Procedure Code	Description	Time Requirement
Evaluations		
90791:HA	Psychiatric Diagnostic Evaluation - Insight	Minimum 5 mins
90791+90785:HA	Psychiatric Diagnostic Evaluation – Complex Interactive	Minimum 5 mins
96110:HA	Developmental Test Limited	Minimum 5 mins
96112:HA	Developmental Testing w/Interpretation & Report	First Hour
96113:HA	Developmental Testing w/Interpretation & Report	Each add'l 30 mins
96127:HA	Brief Emotional/Behavioral Assessment	Minimum 5 mins
96130:HA	Psychological Testing/Evaluation	First Hour
96131:HA	Psychological Testing/Evaluation	Each add'l HR
97151:HA	Behavior Identification Assessment	Each 15 mins
H0031:HA	Mental Health Evaluation	Minimum 5 mins

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 a 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.

Procedure Code	Description	Time Requirement
Therapy/Treatments		
90832:HA	Individual Therapy – Insight	16-37 mins
90832+90785:HA	Individual Therapy – Complex Interactive	16-37 mins
90834:HA	Individual Therapy – Insight	38-52 mins
90834+90785:HA	Individual Therapy – Complex Interactive	38-52 mins
90837:HA	Individual Therapy – Insight	At least 53 mins
90837+90785:HA	Individual Therapy – Complex Interactive	At least 53 mins
90846:HA	Family Therapy w/o Student	At least 26 mins
90847:HA	Family Therapy w/Student	At least 26 mins
90853:HA	Group Therapy other than family – Insight (2-8 students)	Minimum 5 mins
90853+90785:HA	Group Therapy other than family – Complex Interactive (2-8 Students)	Minimum 5 mins
97155:HA	Adaptive Behavior Treatment using an established plan	Each 15 mins
97156:HA	Family Adaptive Behavior Treatment using an established plan	Each 15 mins
97158:HA	Group Adaptive Behavior Treatment using an established plan (2-8 students)	Each 15 mins
H0004:HA	Behavioral Health Counseling	Each 15 mins
H2011:HA	Crisis Intervention	Each 15 mins
S9484:HA	Crisis Intervention	Each 60 mins

Case Management/Care Coordination		
T1016:HA	Case Management/Care coordination	Each 15 mins

- **Coordination of Care with Outside Providers (healthcare agencies or community):**
  - To make a referral to connect the student with services or activities that would help them reach their identified goals
  - Assistance in finding and connecting to necessary resources other than covered services to meet basic needs
- **Family Contacts:**
  - Communicating with the student's family to identify the student's needs, review the student's progress towards goals, gather family input, or connect the family with area resources that would help the student reach their identified goals
  - Services provided to assist parents/guardians in understanding the nature of the student's diagnosis
  - Services provided to assist parents/guardians in understanding the behavioral health needs of the student
  - Services provided to assist parents/guardians in understanding the student's development
- **School Team Meetings:**
  - Other activities that address and or support the student in reaching their identified goals
  - Attending school team meetings in regard to your student's progress or needs
  - Providing consultation services to other school staff on ways to best support your student with his needs and help the student reach their identified goals
  - Monitoring and modifying covered services

Non-Billable Code		

- **Consult Only** – Use for logging students with consult-only services listed in the Programs & 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 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.