

# Documenting Social Work Services

## UNDERSTANDING MODIFIERS

**GT: Telemedicine:** Distribution of health-related services and information via electronic information and telecommunication technologies.

**HA: General Education:** Caring 4 Students Program (C4S)

**HT: Special Education: ELIGIBILITY RECOMMENDATION (IDEA Eval)** –An evaluation must have been done, but it also encompasses all observations, meetings (except the IEP/IFSP, which has a separate code below) and reports which culminate in a determination or re-determination of eligibility for Special Education or Early On services. The service date is the date of the eligibility meeting.

**TM: Special Education: IEP/IFSP MEETING** – 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.

**No Modifier: Special Education: OTHER EVAL** – Other evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.

1] SBS: SPECIAL EDUCATION STUDENTS	
<b>H2011</b>	<b>1] SBS: Crisis Intervention Service [H2011]</b> Unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral and direct therapy.
<b>90846</b>	<b>1] SBS: Family Psychotherapy [conjoint] w/o student [90846]</b> - Must be in student IEP
<b>90847</b>	<b>1] SBS: Family Psychotherapy [conjoint] with student [90847]</b> - Must be in student IEP
<b>90853</b>	<b>1] SBS: Group Therapy, 2-8 students [90853]</b> 2-8 students (non-family group)
<b>96127 HT</b>	<b>1] SBS: IDEA Eval: Brief Emotional/Behavioral Assessment [96127 HT]</b> (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument
<b>96110 HT</b>	<b>1] SBS: IDEA Eval: Developmental Screening w/Score - Limited [96110 HT]</b> (developmental milestone survey, speech and language delay screen, with scoring and documentation, per standardized instrument)
<b>96112 HT</b>	<b>1] SBS: IDEA Eval: Developmental Testing; 31-75 minutes [96112 HT]</b> Includes assessment of fine and/or gross motor, language, social, adaptive and/or cognitive level, social, memory and/or executive functions by standardized developmental instruments with interpretation and report
<b>96112:96113 HT</b>	<b>1] SBS: IDEA Eval: Developmental Testing; 76+ minutes [96112:96113 HT]</b> Includes assessment of fine and/or gross motor, language, social, adaptive and/or cognitive level, social, memory and/or executive functions by standardized developmental instruments with interpretation and report
<b>H0031 HT</b>	<b>1] SBS: IDEA Eval: Mental Health Assessment, IDEA [H0031 HT]</b>
<b>96110 TM</b>	<b>1] SBS: IEP/IFSP Participation: Developmental Screening w/Score Limited [96110 TM]</b>
<b>H0031 TM</b>	<b>1] SBS: IEP/IFSP Participation: Mental Health Assessment [H0031 TM]</b>
<b>H0004</b>	<b>1] SBS: Individual Behavioral Health Counseling [H0004]</b> Behavioral health counseling/therapy, individual.
<b>90785: 90832</b>	<b>1] SBS: Interactive Complexity - Psychotherapy 16 to 37 minutes w/student and/or family [90785: 90832]</b> (see 90832 description below). Use the combination code when specific communication factors complicate delivery of service. One of the following must exist to use this code combination: 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 below identified communication factors. <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>
<b>90785: 90834</b>	<b>1] SBS: Interactive Complexity - Psychotherapy, 38 to 52 minutes w/student and/or family [90785: 90834]</b> (see 90834 description below). Use the combination code when specific communication factors complicate delivery of service. One of the following must exist to use this code combination: 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 below identified communication factors. <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> </ol>

	4. Use of play equipment, devices, interpreter or translator required due to inadequate language expression or different language spoken between student and professional.
96127	1] SBS: Other Eval: Brief Emotional/Behavioral Assessment, Not related to eligibility [96127] (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument
96110	1] SBS: Other Eval: Developmental Screening W/Score Limited, Not related to eligibility [96110] developmental milestone survey, speech and language delay screen, with scoring and documentation, per standardized instrument
96112	1] SBS: Other Eval: Developmental Testing 31-75 minutes, Not related to eligibility [96112] Includes assessment of fine and/or gross motor, language, social, adaptive and/or cognitive level, social, memory and/or executive functions by standardized developmental instruments with interpretation and report
96112:96113	1] SBS: Other Eval: Developmental Testing; 76+ minutes, Not related to eligibility [96112:96113] Includes assessment of fine and/or gross motor, language, social, adaptive and/or cognitive level, social, memory and/or executive functions by standardized developmental instruments with interpretation and report
H0031	1] SBS: Other Eval: Mental Health Assessment, Not related to eligibility [H0031]
90832	1] SBS: Psychotherapy, 16 to 37 minutes with student and/or family member [90832] 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. Codes 90832 and 90834 cannot be billed on the same day.
90834	1] SBS: Psychotherapy, 38 to 52 minutes with student and/or family member [90834] 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. Codes 90832 and 90834 cannot be billed on the same day.
90853 GT	1] SBS: Telemedicine: Group Therapy, 2-8 students [90853 GT]
H0004 GT	1] SBS: Telemedicine: Individual Behavioral Health Counseling [H0004 GT]
90832 GT	1] SBS: Telemedicine: Psychotherapy, 16 to 37 minutes with student and/or family member [90832 GT]
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90847 GT	1] SBS: Telemedicine: Family Psychotherapy [conjoint] with student [90847 GT]
96127 GT	1] SBS: Telemedicine: Other Eval: Brief Emotional/Behavioral Assessment, Not related to eligibility [96127 GT]
96127 HT GT	1] SBS: Telemedicine: IDEA Eval: Brief Emotional/Behavioral Assessment [96127 HT GT]
H0031 GT	1] SBS: Telemedicine: Other Eval: Mental Health Assessment, Not related to eligibility [H0031 GT]
H0031 HT GT	1] SBS: Telemedicine: IDEA Eval: Mental Health Assessment, IDEA [H0031 HT GT]
<b>2] NON-BILLABLE DOCUMENTATION</b>	
2] IEP: Consult-Use for logging students with Consult service listed in the Program & Services section of their IEP.	
2] IEP: Monitoring-Use for logging students with Monitor service listed in the Accommodation section of their IEP.	
2] Non-Billable: Behavior Plan Meeting – use to log for students with a behavior plan.	
2] Non-Billable: Communication-Use to log communication with parent, other providers, staff etc	
2] Non-Billable: Early On Family Training: Group-Use to log family training provided in a group setting.	
2] Non-Billable: Educational Accommodations Delivered – Use to document the student received an accommodation.	
2] Non-Billable: Educational Group Accommodations Delivered – Use to document the group received an accommodation.	
2] Non-Billable: Home Visit-Use to record Home Visits at the student’s home.	
2] Non-Billable: Manifestation Determination Review –Meeting determining if the behavior is related to the student’s disability.	
2] Non-Billable: No School Day – use to note no school day. Start time = time intended to work with student	
2] Non-Billable: Other-Use to log any provided service that does not meet criteria of any other selection.	
2] Non-Billable: Parent and/or Staff Meeting – Do not use for IEP/IFSP meetings.	
2] Non-Billable: Provider Absent-Use to note provider absence. Start time = time intended to work with student.	
2] Non-Billable: Provider not Available-Use to note provider not available. Start time = time intended to work with student.	
2] Non-Billable: Record Keeping-Use for any student record keeping purposes you want to track.	
2] Non-Billable: REED-Use to document REED service.	
2] Non-Billable: Related Service Case Management - Use to track Case Management for students that you are the case manager.	
2] Non-Billable: Report Writing– Use to document the time it takes to write evaluation/report	
2] Non-Billable: Student Absent-Use to report Student Absent. Start Time = time you intended to work with the student.	
2] Non-Billable: Student Not Available-Use to log that student was not available. Start Time = time you intended to work with the student.	
2] Non-Billable: Student Observation– Use to document time observing students for evaluation purposes.	
2] Non-Billable: Student Refused Service– Use to document student refusing service.	
2] Program 270 – Early On Work on Goals - ONLY use this option if you are delivering services under Program 270.	

<b>2] Program 270 – Early On Work on Goals Group- ONLY use this option if you are delivering services under Program 270.</b>	
<b>3] C4S: GENERAL EDUCATION STUDENTS</b>	
<b>T1016 HA</b>	<b>3] C4S: Case Management [T1016 HA]</b> is a supportive service provided to enhance treatment goals and effectiveness. It can include a brief telephone or face-to-face interaction for the purpose of maintaining or enhancing a student's functioning.
<b>H2011 HA</b>	<b>3] C4S: Crisis Intervention Service [H2011 HA]</b> Unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral and direct therapy.
<b>96127 HA</b>	<b>3] C4S: Evaluation: Brief Emotional/Behavioral Assessment, Not related to SPED eligibility [96127 HA]</b> (e.g., depression inventory, ADHD scale) with scoring and documentation, per standardized instrument
<b>96110 HA</b>	<b>3] C4S: Evaluation: Developmental Screening W/Score Limited, Not related to SPED eligibility [96110 HA]</b> developmental milestone survey, speech and language delay screen, with scoring and documentation, per standardized instrument
<b>96112 HA</b>	<b>3] C4S: Evaluation: Developmental Testing 31-75 minutes, Not related to SPED eligibility [96112 HA]</b> Includes assessment of fine and/or gross motor, language, social, adaptive and/or cognitive level, social, memory and/or executive functions by standardized developmental instruments with interpretation and report
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<b>H2011 HA GT</b>	<b>3] C4S: Telemedicine: Crisis Intervention Service [H2011 HA GT]</b>
<b>H0004 HA GT</b>	<b>3] C4S: Telemedicine: Individual Behavioral Health Counseling [H0004 HA GT]</b>
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<b>GENERAL SERVICE INFORMATION</b>	
<input type="checkbox"/> Consult services are an integral part or an extension of a direct medical service but are not separately reimbursable. <input type="checkbox"/> Billing is due the 15 <sup>th</sup> of the Month.	

**Service Documentation:**

The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy, service documentation must include:

- The activity/method of treatment
- Level of assistance needed (i.e. visual cue, modeling, etc.)
- Specific findings or results of each therapy session
- Next steps (if any)

**Provider Note Example:** H0004 Behavioral Health Counseling (H0004): *“Discussed with Melanie a time when he/she was upset to process appropriate ways to react. Mel engaged well in the session and was able to independently identify one alternative way to express self appropriately. Will continue to work on appropriate ways for expressing feelings.”*

Monthly Progress Summaries are REQUIRED for each month that services are reported for Medicaid eligible students. A monthly progress summary must include:

- Evaluation of progress toward IEP goals for the month.
- Include any changes in medical/mental status & changes in treatment plans with rationale for change.

**Monthly Progress Summary Example:** Monthly Progress Summary- *“Melanie independently identified alternative ways to express feelings appropriately one out of two sessions this month. She still struggles with utilizing the strategy outside of sessions. Will continue to work on appropriate expression of feelings.”*

**Staff Qualifications:**

Psychological, professional counseling, behavioral, and social work services may be provided in an individual or group setting by qualified providers who meet the requirements of, and in accordance with, 42 CFR §440,50 through §440,60(a) and other applicable state and federal laws or regulations. Psychological, professional counseling and social work services may be provided by:

- a licensed master’s level professional counselor;
- a limited licensed master’s level professional counselor under the supervision of a licensed master’s level professional counselor;
- a licensed master’s level social worker;
- a licensed master’s level school social worker;
- a limited licensed master’s level social worker under the supervision of a licensed master’s level social worker

**Supervision & Under the Direction Of:**

**Michigan Department of Health and Human Services Provider Manual dated July 2019**

**1.4 UNDER THE DIRECTION OF AND SUPERVISION**

Certain specified services may be provided under the direction of or under the supervision of another clinician. "Supervision of" limited-licensed mental health professionals consists of the practitioner meeting regularly with another professional, at an interval described within the professional administrative rules, to discuss casework and other professional issues in a structured way. This is often known as clinical or counseling supervision or consultation. The purpose is to assist the practitioner to learn from his or her experience and expertise, as well as to ensure good service to the client or patient.