different language spoken between student and professional. |
| **90846** | **Family Psychotherapy [conjoint] W/O student present** |
| **90847** | **Family Psychotherapy [conjoint] W/Student present** |
| **90853** | **Group Psychotherapy, 2-8 students.** 2-8 students (non-family group). |
| **H0004** | **Individual Behavioral Health Counseling.** Behavioral health counseling/therapy, individual. |
| **S9484** | **Crisis Intervention Service.** Unscheduled activities performed for the purpose of resolving an immediate crisis. Activities include crisis response, assessment, referral and direct therapy. |
| **RECORD-KEEPING ONLY – *Service cannot be classified under one of the codes listed above*** | |
|  | **Consultation** - Use for logging students with Consult service listed in the Program & Services section of their IEP.  **No School Day –** use to note no school day, start time = time intended to work with student  **Other**-Use to log any provided service that does not meet criteria of any other selection.  **Provider Absent**-Use to note provider absence. Start time = time intended to work with student.  **Provider not Available**-Use to note provider not available. Start time = time intended to work with student.  **Record Keeping**-Use for any student record keeping purposes you want to track.  **Student Absent-**Use to report Student Absent. Start Time = time you intended to work with the student.  **Student Not Available**-Use to log that student was not available. Start Time = time you intended to work with the student. |
| **GENERAL SERVICE INFORMATION** | |
| * Consult services are an integral part or an extension of a direct medical service and are not separately reimbursable. * Billing is due on the 15th of each month. * Group therapy must be provided in groups of 2-8 students – not billable if more than 8. * Service comments must include enough detail to allow reconstruction of what transpired for each service. * Monthly progress notes are REQUIRED for all months for which services are reported:   + Must include evaluation of progress and summarize the services reported during the month   + Must be dated in the month the services were provided - *using the last school day of the month is recommended* * If you have any questions, please contact the Medicaid Department:   + Shawna Dippman 734-342-8620   + Kim Torrance 734-342-8621 | |
| **SERVICE DETAIL** | |
| **Daily:**  The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy and counseling, documentation must include a progress entry for each direct service which describes the service rendered and the student’s response to that day’s service or treatment. **S.O.A.P. notes are best practice!** If not using the S.O.A.P. format, ensure enough data is in your comment to support the service you are entering.    **Example of Summary Note:**Student was tested and determined eligible for special education on 9/15/2019. I attended the IEP meeting on 9/15/2019 where report was reviewed and IEP developed to address deficit areas. | |
| **RECORD RETENTION** | |
| 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. This requirement is also extended to any subcontracted provider with which the provider has a business relationship. | |