Service Record – School Based Psychological Services

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| --- | --- | --- | --- | --- | --- | --- |
| **Medicaid Number** | | **Last Name** | | | **First Name** | |
|  | |  | | |  | |
| **WVEIS #** | | **Diagnosis Code** | | | **Date of Birth** | |
|  | |  | | |  | |
| **County** | **1 Service Date** | **1 Start Time** | **1 End Time** | **1 Procedure Code** | | **Units** |
|  |  |  |  |  | |  |
| **School** | **2 Service Date** | **2 Start Time** | **2 End Time** | **2 Procedure Code** | | **Units** |
|  |  |  |  |  | |  |
| **Provider Number** | **3 Service Date** | **3 Start Time** | **3 End Time** | **3 Procedure Code** | | **Units** |
|  |  |  |  |  | |  |

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| --- | --- | --- | --- |
| **Code** |  | **Procedure** | **Service Unit** |
| **96101 \*** | Psychological Testing  *Includes psychodiagnostic assessment of personality, psychopathology: emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report per hour (Academic assessment is also included).* | | 3 units per calendar year  60 minute unit |
| **96110 \*** | Developmental Testing; limited  *(e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.* | | 2 events per calendar year. |
| **90791 \*** | Psychiatric diagnostic interview examination including history, mental status, or  disposition (may include communication with family or other sources. Limited to initial or follow-up evaluation and do not involve psychiatric treatment. | | 2 events per calendar year |
| **90832** | Individual Psychotherapy  *Insight oriented, behavior modifying and/or supportive, face to face with student.* | | 1 unit per 16-37 minutes  10 units per calendar year |
| **90834** | Individual Psychotherapy  *Insight oriented, behavior modifying and/or supportive, face to face with student.* | | 1 unit per 38-52 minutes  10 units per calendar year |
| **90837** | Individual Psychotherapy  *Insight oriented, behavior modifying and/or supportive, face to face with student.* | | 1 unit per 53 or more minutes  10 units per calendar year |
| **90853** | Group Psychotherapy  *(Other than multiple family group. (Rate is per student)* | | 1 unit per 60 minutes  10 units per calendar year |
| **90846** | Family Psychotherapy (without the patient present) | | 1 unit per 45-50 minutes  10 units per calendar year |
| **90847** | Family Psychotherapy (with the patient present) | | 1 unit per 45-50 minutes  10 units per calendar year |
| **90839** | Psychotherapy for Crisis |  | 1 unit per 60 minutes  4 per calendar year |
| **90840** | Additional 30 Minutes of psychotherapy for crisis, used in conjunction with 90839 | | 1 unit per 30 minutes after the  initial 60 minutes from 90839 4 per calendar year |

**If service is provided via Telehealth add GT to the procedure code.**

**\***If billed in conjunction (on the same date), the claims will deny. Procedure codes 96101is for complete batteries, with an exception for use of abbreviated batteries.

*Signature/Credentials Date*

WVDE – BMS – SBHS – Appendix 538D Effective Date: August 1, 2015