



CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX D

Chapter 538School-Based Health Services

Appendix 538DPsychological Billing Form

Service Record – School Based Psychological Services Billing Form

| Medicaid Number | Last Name | First Name |
|-----------------|---------------|---------------------------|
| | | |
| WVEIS Number | Date of Birth | Provider Name/Credentials |
| | | |
| County | School | Month/Year |
| | | |

| LIST ALL DIAGNOSIS CODES RELATED TO PSYCHOLOGICAL SERVICES | | | | | | |
|--|----|----|----|----|----|--|
| 1. | 2. | 3. | 4. | 5. | 6. | |

Psychological Services: Physician's authorization on file. Services must be identified on or attached to the Plan of Care. If a service is provided via Telehealth, add GT modifier to the procedure code.

| Service Date | Diagnosis Code(s) | Procedure Code | Start Time | End Time | Units/Event |
|-----------------|----------------------|-------------------|---------------|-------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Signature/Credentials | Date | Page of | |
|--------------------------------|--------------------------------|---------|--|
| WVDE – BMS – SBHS – Appendix D | Effective Date: August 1, 2019 | | |