

School Based Health Services
Medicaid Policy Manual
MODULE 4
PSYCHOLOGICAL
SERVICES



BACKGROUND

- SCHOOL BASED HEALTH SERVICES ARE REGULATED BY THE CENTERS OF MEDICAID AND MEDICARE (CMS) AND ADMINISTERED BY THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WVDHHR) THROUGH THE BUREAU FOR MEDICAL SERVICES (BMS).
- LOCAL EDUCATION AGENCIES (LEAS) CAN CHOOSE TO ENROLL WITH MEDICAID TO BE A PROVIDER. IN DOING SO LEAS MUST CONFORM TO STATE AND FEDERAL RULES AND CONFIDENTIALITY REQUIREMENTS.
- LEAS MUST COOPERATE FULLY WITH THE BUREAU FOR CHILDREN AND FAMILIES (BCF) AND COURT SYSTEMS

Administrative Requirements

- ALL MEDICAID MEMBERS (STUDENTS WITH MEDICAID CARDS) AND/OR THEIR PARENTS OR GUARDIANS, HAVE THE RIGHT TO FREEDOM OF CHOICE WHEN CHOOSING A PROVIDER FOR TREATMENT
- ALL MEDICAID PROVIDERS SHOULD COORDINATE CARE IF A MEMBER HAS ADDITIONAL MEDICAID SERVICES AT DIFFERENT SITES
- APPROPRIATE RELEASES OF INFORMATION SHOULD BE SIGNED THAT ARE COMPLIANT WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
- SERVICE PLAN IS REQUIRED

MEMBER ELIGIBILITY

- MEMBER ELIGIBILITY-SBHS INCLUDES MEDICALLY NECESSARY COVERED HEALTH CARE SERVICES PURSUANT TO AN INDIVIDUAL EDUCATION PLAN (IEP) PROVIDED BY OR THROUGH THE WEST VIRGINIA DEPARTMENT OF EDUCATION (DOE) OR A LOCAL EDUCATION AGENCY (LEA).
- MEMBER SERVICE PLANS MUST BE DEVELOPED FOR EACH RELATED SERVICE LISTED ON A MEMBERS IEP IN ADDITION TO THE MEMBERS IEPS.

MEDICAL NECESSITY-

SERVICES AND SUPPLIES THAT ARE:

- APPROPRIATE AND NECESSARY FOR THE SYMPTOMS, DIAGNOSIS OR TREATMENT OF AN ILLNESS
- PROVIDED FOR THE DIAGNOSIS OR DIRECT CARE OF AN ILLNESS
- WITHIN THE STANDARDS OF GOOD PRACTICE
- NOT PRIMARILY FOR THE CONVENIENCE OF THE PLAN MEMBER OR PROVIDER
- THE MOST APPROPRIATE LEVEL OF CARE THAT CAN BE SAFELY PROVIDED

MEDICAL NECESSITY CONTINUED-

MUST BE DEMONSTRATED THROUGHOUT THE PROVISION OF SERVICES. FOR THESE TYPES OF SERVICES, THE FOLLOWING 5 FACTORS WILL BE INCLUDED AS PART OF THIS DETERMINATION:

- DIAGNOSIS (AS DETERMINED BY A PHYSICIAN OR LICENSED PSYCHOLOGIST)
- LEVEL OF FUNCTIONING
- EVIDENCE OF CLINICAL STABILITY
- AVAILABLE SUPPORT SYSTEM
- SERVICE IS THE APPROPRIATE LEVEL OF CARE

Covered School Based Services

PSYCHOLOGICAL SERVICES

PSYCHOLOGICAL SERVICES INCLUDES ASSESSMENTS, TESTING, AND THERAPEUTIC SERVICES THAT ARE USED TO DIAGNOSE AND TREAT INDIVIDUALS WITH SUSPECTED OR IDENTIFIED DIAGNOSIS OF EMOTIONAL, DEVELOPMENTAL OR SUBSTANCE ABUSE ISSUES.

ASSESSMENT SERVICES

ASSESSMENT SERVICES INCLUDE EVALUATIVE SERVICES AND STANDARDIZED TESTING INSTRUMENTS APPLIED BY SUITABLY TRAINED STAFF CREDENTIALLED BY THE INTERNAL CREDENTIALING POLICIES AND PROCEDURES OF THE AGENCY. ASSESSMENT SERVICES ARE DESIGNED TO MAKE DETERMINATIONS CONCERNING THE MENTAL, PHYSICAL, AND FUNCTIONAL STATUS OF THE MEMBER

TELEHEALTH

THE WEST VIRGINIA BUREAU FOR MEDICAL SERVICES ENCOURAGES PROVIDERS THAT HAVE THE CAPABILITY TO RENDER SERVICES VIA TELEHEALTH TO ALLOW EASIER ACCESS TO SERVICES FOR WV MEDICAID MEMBERS. TO UTILIZE TELEHEALTH PROVIDERS WILL NEED TO DOCUMENT THAT THE SERVICE WAS RENDERED UNDER THAT MODALITY. **WHEN FILING A CLAIM THE PROVIDER WILL BILL THE SERVICE CODE WITH A “GT” MODIFIER.** EACH SERVICE IN THE MANUAL IS IDENTIFIED AS “AVAILABLE” OR “NOT AVAILABLE” FOR TELEHEALTH. SOME SERVICES CODES GIVE ADDITIONAL INSTRUCTION AND/OR RESTRICTION FOR TELEHEALTH AS APPROPRIATE.

TELEHEALTH CONTINUED

- ALL MEDICAID CONDITIONS AND REGULATIONS APPLY TO TELEHEALTH SERVICES UNLESS OTHERWISE SPECIFIED IN THIS MANUAL
- THE PROVIDER MUST HAVE AN APPROPRIATELY TRAINED EMPLOYEE OF THE FACILITY AVAILABLE IN THE BUILDING AT ALL TELEHEALTH CONTACTS WITH A MEMBER. APPROPRIATELY TRAINED IS DEFINED AS TRAINED IN SYSTEMATIC DE-ESCALATION THAT INVOLVES PATIENT MANAGEMENT.
- THE HEALTH CARE AGENCY OR ENTITY THAT HAS THE ULTIMATE RESPONSIBILITY FOR THE CARE OF THE PATIENT AND ENROLLED AS A WV MEDICAID PROVIDER. THE PRACTITIONER PERFORMING SERVICES VIA TELEMEDICINE, WHETHER FROM WEST VIRGINIA OR OUT OF STATE, MUST MEET THE CREDENTIALING REQUIREMENTS CONTAINED WITHIN THIS MANUAL.
- TELEHEALTH PROVIDERS MUST HAVE IN PLACE A SYSTEMATIC QUALITY ASSURANCE AND IMPROVEMENT PROGRAM RELATIVE TO TELEHEALTH SERVICES THAT IS DOCUMENTED AND MONITORED.

TELEHEALTH CONTINUED

- THE PRACTITIONER WHO DELIVERS THE SERVICE TO A MEMBER SHALL ENSURE THAT ANY WRITTEN INFORMATION IS PROVIDED TO THE MEMBER IN A FORM AND MANNER WHICH THE MEMBER CAN UNDERSTAND USING REASONABLE ACCOMMODATIONS WHEN NECESSARY. MEMBER'S CONSENT TO RECEIVE TREATMENT VIA TELEHEALTH SHALL BE OBTAINED, AND MAY BE INCLUDED IN THE MEMBER'S INITIAL GENERAL CONSENT FOR TREATMENT.
- IF THE MEMBER (OR LEGAL GUARDIAN) INDICATES AT ANY POINT THAT HE OR SHE WISHES TO STOP USING THE TECHNOLOGY, THE SERVICE SHOULD CEASE IMMEDIATELY AND AN ALTERNATIVE METHOD OF SERVICE PROVISION SHOULD BE ARRANGED.

TELEHEALTH CONTINUED:

FOR FURTHER INFORMATION AND PROVIDER RESPONSIBILITIES REGARDING TELEHEALTH SERVICES REFER TO THE ADMINISTRATION TRAINING MODULE.

Covered School Based Services

PSYCHOLOGICAL SERVICES

PSYCHIATRIC DIAGNOSTIC EVALUATION (NO MEDICAL SERVICES)

PROCEDURE CODE: 90791

SERVICE UNIT: EVENT (COMPLETED EVALUATION)

TELEHEALTH: AVAILABLE

SERVICE LIMITS: TWO EVENTS PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

DEFINITION: AN INTEGRATED BIO-PSYCHOSOCIAL ASSESSMENT, INCLUDING HISTORY, MENTAL STATUS, AND RECOMMENDATIONS. THE EVALUATION MAY INCLUDE COMMUNICATION WITH FAMILY OR OTHER SOURCES AND REVIEW AND ORDERING OF DIAGNOSTIC STUDIES.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- Date of Service
- Location of Service
- Purpose of Evaluation
- Psychiatrist's/Psychologist's signature with credentials
- Presenting Problem
- History of Medicaid Member's presenting illness
- Duration and Frequency of Symptoms
- Current and Past Medication efficacy and compliance
- Psychiatric History up to Present Day
- MEDICAL HISTORY RELATED TO BEHAVIORAL HEALTH CONDITION

Covered School Based Services

PSYCHOLOGICAL SERVICES CONTINUED

90791 PSYCHIATRIC DIAGNOSTIC EVALUATION (NO MEDICAL SERVICES)CONTINUED

MENTAL STATUS EXAM - THE MENTAL STATUS EXAM MUST INCLUDE THE FOLLOWING ELEMENTS:

- APPEARANCE
- Behavior
- Attitude
- Level of Consciousness
- Orientation
- Speech
- Mood and Affect
- Thought Process/Form and Thought Content
- Suicidality and Homicidally
- Insight and Judgment
- MEMBERS DIAGNOSIS PER CURRENT DSM OR ICD METHODOLOGY
- MEDICAID MEMBER'S PROGNOSIS AND RATIONALE
- RATIONALE FOR DIAGNOSIS
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE EVALUATION

Covered School Based Services

PSYCHOLOGICAL SERVICES

15 TESTING SERVICES

THE FOLLOWING SERVICES ARE USED FOR THE TESTING OF COGNITIVE FUNCTION OF THE CENTRAL NERVOUS SYSTEM. THE TESTING OF COGNITIVE PROCESSES, VISUAL MOTOR RESPONSES, AND ABSTRACTIVE ABILITIES IS ACCOMPLISHED BY THE COMBINATION OF SEVERAL TYPES OF TESTING PROCEDURES. IT IS EXPECTED THAT THE ADMINISTRATION OF THESE TESTS WILL GENERATE MATERIAL THAT WILL BE FORMULATED INTO A REPORT. THE SERVICE REPORT TIMES INCLUDE THE FACE-TO-FACE TIME WITH THE PATIENT AND THE TIME SPENT INTERPRETING AND PREPARING THE REPORT.

PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT

PROCEDURE CODE: 96101

SERVICE UNIT: 60 MINUTES

TELEHEALTH: NOT AVAILABLE

SERVICE LIMITS: THREE UNITS PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

DEFINITION: EVALUATION BY A PSYCHOLOGIST INCLUDING PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT. PSYCHOLOGICAL TESTING INCLUDES, BUT IS NOT LIMITED TO STANDARD PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYCHOPATHOLOGY, EMOTIONALITY, AND INTELLECTUAL ABILITIES. ACADEMIC ASSESSMENT AND ASSESSMENT REQUIRED TO DETERMINE THE NEEDS, STRENGTHS, FUNCTIONING LEVEL(S), MENTAL STATUS AND/OR SOCIAL HISTORY OF AN INDIVIDUAL ARE ALSO INCLUDED. DOCUMENTATION REQUIRES SCORING AND INTERPRETATION OF TESTING AND A WRITTEN REPORT INCLUDING FINDINGS AND RECOMMENDATIONS. 96101 IS ALSO USED IN THOSE CIRCUMSTANCES WHEN ADDITIONAL TIME IS NECESSARY TO INTEGRATE OTHER SOURCES OF CLINICAL DATA, INCLUDING PREVIOUSLY INTERPRETED, COMPLETED AND REPORTED TECHNICIAN-AND COMPUTER-ADMINISTERED TESTS.

NOTE: INTERPRETATION AND REPORT OF TECHNICIAN AND COMPUTER-BASED TESTS MAY NOT BE COMPLETED USING THIS SERVICE. IT IS INTENDED FOR THE INTEGRATION OF PREVIOUSLY INTERPRETED AND REPORTED TECHNICIAN AND COMPUTER-BASED TESTS.

Covered School Based Services

PSYCHOLOGICAL SERVICES CONTINUED

15 TESTING SERVICES FOR 96101 CONTINUED

DOCUMENTATION: DOCUMENTATION/REPORT MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE:

- DATE OF SERVICE
- LOCATION OF SERVICE
- TIME SPENT (START/STOP TIMES)
- SIGNATURE WITH CREDENTIALS
- PURPOSE OF THE EVALUATION
- DOCUMENTATION THAT MEDICAID MEMBER WAS PRESENT FOR THE EVALUATION
- REPORT MUST CONTAIN RESULTS (SCORE AND CATEGORY) OF THE ADMINISTERED TESTS/EVALUATIONS
- REPORT MUST CONTAIN INTERPRETATION OF THE ADMINISTERED TESTS/EVALUATIONS
- MENTAL STATUS EXAM - THE MENTAL STATUS EXAM MUST INCLUDE THE FOLLOWING ELEMENTS:
 - Appearance
 - Behavior
 - Attitude
 - Level of Consciousness
 - Orientation
 - Speech
 - Mood and Affect
 - Thought Process/Form and Thought Content
 - Suicidality and Homicidality
 - Insight and Judgment
- RENDERING OF THE MEDICAID MEMBER'S DIAGNOSIS WITHIN THE CURRENT DSM OR ICD METHODOLOGY.
- RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF ADMINISTERED TESTS/EVALUATIONS

SERVICE EXCLUSIONS:

PSYCHOMETRICIAN/TECHNICIAN WORK

COMPUTER - SCORING

SELF-ADMINISTERED ASSESSMENTS

COMPUTER – INTERPRETATION

INTERNS MAY NOT BILL FOR THIS SERVICE

PSYCHOLOGICAL SERVICES

DEVELOPMENTAL TESTING: LIMITED

PROCEDURE CODE: 96110

SERVICE UNIT: EVENT (COMPLETED INTERPRETATION AND REPORT)

TELEHEALTH: NOT AVAILABLE

SERVICE LIMITS: TWO EVENTS PER CALENDAR YEAR

PAYMENT LIMITS: THIS SERVICE CANNOT BE BILLED IF PSYCHOLOGICAL TESTING WITH INTERPRETATION AND REPORT (PROCEDURE CODE 96101) HAS BEEN BILLED IN THE LAST SIX MONTHS.

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

Covered School Based Services

96110 DEFINITION: THIS IS LIMITED TO DEVELOPMENTAL TESTING

DOCUMENTATION:

DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS OF THE DATE OF SERVICE:

- DATE OF SERVICE
- LOCATION OF SERVICE
- PURPOSE OF EVALUATION
- TIME SPENT (START/STOP TIMES)
- SIGNATURE WITH CREDENTIALS
- DOCUMENTATION THAT THE MEMBER WAS PRESENT FOR THE EVALUATION
- DOCUMENTATION MUST CONTAIN THE RESULTS (SCORES AND CATEGORY) OF THE ADMINISTERED TESTS/EVALUATIONS
- DOCUMENTATION MUST CONTAIN INTERPRETATION, DIAGNOSIS, AND RECOMMENDATIONS.

PSYCHOLOGICAL SERVICES CONTINUED

96110 DOCUMENTATION CONTINUED

MENTAL STATUS EXAM - THE MENTAL STATUS EXAM MUST INCLUDE THE FOLLOWING ELEMENTS:

- Appearance
- Behavior
- Attitude
- Level of Consciousness
- Orientation
- Speech
- Mood and Affect
- Thought Process/Form and Thought Content
- Suicidality and Homicidality
- Insight and Judgment
- RENDERING OF THE MEDICAID MEMBER'S DIAGNOSIS WITHIN THE CURRENT DSM OR ICD METHODOLOGY
- RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE ADMINISTERED TESTS/EVALUATIONS.

Covered School Based Services

PSYCHOLOGICAL SERVICES

PSYCHOTHERAPY

PSYCHOTHERAPY IS THE TREATMENT OF MENTAL ILLNESS AND BEHAVIORAL DISTURBANCES IN WHICH THE PSYCHOLOGIST THROUGH DEFINITIVE THERAPEUTIC COMMUNICATION, ATTEMPTS TO ALLEVIATE THE EMOTIONAL DISTURBANCES, REVERSE OR CHANGE MALADAPTIVE PATTERNS OF BEHAVIOR, AND ENCOURAGE PERSONALITY GROWTH AND DEVELOPMENT. THE PSYCHOTHERAPY CODES 90832, 90834, AND 90837 INCLUDE ONGOING ASSESSMENT AND ADJUSTMENT OF PSYCHOTHERAPEUTIC INTERVENTIONS AND MAY INCLUDE THE INVOLVEMENT OF FAMILY MEMBER (S) OR OTHERS IN THE TREATMENT PROCESS.

PSYCHOTHERAPY TIMES ARE FACE-TO-FACE SERVICES WITH PATIENT AND/OR FAMILY MEMBER. THE PATIENT MUST BE PRESENT FOR ALL OR SOME OF THE SERVICE. IN REPORTING, CHOOSE THE CODE CLOSEST TO THE ACTUAL TIME (I.E., 16-37 MINUTES FOR 90832, 38-52 MINUTES FOR 90834, AND 53 OR MORE MINUTES FOR 90837).

PROCEDURE CODE: 90832

SERVICE UNIT: 1 UNIT = 16-37 MINUTES

TELEHEALTH: AVAILABLE

SERVICE LIMITS: TEN UNITS PER CALENDAR YEAR

PSYCHOLOGICAL SERVICES

90832 PSYCHOTHERAPY CONTINUED

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

DEFINITION: PSYCHOTHERAPY IS THE TREATMENT OF MENTAL ILLNESS AND BEHAVIORAL DISTURBANCES IN WHICH THE PSYCHOLOGIST THROUGH DEFINITIVE THERAPEUTIC COMMUNICATION, ATTEMPTS TO ALLEVIATE THE EMOTIONAL DISTURBANCES, REVERSE OR CHANGE MALADAPTIVE PATTERNS OF BEHAVIOR, AND ENCOURAGE PERSONALITY GROWTH AND DEVELOPMENT. THE PSYCHOTHERAPY CODES 90832, 90834, 90837, AND 90853 INCLUDE ONGOING ASSESSMENT AND ADJUSTMENT OF PSYCHOTHERAPEUTIC INTERVENTIONS AND MAY INCLUDE INVOLVEMENT OF FAMILY MEMBER(S) OR OTHERS IN THE TREATMENT PROCESS.

90832 DOCUMENTATION CONTINUED: DOCUMENTATION MUST CONTAIN THE FOLLOWING:

DOCUMENTATION MUST INDICATE HOW OFTEN THIS SERVICE IS TO BE PROVIDED. THERE MUST BE A PROGRESS NOTE DESCRIBING EACH SERVICE PROVIDED, THE RELATIONSHIP OF THE SERVICE TO THE IDENTIFIED MENTAL HEALTH TREATMENT NEEDS, AND THE MEMBER'S RESPONSE TO THE SERVICE. THE PROGRESS NOTE MUST INCLUDE THE REASON FOR THE SERVICE, SYMPTOMS AND FUNCTIONING OF THE MEMBER, A THERAPEUTIC INTERVENTION GROUNDED IN A SPECIFIC AND IDENTIFIABLE THEORETICAL BASE THAT PROVIDES FRAMEWORK FOR ASSESSING CHANGE, AND THE MEMBER'S RESPONSE TO THE INTERVENTION AND/OR TREATMENT.

DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES
- INTERVENTIONS UTILIZED

Covered School Based Services

PSYCHOLOGICAL SERVICES

PROCEDURE CODE: 90834

SERVICE UNIT: 1 UNIT = 38-52 MINUTES

TELEHEALTH: AVAILABLE

SERVICE LIMITS: TEN UNITS PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

DEFINITION: PSYCHOTHERAPY IS THE TREATMENT OF MENTAL ILLNESS AND BEHAVIORAL DISTURBANCES IN WHICH THE PSYCHOLOGIST THROUGH DEFINITIVE THERAPEUTIC COMMUNICATION, ATTEMPTS TO ALLEVIATE THE EMOTIONAL DISTURBANCES, REVERSE OR CHANGE MALADAPTIVE PATTERNS OF BEHAVIOR, AND ENCOURAGE PERSONALITY GROWTH AND DEVELOPMENT. THE PSYCHOTHERAPY CODES 90832, 90834, 90837, AND 90853 INCLUDE ONGOING ASSESSMENT AND ADJUSTMENT OF PSYCHOTHERAPEUTIC INTERVENTIONS AND MAY INCLUDE INVOLVEMENT OF FAMILY MEMBER(S) OR OTHERS IN THE TREATMENT PROCESS.

PSYCHOLOGICAL SERVICES CONTINUED

90834 DOCUMENTATION CONTINUED

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING:

DOCUMENTATION MUST INDICATE HOW OFTEN THIS SERVICE IS TO BE PROVIDED. THERE MUST BE A PROGRESS NOTE DESCRIBING EACH SERVICE PROVIDED, THE RELATIONSHIP OF THE SERVICE TO THE IDENTIFIED MENTAL HEALTH TREATMENT NEEDS, AND THE MEMBER'S RESPONSE TO THE SERVICE. THE PROGRESS NOTE MUST INCLUDE THE REASON FOR THE SERVICE, SYMPTOMS AND FUNCTIONING OF THE MEMBER, A THERAPEUTIC INTERVENTION GROUNDED IN A SPECIFIC AND IDENTIFIABLE THEORETICAL BASE THAT PROVIDES FRAMEWORK FOR ASSESSING CHANGE, AND THE MEMBER'S RESPONSE TO THE INTERVENTION AND/OR TREATMENT.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES
- INTERVENTIONS UTILIZED

Covered School Based Services

PSYCHOLOGICAL SERVICES

PROCEDURE CODE: 90837

SERVICE UNIT: 1 UNIT = 53 OR MORE MINUTES

TELEHEALTH: AVAILABLE

SERVICE LIMITS: TEN UNITS PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

DEFINITION: PSYCHOTHERAPY IS THE TREATMENT OF MENTAL ILLNESS AND BEHAVIORAL DISTURBANCES IN WHICH THE PSYCHOLOGIST THROUGH DEFINITIVE THERAPEUTIC COMMUNICATION, ATTEMPTS TO ALLEVIATE THE EMOTIONAL DISTURBANCES, REVERSE OR CHANGE MALADAPTIVE PATTERNS OF BEHAVIOR, AND ENCOURAGE PERSONALITY GROWTH AND DEVELOPMENT. THE PSYCHOTHERAPY CODES 90832, 90834, 90837, AND 90853 INCLUDE ONGOING ASSESSMENT AND ADJUSTMENT OF PSYCHOTHERAPEUTIC INTERVENTIONS AND MAY INCLUDE INVOLVEMENT OF FAMILY MEMBER(S) OR OTHERS IN THE TREATMENT PROCESS.

Covered School Based Services

PSYCHOLOGICAL SERVICES CONTINUED 90837 DOCUMENTATION

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING:

DOCUMENTATION MUST INDICATE HOW OFTEN THIS SERVICE IS TO BE PROVIDED. THERE MUST BE A PROGRESS NOTE DESCRIBING EACH SERVICE PROVIDED, THE RELATIONSHIP OF THE SERVICE TO THE IDENTIFIED MENTAL HEALTH TREATMENT NEEDS, AND THE MEMBER'S RESPONSE TO THE SERVICE. THE PROGRESS NOTE MUST INCLUDE THE REASON FOR THE SERVICE, SYMPTOMS AND FUNCTIONING OF THE MEMBER, A THERAPEUTIC INTERVENTION GROUNDED IN A SPECIFIC AND IDENTIFIABLE THEORETICAL BASE THAT PROVIDES FRAMEWORK FOR ASSESSING CHANGE, AND THE MEMBER'S RESPONSE TO THE INTERVENTION AND/OR TREATMENT.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES
- INTERVENTIONS UTILIZED

Covered School Based Services

PSYCHOLOGICAL SERVICES

FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)

PROCEDURE CODE: 90846

SERVICE UNIT: 1 UNIT =45-50 MINUTES

TELEHEALTH: AVAILABLE

SERVICE LIMITS: TEN PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

DEFINITION: PSYCHOTHERAPY IS THE TREATMENT OF MENTAL ILLNESS AND BEHAVIORAL DISTURBANCES IN WHICH THE PSYCHOLOGIST THROUGH DEFINITIVE THERAPEUTIC COMMUNICATION, ATTEMPTS TO ALLEVIATE THE EMOTIONAL DISTURBANCES, REVERSE OR CHANGE MALADAPTIVE PATTERNS OF BEHAVIOR, AND ENCOURAGE PERSONALITY GROWTH AND DEVELOPMENT. THIS CODE IS SPECIFIC TO FAMILY PSYCHOTHERAPY WITHOUT THE PATIENT PRESENT IN THE THERAPEUTIC SESSION.

PSYCHOLOGICAL SERVICES CONTINUED 90846 DOCUMENTATION

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING:

DOCUMENTATION MUST INDICATE HOW OFTEN THIS SERVICE IS TO BE PROVIDED. THERE MUST BE A PROGRESS NOTE DESCRIBING EACH SERVICE PROVIDED, THE RELATIONSHIP OF THE SERVICE TO THE IDENTIFIED MENTAL HEALTH TREATMENT NEEDS, AND THE MEMBER'S RESPONSE TO THE SERVICE. THE PROGRESS NOTE MUST INCLUDE THE REASON FOR THE SERVICE, SYMPTOMS AND FUNCTIONING OF THE MEMBER, A THERAPEUTIC INTERVENTION GROUNDED IN A SPECIFIC AND IDENTIFIABLE THEORETICAL BASE THAT PROVIDES FRAMEWORK FOR ASSESSING CHANGE, AND THE MEMBER'S RESPONSE TO THE INTERVENTION AND/OR TREATMENT.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES
- INTERVENTIONS UTILIZED

PSYCHOLOGICAL SERVICES

FAMILY PSYCHOTHERAPY (WITH THE PATIENT PRESENT)

PROCEDURE CODE: 90847

SERVICE UNIT: 45-50 MINUTES

TELEHEALTH: AVAILABLE

SERVICE LIMITS: TEN PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

DEFINITION: PSYCHOTHERAPY IS THE TREATMENT OF MENTAL ILLNESS AND BEHAVIORAL DISTURBANCES IN WHICH THE PSYCHOLOGIST THROUGH DEFINITIVE THERAPEUTIC COMMUNICATION, ATTEMPTS TO ALLEVIATE THE EMOTIONAL DISTURBANCES, REVERSE OR CHANGE MALADAPTIVE PATTERNS OF BEHAVIOR, AND ENCOURAGE PERSONALITY GROWTH AND DEVELOPMENT. THIS CODE IS SPECIFIC TO FAMILY PSYCHOTHERAPY WITH THE PATIENT PRESENT IN THE THERAPEUTIC SESSION.

PSYCHOLOGICAL SERVICES CONTINUED 90847 DOCUMENTATION

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING:

DOCUMENTATION MUST INDICATE HOW OFTEN THIS SERVICE IS TO BE PROVIDED. THERE MUST BE A PROGRESS NOTE DESCRIBING EACH SERVICE PROVIDED, THE RELATIONSHIP OF THE SERVICE TO THE IDENTIFIED MENTAL HEALTH TREATMENT NEEDS, AND THE MEMBER'S RESPONSE TO THE SERVICE. THE PROGRESS NOTE MUST INCLUDE THE REASON FOR THE SERVICE, SYMPTOMS AND FUNCTIONING OF THE MEMBER, A THERAPEUTIC INTERVENTION GROUNDED IN A SPECIFIC AND IDENTIFIABLE THEORETICAL BASE THAT PROVIDES FRAMEWORK FOR ASSESSING CHANGE, AND THE MEMBER'S RESPONSE TO THE INTERVENTION AND/OR TREATMENT.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES
- INTERVENTIONS UTILIZED

Covered School Based Services

PSYCHOLOGICAL SERVICES

PSYCHOTHERAPY FOR CRISIS

PSYCHOTHERAPY FOR CRISIS IS AN URGENT ASSESSMENT AND HISTORY OF A CRISIS STATE, A MENTAL STATUS EXAM, AND A DISPOSITION. THE TREATMENT INCLUDES PSYCHOTHERAPY MOBILIZATION OF RESOURCES TO DEFUSE THE CRISIS AND RESTORE SAFETY, AND IMPLEMENTATION OF PSYCHOTHERAPEUTIC INTERVENTIONS TO MINIMIZE THE POTENTIAL FOR PSYCHOLOGICAL TRAUMA. THE PRESENTING PROBLEM IS TYPICALLY LIFE THREATENING OR COMPLEX AND REQUIRES IMMEDIATE ATTENTION TO PATIENT IN HIGH DISTRESS. CODES 90839 AND 90840 ARE USED TO REPORT THE TOTAL DURATION OF TIME FACE –TO –FACE WITH THE PATIENT AND/OR FAMILY SPENT BY THE PSYCHOLOGIST PROVIDING PSYCHOTHERAPY FOR THE CRISIS, EVEN IF THE TIME SPENT ON THAT DATE IS NOT CONTINUOUS. FOR ANY GIVEN PERIOD OF TIME SPENT PROVIDING PSYCHOTHERAPY FOR CRISIS STATE THE PSYCHOLOGIST MUST DEVOTE HIS OR HER FULL ATTENTION TO THE PATIENT AND, THEREFORE, CANNOT PROVIDE SERVICES TO ANY OTHER PATIENT DURING THE SAME TIME PERIOD. THE PATIENT MUST BE PRESENT FOR ALL OR SOME OF THE SERVICE. DO NOT REPORT WITH 90791.

PROCEDURE CODE: 90839

SERVICE UNIT: 60 MINUTES

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: FOUR PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION

PSYCHOLOGICAL SERVICES CONTINUED

90839 DOCUMENTATION

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING:

THERE MUST BE A PROGRESS NOTE FOR THIS SERVICE. THE PROGRESS NOTE MUST INCLUDE THE REASON FOR THE SERVICE, SYMPTOMS AND FUNCTIONING OF THE MEMBER, A THERAPEUTIC INTERVENTION GROUNDED IN A SPECIFIC AND IDENTIFIABLE THEORETICAL BASE THAT PROVIDES FRAMEWORK FOR ASSESSING CHANGE, AND THE MEMBER'S RESPONSE TO THE INTERVENTION AND/OR TREATMENT FOR THE CRISIS

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- SIGNATURE WITH CREDENTIALS
- SAFETY PLAN
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

90839 DOCUMENTATION CONTINUED

•**MENTAL STATUS EXAM - THE MENTAL STATUS EXAM MUST INCLUDE THE FOLLOWING ELEMENTS:**

- Appearance
- Behavior
- Attitude
- Level of Consciousness
- Orientation
- Speech
- Mood and Affect
- Thought Process/Form and Thought Content
- Suicidality and Homicidality
- Insight and Judgment

SERVICE EXCLUSIONS:

RESPONSE TO A DOMESTIC VIOLENCE SITUATION

ADMISSION TO A HOSPITAL

ADMISSION TO A CRISIS STABILIZATION UNIT

TIME AWAITING FOR TRANSPORTATION OR THE TRANSPORTATION ITSELF

REMOVAL OF A MINOR OR AN INCAPACITATED ADULT FROM AN ABUSIVE OR NEGLECTFUL HOUSEHOLD.

COMPLETION OF CERTIFICATION FOR INVOLUNTARY COMMITMENT.

Covered School Based Services

PSYCHOLOGICAL SERVICES

PROCEDURE CODE: 90840

SERVICE UNIT: ADD ON CODE FOR EACH ADDITIONAL 30 MINUTES OF PSYCHOTHERAPY FOR CRISIS,
USED IN CONJUNCTION WITH 90839

TELEHEALTH: UNAVAILABLE

PRIOR AUTHORIZATION: REFER TO UTILIZATION MANAGEMENT GUIDELINES

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PSYCHOLOGIST IN GOOD STANDING WITH THE WV BOARD OF EXAMINERS OF PSYCHOLOGY, OR A SUPERVISED PSYCHOLOGIST WHO IS SUPERVISED BY A BOARD APPROVED SUPERVISOR OR A SCHOOL PSYCHOLOGIST AS DEEMED AND APPROVED BY THE WEST VIRGINIA DEPARTMENT OF EDUCATION.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING:

THERE MUST BE A PROGRESS NOTE FOR THIS SERVICE. THE PROGRESS NOTE MUST INCLUDE THE REASON FOR THE SERVICE, SYMPTOMS AND FUNCTIONING OF THE MEMBER, A THERAPEUTIC INTERVENTION GROUNDED IN A SPECIFIC AND IDENTIFIABLE THEORETICAL BASE THAT PROVIDES FRAMEWORK FOR ASSESSING CHANGE, AND THE MEMBER'S RESPONSE TO THE INTERVENTION AND/OR TREATMENT FOR THE CRISIS

PSYCHOLOGICAL SERVICES CONTINUED

90840 DOCUMENTATION

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- SIGNATURE WITH CREDENTIALS
- SAFETY PLAN
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES
- INTERVENTIONS UTILIZED

-

90840 DOCUMENTATION CONTINUED

•MENTAL STATUS EXAM - THE MENTAL STATUS EXAM MUST INCLUDE THE FOLLOWING ELEMENTS:

- Appearance
- Behavior
- Attitude
- Level of Consciousness
- Orientation
- Speech
- Mood and Affect
- Thought Process/Form and Thought Content
- Suicidality and Homicidality
- Insight and Judgment

SERVICE EXCLUSIONS:

- RESPONSE TO A DOMESTIC VIOLENCE SITUATION
- ADMISSION TO A HOSPITAL
- ADMISSION TO A CRISIS STABILIZATION UNIT
- TIME AWAITING FOR TRANSPORTATION OR THE TRANSPORTATION ITSELF
- REMOVAL OF A MINOR OR AN INCAPACITATED ADULT FROM AN ABUSIVE OR NEGLECTFUL HOUSEHOLD.
- COMPLETION OF CERTIFICATION FOR INVOLUNTARY COMMITMENT.

DOCUMENTATION:

- ORIGINAL DOCUMENTATION MUST BE MAINTAINED AT THE LEA BOARD OF EDUCATION CENTRAL OFFICE. THIS INCLUDES BILLING FORMS, PROGRESS NOTES AND EVALUATIONS. THE LEA MAY KEEP AN ELECTRONIC VERSION OF SUCH DOCUMENTATION.
- PROVIDERS MAY KEEP COPIES OF THE DOCUMENTATION FOR THEIR USE.
- DO NOT KEEP MEDICAID MEMBER RECORDS IN YOUR CAR OR HOME.
- FOR FURTHER INFORMATION REGARDING DOCUMENTATION REQUIREMENTS REFER TO THE ADMINISTRATION TRAINING MODULE.

School Based Health Services

MEDICAID PARTNERS

West Virginia Department of Education

Office of Federal Programs:

- Contact person-Terry Riley 304-558-1956
tjriley@k12.wv.us

Bureau of Medical Services (BMS):

<http://www.dhhr.wv.gov/bms/Programs/Pages/default.aspx>

Home and Community Based Services Unit

School Based Health Services

- Contacts - Cynthia Parsons 304-356-4936
Cynthia.A.Parsons@wv.gov