

Social Worker Tip Sheet

Service Type	Procedure Code	Start/End Time	Medical Areas
MET/Eval (Initial and 3-Year Redetermination) – Encompasses all meetings, reports and evaluations. The date of service is date eligibility is determined (IEP mtg.). <u>Note:</u> An evaluation must be completed to use this service type.			
<ul style="list-style-type: none"> • MET/Eval – Mental Health Assessment: A professional, clinical evaluation of the student’s overall mental health functioning 	H0031HT	No	Yes
<ul style="list-style-type: none"> • MET/Eval – Developmental Testing; Limited: Developmental Screening Test II, Early Language Milestone Screen 	96110HT	No	Yes
<ul style="list-style-type: none"> • MET/Eval – Developmental Testing; Extended: Includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments 	96111HT	No	Yes
IEP (Annual and Initial) Participation in the IEP/IFSP meeting. Encompasses all meetings, reports, and evaluations. The date of service is the date of the IEP meeting.	H0031TM	No	Yes
Tests/Assessments 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.			
<ul style="list-style-type: none"> • Non – MET/Eval – Mental Health Assessment 	H0031	No	Yes
<ul style="list-style-type: none"> • Non – MET/Eval – Developmental Testing; Limited 	96110	No	Yes
<ul style="list-style-type: none"> • Non – MET/Eval – Developmental Testing; Extended 	96111	No	Yes
Psychotherapy, 30 min (actual time can be 16-37 min) Treatment of a mental disorder or behavioral disturbance; with patient and/or family	90832	Yes	Yes
Psychotherapy, 45 min (actual time can be 38-52 min) Treatment of a mental disorder or behavioral disturbance; with patient and/or family	90834	Yes	Yes
Psychotherapy, Interactive Complexity, 30 min Interactive complexity is to be used in conjunction with psychotherapy when specific communication factors complicate delivery of service. One of the following must exist to use this code: <ol style="list-style-type: none"> 1. Maladaptive Communication (i.e. high anxiety, reactivity or disagreement) 2. Caregiver’s emotions or behaviors interferes with implementation of treatment plan 3. Mandated reporting such as in situations involving abuse or neglect 4. Use of play equipment, devices, or an interpreter required due to lack of fluency or undeveloped verbal skills 	90832 +90785	Yes	Yes
Psychotherapy, Interactive Complexity, 45 min Interactive complexity is to be used in conjunction with psychotherapy when specific communication factors complicate delivery of service. <i>One of the 4 conditions above must exist to use this code.</i>	90834 +90785	Yes	Yes
Family Psychotherapy without Patient Conjoint Psychotherapy	90846	No	Yes
Family Psychotherapy with Patient Conjoint Psychotherapy	90847	No	Yes
Group Psychotherapy Other than of a multiple-family group	90853	No	Yes
Behavioral Health Counseling	H0004	Yes	Yes
Crisis Intervention, per hour	S9484	Yes	Yes
Monthly Progress Note	-	No	No
Student Absent/Unavailable	-	No	No
Provider Absent/Unavailable	-	No	No
Non-billable Entry	-	No	No

Medical Areas

- Testing/Evaluation
- IEP Development/Review
- Crisis

- Psychotherapy
- Counseling

General Service Information - SSW

- Consult services are an integral part or an extension of a direct medical service and are not separately reimbursable.
- Crisis Intervention Services are unscheduled activities performed for the purpose of resolving an immediate crisis situation:
 - Activities include crisis response, assessment, referral and direct therapy
 - Service is billed per hour – if less than one hour, the service is not billable
- Billing is due on the 5th of each month.
- Group therapy must be provided in groups of 2-8 students – not billable if more than 8.
- Service comments must include enough detail to allow reconstruction of what transpired for each service.
- Monthly progress notes are REQUIRED for all months for which services are reported:
 - Must include evaluation of progress and summarize the services reported during the month
 - Must be dated in the month the services were provided - *using the last school day of the month is recommended*
- If you have any questions, please contact the Medicaid Department:
 - Heidi Cuthbert at 269-471-7725, ext. 1143 or Heidi.Cuthbert@berrienresa.org

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