

## Board Certified Behavior Analyst - 118 Caring for Students

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
96127:HA	Brief Emotional/Behavioral Assessment	Not Required
97151:HA	Behavior Identification Assessment	Each 15 mins
<b>Therapy/Treatments</b>		
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
<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 Programs &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(ies) 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>		

### 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.

### 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.

**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.