



TBOS Therapy

TBOS will allow clinicians to see the client for 8 units per week. Many insurance companies require a clinician to apply for TBOS units by justifying the clinical necessity for more intensive services. TBOS is rendered onsite either in school or in the home for adults and children under the age of 21.

These units are separate from IT and are to be used in lieu (instead) of IT. You cannot bill both TBOS and IT. TBOS gives more units to work with the client so that the clinician can stabilize the client quickly. With TBOS, clinicians can bill up to 36 units per month. It is approved by the Medicaid plans on a case-by-case basis, and all units must be used if approved. Certain plans require two months of IT before applying for TBOS

PUTTING A CLIENT ON TBOS - If you are requesting TBOS/PSR, you MUST wait until the office gives you the OK in order to start billing these. TBOS OPTION - If the client qualifies (ages 21 or below), please start thinking about TBOS. If you are putting someone on TBOS, please remember that you need to complete two things:

A) AUTHORIZE TBOS CLINICALLY -

Complete a Treatment Plan Addendum to authorize TBOS (if it's close enough that you are about to do a Treatment Plan Review instead, then do a Review instead of an addendum). Part of the treatment plan is to complete the TBOS Certification Form.

Once that is completed and turned-in, then alert Max or the office, so that:

B) AUTHORIZE TBOS VIA INSURANCE - A form must be faxed to the insurance company. Different insurances have different needs. Once the form comes back approved, we will let you know.