

## Fully Licensed Professional Counselor – 117 Telemedicine

\*Telemedicine is the modality of service using telecommunications and information technologies\*

### INSIGHT-ORIENTED VERSUS INTERACTIVE COMPLEXITY PSYCHOTHERAPY

1. **Insight-oriented psychotherapy** is behavior-modifying and/or supportive conversation between therapist and client
2. **Interactive complexity psychotherapy** 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 the 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
<b>Therapy/Treatments – audio &amp; visual</b>		
90832:95	Individual Therapy – Insight - <b>audio &amp; visual</b>	16-37 mins
90832+90785:95	Individual Therapy – Interactive - <b>audio &amp; visual</b>	16-37 mins
90834:95	Individual Therapy – Insight - <b>audio &amp; visual</b>	38-52 mins
90834+90785:95	Individual Therapy – Interactive - <b>audio &amp; visual</b>	38-52 mins
90837:95	Individual Therapy – Insight - <b>audio &amp; visual</b>	At least 53 mins
90837+90785:95	Individual Therapy – Interactive - <b>audio &amp; visual</b>	At least 53 mins
90846:95	Family Therapy w/o student - <b>audio &amp; visual</b>	At least 26 mins
90847:95	Family Therapy w/student - <b>audio &amp; visual</b>	At least 26 mins
90853:95	Group Therapy other than family – Insight 2-8 Students - <b>audio &amp; visual</b>	Minimum 5 mins
90853+90785:95	Group Therapy other than family – Complex Interactive 2-8 Students - <b>audio &amp; visual</b>	Minimum 5 mins
<b>Therapy/Treatments – audio only</b>		
90832:93	Individual Therapy – Insight - <b>audio only</b>	16-37 mins
90832+90785:93	Individual Therapy – Interactive - <b>audio only</b>	16-37 mins
90834:93	Individual Therapy – Insight - <b>audio only</b>	38-52 mins
90834+90785:93	Individual Therapy – Interactive - <b>audio only</b>	38-52 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 Program &amp; Services 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>		

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### SERVICE DETAIL (DAILY):

1. Reference each type of service claimed including assessments and participation in the multi-disciplinary team assessment
2. 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.
3. Indicate the result of the therapy session (student's response).

**Example of Service Note Detail:** The student was able to talk about a situation with a peer that made him angry and how he was able to diffuse his anger.

### 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 has shown an increase in displaying appropriate social, emotional, and behavioral skills this month, particularly with his peers.

**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.