Social Worker (SW)

# Tip Sheet

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| **Procedure Code** | **Service Type/Description** |
| **Therapy -** 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* |
| * Psychotherapy, 20-30 minutes [90832]
 | * Psychotherapy, 20-30 minutes with patient and/or family member.
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| * Psychotherapy, 38-52 minutes [90834]
 | * Psychotherapy, 38-52 minutes with patient and/or family member
 |
| * Interactive Psychotherapy, 20-30 minutes, with student and/or family member [90785:90832]
* Codes [90785:90832 and 90785:90834] cannot be billed on the same day.
 | * Psychotherapy with Interactive Component, 20-30 minutes. Use the combination code when specific communication factors complicate delivery of service.
* Communication factors that complicate delivery of service include:
1. Maladaptive Communication (high anxiety, reactivity)
2. Emotional or Behavioral Conditions inhibiting implementation of a treatment plan
3. Mandated reporting such as situations involving abuse/neglect
4. Use of play equipment, devices, interpreter or translator required due to inadequate language expression or different language spoken between student and professional
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| * Interactive Psychotherapy, 38-52minutes, with student and/or family member [90785:90834]
* Codes [90785:90832 and 90785:90834] cannot be billed on the same day.
 | * Psychotherapy with Interactive Component, 38-52 minutes. Use the combination code when specific communication factors complicate delivery of service.
* Communication factors that complicate delivery of service include those listed above.
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| * Family Psychotherapy [conjoint] w/o student – must be in IEP [90846]
 | * Family psychotherapy (conjoint psychotherapy), without the patient present
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| * Family Psychotherapy [conjoint] w/ student [90847]
 | * Family psychotherapy (conjoint psychotherapy), with patient present.
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| * Group Therapy, 2-8 students [90853]
 | * Group psychotherapy (other than a multiple-family group).
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| * Individual Behavioral Health Counseling [H0004]
 | * Behavioral health counseling and therapy, per 15 minutes.
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| * Crisis Intervention Service [S9484]
 | * Crisis intervention services are unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral and direct therapy. Since these services are unscheduled activities, they are not listed in the beneficiary’s IEP/IFSP treatment plan.
* All services related to the crisis can be counted in the time calculation (writing incident report, parent calls, follow up).
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| **Evaluation/Developmental Assessments (Not related to MET or IEP)** |
| * Mental Health Assessment, Not related to MET or IEP [H0031]
 | * Mental health assessment, by non-physician (e.g., psychologist, counselor, licensed social worker). This code can be used by itself or with the HT,TL, or TM modifiers.
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| * Early Childhood Developmental Testing – Limited [96110]
 | * Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.
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| * Early Childhood Developmental Testing – Extended [96111]
 | * Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments), with interpretation and report.
 |
| * Emotional/Behavioral Assessment, with scoring and documentation, standardized [96127]
 | * Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument. **(added per bulletin MSA 14-62)**
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| **MET/Evaluation (Initial and 3-Year)- Encompasses all meetings, reports, and evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP meeting date).**  |
| * Initial/Reeval Mental Health Assessment, IDEA [H0031 HT]
 | * Mental health assessment, by non-physician (e.g., psychologist, counselor, licensed social worker). This code can be used by itself or with the HT, TL, or TM modifiers.
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| * Early Childhood Developmental Testing – Limited IDEA related [96110 HT]
 | * Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. Limited IDEA related.
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| * Early Childhood Developmental Testing – Limited IEP related [96110 TM]
 | * Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. Limited IEP related.
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| * Early Childhood Developmental Testing – Extended IDEA related [961111 HT]
 | * Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments), with interpretation and report. Extended IDEA related.
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| * Early Childhood Developmental Testing – Extended IEP related [96111 TM]
 | * Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments), with interpretation and report. IEP related
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| **REED- Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.** |
| * REED – SW Participation [H0031 TL]
 | * REED Participation: Participation in the Review of Existing Evaluation Data.
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| **IEP Participation** |
| * IEP Participation [H0031 TM]
 | * IEP Participation: Participation in the IEP/IFSP including the Manifestation IEP meeting.
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| **Record Keeping Only**  |
| * Communication
 | * No School Day
 |
| * Other
 | * Consultation
 |
| * Provider Absent/Unavailable
 | * Student Absent/Unavailable
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| General Service Information  |
| * **Provider Notes must include enough detail to allow reconstruction of what transpired for each service.**
* Notes are vital in determining what actually occurred on the date of services and the result of the service.
* Monthly progress notes are REQUIRED for all months for which Individual, and Group Therapy 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** Consult services **are not separately reimbursable**. If you are providing consult services, use the service type “Consultation” to document the service.
* Group therapy must be provided in groups of 2-8 students – if the group is larger than 8, use the procedure “Other” to document the service.
* Services provided as part of a regular classroom activity are not reimbursable. When regularly scheduled attention is provided to one student who is part of the class currently in session the service is not reimbursable. Service must be individualized per the IEP.
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