

128 - Board Certified Assistant Behavioral Analyst Tip Sheet

MET/EVALUATION

Encompasses all meetings, reports, testing and observations completed for the IDEA Assessment. The evaluation should only be reported **once**, even if the evaluation is administered over several days (one log for all work done). The date of service is the date eligibility is determined (IEP/IFSP mtg). **Note:** An evaluation must be completed to use this code.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
96127 HT	Brief Emotional/Behavioral Assessment (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument.	No
97151 HT	Behavior Identification Assessment, each 15 min (Includes face-to-face time with beneficiary to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report)	Yes

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.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97151 TL	Behavior Identification Assessment, each 15 min (Includes face-to-face time with beneficiary to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report)	Yes

IEPT/IFSP

Participation in the IEPT/IFSP. Encompasses all work done for the IEPT. The date of services is the date of the IEP team meeting.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
96127 TM	Brief Emotional/Behavioral Assessment (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument.	No

EVALS NOT RELATED TO MET OR IEP

Evaluations completed for purposes other than the IDEA assessment. The date of service is the date the test is completed.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
96127	Brief Emotional/Behavioral Assessment (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument.	No

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97151	Behavior Identification Assessment, each 15 min (Includes face-to-face time with beneficiary to conduct assessments as well as non-face-to-face time for reviewing records, scoring and interpreting assessments, and writing the treatment plan or progress report)	Yes

THERAPY/COUNSELING

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97155	Adaptive Behavior Treatment using an established plan, each 15 min	Yes
97156	Family Adaptive Behavior Treatment using an established plan, each 15 min	Yes
97158	Group Adaptive Behavior Treatment using an established plan, each 15 min 2-8 students	Yes
H0004	Behavioral Health Counseling, each 15 min	Yes
H2011	Crisis Intervention, each 15 min	Yes
S9484	Crisis Intervention, per hour Unscheduled activities performed for the purpose of resolving an immediate crisis. Includes crisis response, assessment, referral and direct therapy.	Yes

Non-Billable Code

PROCEDURE CODE	SERVICE TYPE	START/END TIME
Consult Only	Use for logging students with consult-only services listed in the programs/services section of their IEP	-
Behavior Plan	Use to log students with a behavior plan only	-
Communication	Use to log communications with parents, other providers, staff	-
Attendance	Use to log when a student is missing therapy(ies) due to absences	-
Observation	Use to document time observing students for evaluation purposes	-

GENERAL BILLING INFORMATION

Service History Notes:

1. Describe what occurred on the date of service. Ensure that the Service History 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 goals/issues or attendance.

Monthly History 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 History Notes (Daily and Monthly History Notes (Progress) **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.