

# 2014-2015 Tip Sheet

## Social Worker (SW)

Procedure Code	Social Work
<b>IDEA ASSESSMENT PROCESS</b>	
H0031 HT	MET Evaluation. An evaluation must have been done to use this code, but it also encompasses all observations, meetings (except the REED and IEP, which have separate codes below) and reports which culminate in a determination of eligibility for Special Education or Early-On services. The service date to record in Service Capture is the date of the MET meeting.
H0031 TM	IEP Participation: Participation in the IEP/IFSP including the Manifestation IEP meeting.
H0031 TL	REED Participation: Participation in the Review of Existing Evaluation Data.
<b>OTHER EVALUATIONS (NOT RELATED TO THE MET OR IEP)</b>	
H0031	Mental Health Assessment NOT for a MET or IEP.
<b>THERAPY / TREATMENT</b>	
90832	<b>Psychotherapy</b> (the treatment of a mental disorder or behavior disturbance), 20 minutes. 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</b> (the treatment of a mental disorder or behavior disturbance), 45 minutes or more. 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>
90832 +90785	Psychotherapy with Interactive Component, 20 minutes. Use the combination code when specific communication factors complicate delivery of service. <b>Codes 90832+90785 and 90834+90785 cannot be billed on the same day.</b> <b>Communication factors that complicate delivery of service include:</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>
90834 +90785	Psychotherapy with Interactive Component, 45 minutes. Use the combination code when specific communication factors complicate delivery of service. <b>Codes 90832+90785 and 90834+90785 cannot be billed on the same day.</b> <b>This code may be used when delivery of service is complicated by one of the above identified communication factors.</b>
90846	Family psychotherapy (conjoint psychotherapy without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90853	Group psychotherapy – 2 to 8 students (non-family group)
H0004	Behavioral health counseling/therapy, individual, per 15 minutes
S9484	Crisis intervention mental health services, per hour
<b>AREAS COVERED / ASSESSED</b>	
Must chose at least one for record to save:	- Counseling - Crisis - IEP Development / Review - Psychotherapy - Testing / Evaluation - Other (If Other Specify): <input type="text"/>
<b>RECORD-KEEPING ONLY</b>	
UNBILLABLE	Choose a service type from your drop-down box that does not have a numeric code at the end of the description when making an entry for record-keeping purposes only. For example: - Communication - Consultation - Group size more than 8 - Intern - No School Day - Other - Provider not available - Provider absent - Student not available - Student absent
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## GENERAL SERVICE INFORMATION

- The service record entered in TIENet must be sufficiently detailed to allow reconstruction of what transpired for each service billed. The medical record must indicate the specific findings or results of diagnostic or therapeutic procedures. If an abbreviation, symbol, or other mark is used, it must be standard, widely accepted health care terminology. Symbols, marks, etc. unique to that provider **MUST NOT BE USED**.
- Consult services are an integral part or an extension of a direct medical service and **are not separately reimbursable**. **DO NOT USE** service types that show a “procedure code” at the end of the description.
- Billing is due on the 15<sup>th</sup> of each month.
- Group therapy must be provided in groups of 2-8 students – not billable if more than 8
- **Provider Notes must include enough detail to allow reconstruction of what transpired for each service.**
  - o Notes are vital in determining what actually occurred on the date of services & the result of the service. Notes should **STAND ALONE**, so that individuals with basic knowledge can answer simple questions such as: Is the student making progress? How does the service relate to the goals & how will they be measured?
- Monthly progress notes are **REQUIRED** for all months for which services are reported:
  - o Must include evaluation of progress and summarize the services reported during the month
  - o 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:
  - o Katy Irwin at 586-228-3343 or kirwin@misd.net

### Staff Qualifications:

The services listed are reimbursable when provided by a licensed or limited licensed Master’s degree social worker. Limited Licensed Social Workers must be practicing under the supervision of a licensed professional. If this is not the case, contact your Special Education Director.

### IEP Requirements:

Therapy and treatment services (other than crisis intervention) are reportable only if the student’s IEP includes Direct or Direct/Consultation services with a time and frequency.

### Service Documentation:

The Michigan Department of Community Health (MDCH) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy and counseling, two notes are required to be entered into Service Capture:

- 1) A progress note for each direct service (therapy or counseling) which describes the goal of the service being rendered and the student’s response to that day’s service or treatment.
- 2) A Monthly progress summary, which is a summation of the progress notes described above. For example: “Based on the six sessions held this month, we will continue to work on X”, OR “we will adjust our focus to address Y.”

Your documentation must indicate not only **WHAT** services are being rendered to meet the student’s IEP goals, but **HOW** the student responded to each service.

### Sample Service Note:

Worked on self-esteem activity to improve classroom behavior and decrease discipline referrals.

### Sample Summary Note:

Student was able to identify good qualities about himself. However, he appears to be depressed and lack self-esteem. He has made minimal progress in area.