

# Social Worker

## School Based Services

THERAPY/TREATMENT SERVICES	
Procedure Code	Service Description
90832	<b>Psychotherapy, 16-37 Minutes with Student and/or Family Member.</b> The treatment of a behavior disturbance or mental disorder. May include face-to-face time with family as long as student is present for part of the session. <b>Codes 90832 and 90834 cannot be billed on the same day.</b>
90834	<b>Psychotherapy, 38-52 Minutes with Student and/or Family Member.</b> The treatment of a behavior disturbance or mental disorder. May include face-to-face time with family as long as student is present for part of the session. <b>Codes 90832 and 90834 cannot be billed on the same day.</b>
90785: 90832	<b>Interactive Complexity-Psychotherapy, 16-37 Minutes with Student and/or Family Member</b> (see 90832 description above). Use the combination code when specific communication factors complicate delivery of service. One of the following must exist to use this code combination: <b>Codes 90785:90832 and 90785:90834 cannot be billed on the same day.</b> <ol style="list-style-type: none"> <li>1. Maladaptive Communication (i.e. high anxiety, reactivity, repeated questions or disagreement)</li> <li>2. Emotional or Behavioral Conditions inhibiting implementation of treatment plan</li> <li>3. Mandated reporting such as in situations involving abuse or neglect</li> <li>4. Use of play equipment, devices, interpreter or translator required due to inadequate language expression or different language spoken between student and professional.</li> </ol>
90785: 90834	<b>Interactive Complexity-Psychotherapy, 38-52 Minutes with Student and/or Family Member</b> (see 90834 description above). Use the combination code when specific communication factors complicate delivery of service. One of the following must exist to use this code combination: <b>Codes 90785:90832 and 90785:90834 cannot be billed on the same day. This code may be used when delivery of service is complicated by one of the above identified communication factors.</b> <ol style="list-style-type: none"> <li>1. Maladaptive Communication (i.e. high anxiety, reactivity, repeated questions or disagreement)</li> <li>2. Emotional or Behavioral Conditions inhibiting implementation of treatment plan</li> <li>3. Mandated reporting such as in situations involving abuse or neglect</li> <li>4. Use of play equipment, devices, interpreter or translator required due to inadequate language expression or different language spoken between student and professional.</li> </ol>
90846	<b>Family Psychotherapy [conjoint] W/O student present – Must be in student IEP</b>
90847	<b>Family Psychotherapy [conjoint] W/student present – Must be in student IEP</b>
90853	<b>Group Psychotherapy, 2-8 students.</b> 2-8 students (non-family group)
H0004	<b>Individual Behavioral Health Counseling.</b> Behavioral health counseling/therapy, individual
S9484	<b>Crisis Intervention Service.</b> Unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral and direct therapy.
<b>EVALUATIONS, ASSESSMENTS, MEETINGS AND MODIFIERS</b>	
<p><b>HT: ELIGIBILITY RECOMMENDATION</b> – An evaluation must have been done, but it also encompasses all observations, meetings (except the REED &amp; IEP/IFSP, which have separate codes below) and reports which culminate in a determination of eligibility for Special Education or Early On services. The service date is the date for the eligibility meeting.</p> <p><b>TM: IEP/IFSP MEETING</b> – Participation in the IEP/IFSP meeting. Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is the IEP meeting date.</p> <p><b>TL: REED MEETING</b> – Participation in the Review of Existing Evaluation Data (REED). Date of service is the date the REED was completed.</p> <p><b>No Modifier: OTHER EVALUATION</b> – Evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.</p>	
H0031	<p><b>Mental Health Assessment</b></p> <ul style="list-style-type: none"> <li>• H0031 HT: Eligibility Evaluation Mental Health Assessment, IDEA or Initial/Reevaluation Mental Health Assessment, IDEA</li> <li>• H0031 TM: IEP/IFSP Participation: Mental Health Assessment</li> </ul>

- H0031 TL: REED: Mental Health Assessment
- H0031: Mental Health Assessment, Not related to eligibility

**96110**      **Developmental Screening W/Score Limited** (*developmental milestone survey, speech and language delay screen, with scoring and documentation, per standardized instrument*)

- 96110 HT: Eligibility Evaluation Developmental Screening W/Score Limited, IDEA
- 96110 TM: IEP/IFSP Participation Developmental Screening W/Score Limited
- 96110: Developmental Screening W/Score Limited, Not related to eligibility

**96111**      **Developmental Screening W/Interpretation and Report Extended** (*includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments with interpretation and report*)

- 96111 HT: Eligibility Evaluation Developmental Screening W/Interpretation and Report Extended, IDEA
- 96111 TM: IEP/IFSP Participation Developmental Screening W/Interpretation and Report Extended
- 96111: Developmental Screening W/Interpretation and Report Extended, Not related to eligibility

**96127**      **Brief Emotional/Behavioral Assessment** (*e.g., depression inventory, ADHD scale*) with scoring and documentation, per standardized instrument

- 96127 HT: Eligibility Evaluation Brief Emotional/Behavioral Assessment, IDEA
- 96127 TM: IEP/IFSP Participation Brief Emotional/Behavioral Assessment
- 96127: Brief Emotional/Behavioral Assessment, Not related to eligibility

**RECORD-KEEPING ONLY—Service cannot be classified under one of the codes listed above**

**Communication** - Use to log communication with parent, other providers, staff etc.

**No School Day** - Use to note no school day. Start time = time intended to work with student.

**Other** - Use to log any provided service that does not meet criteria of any other selection.

**Provider Absent** - Use to note provider absence. Start time = time intended to work with student.

**Provider not Available** - Use to note provider not available. Start time = time intended to work with student.

**Student Absent** - Use to report Student Absent.

**Student Not Available** - Use to log that student was not available.

**Consultation** – Consult services are an integral part or an extension of a direct medical service and not separately reimbursable.

**Non-billable Group (size 9+)** – Use for documenting services to a group of students greater than 9.

**GENERAL SERVICE INFORMATION**

- Service entry is due within 30 days after month’s end (All Sept logs due by Oct 30, etc.)
- Provider Notes must include enough detail to allow reconstruction of what transpired for each service.
- Therapy/Treatment services are reportable only if the student’s IEP/IFSP includes Direct services with a time and frequency.
- Provider Notes for Evaluations must indicate “Initial” or “Re-Eval.”

## Logging Service Records in PSSE

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**CASELOAD:** It is important to keep your caseload current. Add new students as necessary and delete students as necessary. If deleting student(s), do this only after all Service Records have been completed.

**\*MEDICAID ELIGIBLE STUDENTS:** A report on PSSE's home page titled [WISD] My Medicaid Caseload (highlighted in purple, right column) automatically lists who on your caseload is Medicaid eligible and has 1 or more direct services. Please check this report monthly. There are occasions when it will change.

*\*If you do not see the 'My Medicaid Caseload' report on your home page, please contact me.*

### Logging Service Records:

1. From your caseload, click the Service Calendar icon to the left of the student's name.
2. Your caseload appears in the left column. Highlight the student you want to record a service for.
3. Select the Calendar Date of your service. Right click on that date. Click **Record Past Service**. The Service Record pops up. Student name, your name, Date and Group Size will pre-populate.
4. Fill in the fields titled: **Service – Service Type – Time – Duration – Progress Report**
5. **Provider Notes:** This field must include enough detail to allow reconstruction of what transpired for each service you are logging. (who was present, what was done, how the did student respond, e.g.)
6. **Areas Covered/Assessed:** At least one area needs to be selected. Choosing "Other" is fine, but you must specify what "Other" is.
7. Check the box titled: **Has this service been completed?**
8. Click **Save**. Completed entries show up in purple on the Service Calendar. Tan colored entries are incomplete.

### \*Logging Monthly Progress Summaries: ONLY ON MEDICAID ELIGIBLE STUDENTS

- Monthly Progress Summaries are **REQUIRED** on Medicaid eligible students and must be dated in the month the services were provided. Using the last school day of the month is recommended.
- Repeat Steps 1-4 from above. **NOTE:** For **Service Type**, you **must** select "Monthly Progress Summary"
- Fill in the **Time** field. It should be a time when school is in session.
- **Duration** is not required to be filled for monthly summary. Leaving it blank, putting in zero, or the time it takes to complete the summary....all are fine.
- **Provider Notes** should include evaluation of progress and summarize how the student did overall during the month. Please note whether there were any changes in treatment and medical or mental status. (just what you personally know). If you know of none, state that.
- **Areas Covered/Assessed:** Choose Monthly Summary, if listed. If not, choose Other. In the Specify field, write Monthly Summary.
- Check the box titled: **Has this service been completed?**
- Click **Save**. Completed entries show up in purple on the Service Calendar. Tan colored entries are incomplete.

**For Medicaid Eligible students:** All completed Service Records will sit in limbo and not be exported or billed if there is no monthly summary.    **Service Records (1 or more) + 1 Monthly Progress Summary = Complete Billing**

When you open a **Service Record**, if **Service** and **Service Type** do not appear, please email me:

Service Record

Student Sample,Sample  
Staff Stiebe,Lana  
Service Date Time\* 02/26/2018



Service\* [redacted]

Service Type\* (none) [redacted]

## Random Moment Time Studies – A Guideline for Direct Service Providers

When chosen, you will receive a notification that you have been randomly selected to complete a web-based time study moment for the Michigan School Based Services Program. Your notification will come via email from [miaop@pcgus.com](mailto:miaop@pcgus.com). The time study gathers information on the activities that school staff are performing for special education students and classifies these activities based on whether they are educational or related to the delivery of designated health services that could be federally matched by Medicaid.

As a significant amount of the SBS Medicaid claim is based on the results of the time studies, it is very important that the person who reviews and assigns a code to your answers understands your activity. Please follow these important guidelines:

**Use detail and be very specific in describing activities that are health related in nature.**

### Question 1- Who was with you?

Vague Response	Detailed Response
A student	A severely multiply impaired student
A parent	A parent of an autistic student
A teacher	The SXI classroom teacher
A principal and staff	The principal of our center program for special education students, along with the OT and PT and Social Worker

### Question 2 – What were you doing?

Vague Response	Detailed Response
Lesson Plans	Developing a health-related plan of care
Compiling Data	Compiling medical evaluations for assessments for IEP
Paperwork	Medical documentation, e.g. documenting student’s progress on IEP goals

### Question 3- Why were you doing this activity

Vague Response	Detailed Response
Scheduled therapy	To promote maintenance and extension of the student’s severely limited range of motion
Per IEP goals	The student is non-verbal and needs support for effective communication during her activities of daily living due to multiple impairments
Student needed assistance	Student was having difficulty breathing, probably due to seasonal allergies. Student needs help with actuation due to limited hand strength

### Question 4- Does the student have an IEP in place for the services you are performing?

This question is very important since without an indication of an IEP/IFSP in place, the service will not be counted for Medicaid purposes.