SECTION 2

Diagnostic and Rehabilitative Mental Health Services by DHS Contractors

Table of Contents

1 GENERAL POLICY . . . 2
- 1 - 1 Authority . . . 2
- 1 - 2 Scope of Services . . . 2
- 1 - 3 Definitions . . . 2
- 1 - 4 Qualified Mental Health Providers . . . 3
- 1 - 5 Provider Qualifications . . . 3
- 1 - 6 Billing Arrangements . . . 4
- 1 - 7 Evaluation Procedures . . . 5
- 1 - 8 Treatment Plan . . . 5
- 1 - 9 Periodic Review of the Treatment Plan . . . 6
- 1 - 10 Documentation . . . 6
- 1 - 11 Collateral Services . . . 7
- 1 - 12 Quality Improvement . . . 7

2 SCOPE OF SERVICES . . . 8
- 2 - 1 Psychiatric Diagnostic Interview Examination (Mental Health Evaluation) . . . 8
- 2 - 2 Psychological Testing . . . 10
- 2 - 3 Individual Psychotherapy (Individual Mental Health Therapy) . . . 11
- 2 - 4 Family Psychotherapy . . . 13
- 2 - 5 Group Psychotherapy (Group Mental Health Therapy) . . . 15
- 2 - 6 Pharmacologic Management (Medication Management) . . . 16
- 2 - 7 Psychosocial Rehabilitative Services (Group Skills Development Services) . . . 18
- 2 - 8 Psychiatric Health Facility Services (Comprehensive Residential Treatment Services) . . . 20
- 2 - 9 Comprehensive Community Support Services (Residential Treatment Services) . . . 21
- 2 - 10 Foster Care - Therapeutic Child Services (Family-Based Residential Services) . . . 23

3 PROCEDURE CODES AND MODIFIERS FOR DIAGNOSTIC AND REHABILITATIVE MENTAL HEALTH SERVICES . . . 25
- Psychiatric Diagnostic Interview Examination . . . 25
- Psychological Testing . . . 25
- Individual Psychotherapy . . . 25
- Family Psychotherapy . . . 26
- Group Psychotherapy . . . 26
- Psychosocial Rehabilitative Services . . . 26
- Psychiatric Health Facility Services . . . 26
- Comprehensive Community Support Services . . . 26
- Foster Care - Therapeutic Child Services . . . 26

INDEX . . . 28

1 GENERAL POLICY

1 - 1 Authority

Effective July 1, 1993, the Utah State Medicaid Plan was amended to allow Medicaid reimbursement for diagnostic and rehabilitative outpatient mental health services provided to CHEC (EPSDT) eligible Medicaid clients. This provider manual applies to outpatient mental health services provided to: (1) children under the custody of the Department of Human Services (DHS) and (2) to children in subsidized adoptions who have been formally exempted from enrollment in the Prepaid Mental Health Plan for outpatient mental health care.

1 - 2 Scope of Services

The scope of diagnostic and rehabilitative mental health services includes the following:

Diagnostic services

- Psychiatric Diagnostic Interview Examination (Mental Health Evaluation)
- Psychological Testing

Rehabilitative services

- Individual Psychotherapy (Individual Mental Health Therapy)
- Family Psychotherapy with patient present (Individual Mental Health Therapy)
- Family Psychotherapy without patient present (collateral Individual Mental Health Therapy)
- Group Psychotherapy (Group Mental Health Therapy)
- Multiple Family Group Psychotherapy (Group Mental Health Therapy)
- Pharmacologic Management (Medication Management)
- Psychosocial Rehabilitative Services (Group Skills Development Services)
- Psychiatric Health Facility Services (Comprehensive Residential Treatment Services)
- Comprehensive Community Support Services (Residential Treatment Services)
- Foster Care - Therapeutic Child Services (Family-based Residential Services)

Services must promote the client's mental health, reduce the client's mental disability, restore the client to the highest possible level of functioning, promote the client's self-sufficiency, and systematically reduce the client's reliance on mental health support systems.

Services must promote the client's mental health, reduce the client's mental disability, restore the client to the highest possible level of functioning, promote the client's self-sufficiency, and systematically reduce the client's reliance on support systems.

See Chapter 2, Scope of Services for service definitions and limitations.

1 - 3 Definitions

CHEC: means Child Health Evaluation and Care and is Utah's version of the federally mandated Early Periodic screening Diagnosis and Treatment (EPSDT) program. All Medicaid eligible clients from *birth through age twenty* are enrolled in the CHEC program. The only exception to this policy is that Medicaid clients age 19 and older enrolled in the Non-Traditional Medicaid Plan are **not** eligible for the CHEC program. The Medicaid Identification Cards for individuals enrolled in the Non-Traditional Medicaid Plan are blue in color and specify that the individual is enrolled in this plan.

Diagnostic Services: means any medical procedure recommended by a physician or other licensed mental health therapist to enable him/her to identify the existence, nature, or extent of a mental illness disorder in a client.

Rehabilitative Services: means any medical or remedial services recommended by a physician or other licensed mental health therapist for maximum reduction of a client's mental health disorder and restoration of the client to his/her best possible functional level.

Prepaid Mental Health Plan (PMHP): means the Medicaid managed care plan that is responsible for all needed inpatient and outpatient mental heath care for Medicaid clients living in certain geographic areas of the state. Medicaid clients enrolled in the PMHP must receive inpatient and outpatient mental health services through PMHP contractors (community mental health centers). Contractors are paid on a capitation basis.

Please note: Foster care children are only enrolled in the PMHP for inpatient mental health care. Subsidized adoptive children who have been exempted from the PMHP for outpatient mental health care remain enrolled for inpatient mental health care.

1 - 4 Qualified Mental Health Providers

Diagnostic and rehabilitative outpatient mental health services are covered benefits only when provided by: (1) a licensed mental health therapist under contract with DHS; (2) a psychosocial rehabilitative (day treatment) program under contract with DHS; or (3) a psychosocial rehabilitative treatment service (residential treatment) program operated by or under contract with DHS.

1 - 5 Provider Qualifications

A. Providers Qualified to Prescribe Services

Rehabilitative services must be prescribed by an individual defined below:

1. licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated:

    a. licensed physician;
    b. licensed psychologist;
    c. licensed clinical social worker;
    d. licensed advanced practice registered nurse;
    e. licensed marriage and family therapist;
    f. licensed professional counselor; or

2. an individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated:

    a. certified psychology resident working under the supervision of a licensed psychologist;
    b. certified social worker working under the supervision of a licensed clinical social worker;
    c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
    d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
    e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

   See Title 58, Chapter 60, of the Utah Code Annotated, for the applicable practice act, or the practice act rule for **any** supervision requirements.

B. Providers Qualified to Render Services

Rehabilitative services may be provided by:

1. any of the individuals identified in paragraph A of this chapter, in accordance with the limitations set forth in Chapter 2, Scope of Services; or

2. one of the following individuals in accordance with the limitations set forth in Chapter 2, Scope of Services:

   a. licensed social service worker or individual working toward licensure as a social service worker;
   b. licensed registered nurse or individual working toward licensure as a registered nurse;
   c. licensed practical nurse or individual working toward licensure as a practical nurse;
   d. licensed substance abuse counselor or individual working toward licensure as a substance abuse counselor; or
   e. other trained individual.

1 - 6 Billing Arrangements

All providers employed by or under contract with DHS for the provision of services must sign a Medicaid provider agreement enrolling them as Medicaid providers. DHS will be recognized as the agency designated to bill Medicaid and collect reimbursement on the providers' behalf. Providers will continue to submit billings to DHS according to established DHS procedures.

However, licensed psychologists and psychiatrists who choose to enroll as a Medicaid provider and bill Medicaid directly may do so. In such instances, the psychologist must continue to use the appropriate CPT- 4 codes specified in the Utah Medicaid Provider Manual for Psychology Services.. Psychiatrists billing Medicaid directly must continue using appropriate CPT-4 codes. Community mental health centers may also bill Medicaid directly for outpatient services, but not residential treatment services.

Subsidized Adoptive Children Exempted from the PMHP for Outpatient Mental Health Services

Qualified providers are assigned a specific Medicaid Provider ID to be used when billing for subsidized adoption children. Providers must use this Provider ID number to bill for services provided to subsidized adoptive children exempted from the PMHP for outpatient mental health services. Providers may contact Medicaid at 538-6501 about questions on provider numbers or billings.

Outpatient Mental Health Services–

DHS contractors providing outpatient mental health services specified in Chapter 2, Scope of Services must bill Medicaid directly. DHS is not designated to bill Medicaid and collect reimbursement on the providers' behalf. Providers must bill Medicaid directly using the appropriate CPT-4 or other standardized procedure codes as specified in Chapter 2.

Psychosocial Rehabilitative Treatment Services (Residential Treatment)–

DHS contractors providing residential treatment services specified in Chapter 2, Scope of Services must also bill Medicaid directly.

Residential treatment providers may only bill Medicaid the treatment portion associated with the provider's DCFS-contracted residential service code. This rate is not the same as the daily rate specified in the DCFS contract. The DCFS- contracted daily rate includes room and board and in some instances educational costs. Medicaid does not pay for room and board and educational costs.

Providers must contact DCFS or Medicaid at (801) 538-6501 about questions on the treatment portion of their contracted daily rate.

1 - 7 Evaluation Procedures

In accordance with state law, an individual identified in paragraph A of Chapter 1 - 5 must conduct an evaluation (psychiatric diagnostic interview examination) to assess the existence, nature, or extent of illness, injury or other health deviation for the purpose of determining the client's need for mental health services. (See Chapter 2 - 1, Psychiatric Diagnostic Interview Examination.)

1 - 8 Treatment Plan

A. If it is determined the individual needs mental health services, a treatment plan must be developed either by the individual identified in paragraph A of Chapter 1 - 5 conducting the psychiatric diagnostic interview examination, or by an individual identified in paragraph A of Chapter 1 - 5 who actually delivers the mental health services.

B. The treatment plan is a written, individualized plan which contains measurable treatment goals related to problems identified in the psychiatric diagnostic interview examination. The treatment plan must be designed to improve and/or stabilize the client's condition.

C. The treatment plan must be developed in accordance with time frames dictated by DHS policy.

D. The treatment plan must include the following:

1. measurable treatment goals developed in conjunction with the client;

   If the treatment plan contains psychosocial rehabilitative services, it must include measurable goals specific to all skills issues being addressed with this treatment method. Please note that the actual psychosocial rehabilitative treatment goals may be developed by qualified psychosocial rehabilitative providers identified in items #1 - 6 of the "Who" section in Chapter 2 - 7, Psychosocial Rehabilitative Services;

2. the treatment regimen–the specific treatment methods that will be used to meet the measurable treatment goals;

3. a projected schedule for service delivery, including the expected frequency and duration of each treatment method; and

4. the credentials of individuals who will furnish the services.

1 - 9 Periodic Review of the Treatment Plan

A. An individual identified in paragraph A of Chapter 1 - 5 must periodically review the client's treatment plan in accordance with DHS review policy (i.e. at least quarterly), or more often as needed, if there is a change in the client's condition or status as determined by the individual identified in paragraph A of Chapter 1 - 5 overseeing the treatment plan.

B. An individual identified in paragraph A of Chapter 1 - 5 must have sufficient face-to-face contact with the client in order to complete the quarterly review of progress toward the treatment objectives, the appropriateness of the services being prescribed and the need for the client's continued participation in the program.

C. If an individual identified in paragraph A of Chapter 1 - 5 provides ongoing services to the client, then the treatment plan review conducted by this individual may not require a face-to-face contact. However, if the individual identified in paragraph A of Chapter 1 - 5 who will conduct the review has had only limited or no contact with the client during the preceding quarter, and therefore, does not have sufficient clinical information to evaluate the treatment prescription, then the client must be seen face-to-face to conduct the treatment plan review.

D. Treatment plan reviews shall be documented in detail in the client's record and include:

1. the date, actual time, and duration of the service;

2. the specific service rendered (i.e., treatment plan review);

3. a written update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the client's continued participation in the program; and

4. the signature and licensure of the individual who rendered the service.

E. If the individual identified in paragraph A of Chapter 1 - 5 determines during a treatment plan review that the treatment plan, (e.g., problems, goals, methods, etc.) needs to be modified, then as part of the treatment plan review, an updated treatment plan also must be developed.

F. The treatment plan review may be billed **only** if the review is conducted during a face-to-face interview with the client.

G. The treatment plan review may be billed as psychiatric diagnostic interview examination, or in accordance with DHS policy, as individual psychotherapy as reviews often are conducted within the context of an individual psychotherapy session. (See Chapters 2 - 1 and 2 - 3.)

H. This service may not be billed separately if the client is receiving services in a psychiatric health facility services program, a comprehensive community support services program, or a foster care - therapeutic services program. (See Chapters 2 - 8, 2 - 9, and 2 - 10.)

1 - 10 Documentation

A. The provider must develop and maintain sufficient written documentation for each service or session for which billing is made.

B. See Chapter 2, Scope of Services, for documentation requirements specific to each service.

C. The clinical record must be kept on file, and made available for State or Federal review, upon request.

1 - 11 Collateral Services

A. Collateral services may be billed if the following conditions are met:

1. the service is provided face-to-face to an immediate family member (e.g., parent or foster parent) on behalf of the identified client; and

2. the identified client is the focus of the session.

B. The collateral service must be billed as follows:

1. If a licensed mental health therapist provided a collateral service, it should be billed as 90846, Family Psychotherapy Without Patient Present, unless the service is a Psychiatric Diagnostic Interview Examination. Then, the collateral session would be billed under this procedure. (See Chapter 2 - 4, Family Psychotherapy for documentation requirements.

2. If a provider who is not a licensed mental health therapist provides a collateral service without the patient present, then the service must be billed according to the service provided (e.g., psychosocial rehabilitative services). See Chapter 2, Scope of Services, for service definitions.

3. However, if the child is in a psychiatric health facility services program, comprehensive community support services program, or foster care - therapeutic child services, program and the services are included in the daily rate, then they may not be billed under a separate service code. (See Chapters 2 - 8, 2 - 9 and 2 - 10.)

1 - 12 Quality Improvement

The provider must have a written quality improvement plan. The plan must have the means to evaluate all aspects of the organization as well as the quality and timeliness of services delivered. Except for providers in an individual practice, the plan must include an interdisciplinary quality improvement committee that has the authority to report its findings and recommendations for improvement to the agency's director. The quality improvement committee must meet a least quarterly to conduct or review quality improvement activities and make recommendations for improvement.

2 SCOPE OF SERVICES

2 - 1 Psychiatric Diagnostic Interview Examination (Mental Health Evaluation)

Psychiatric diagnostic interview examination means a face-to-face evaluation to determine the existence, nature and extent of a mental illness or disorder for the purpose of identifying the client's need for mental health services, with interpretation and report. This service also includes interactive psychiatric diagnostic interview examinations which involve the use of physical devices, play equipment, language interpreter, or other mechanisms of non-verbal communication to aid in the examination.

If it is determined a client is in need of mental health services, the mental health therapist must develop an individualized treatment plan. (See Chapter 1 - 8).

Who:

1. licensed mental health therapist;

2. an individual who is working within the scope of his or her certificate or license:

   a. certified psychology resident working under the supervision of a licensed psychologist;
   b. certified social worker working under the supervision of a licensed clinical social worker;
   c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
   d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
   e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

   See Title 58, Chapter 60, of the Utah Code Annotated, for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: Psychiatric Diagnostic Interview Examination:

1. date and actual time of the service;

2. duration of the service;

3. setting in which the service was rendered;

4. specific service rendered (i.e., psychiatric diagnostic interview examination);

5. summary of psychiatric diagnostic interview examination findings that includes:

   a. diagnoses; and
   b. summary of recommended mental health treatment services, and other recommended services as appropriate; and

6. signature and licensure of individual who rendered the service.

Units:

90801 - Psychiatric Diagnostic Interview Examination by a physician or APRN - per 15 minutes
Physician assistants may only bill this code for a diagnostic interview examination to determine need for medication.

90801 with HO modifier - Psychiatric Diagnostic Interview Examination by other licensed mental health therapist - per 15 minutes

90802 - Psychiatric Diagnostic Interview Examination by a physician or APRN - per 15 minutes -Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication. Physician assistants may only bill this code for a diagnostic interview examination to determine need for medication.

90802 with HO modifier - Psychiatric Diagnostic Interview Examination by other licensed mental health therapist - per 15 minutes - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication.

When billing or reporting these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

3. If the provider will bill the treatment plan review as psychiatric diagnostic interview examination, the service may only be billed if it is conducted during a face-to-face interview with the client. (See Chapter 1 - 9, E. and F.

4. Psychiatric diagnostic interview examinations, including psychiatric diagnostic interview examinations for the purpose of completing the required periodic treatment plan review(s), may not be billed separately if the client is receiving treatment in a psychiatric health facility services program, comprehensive community support services program, or foster care - therapeutic services program. (See Chapters 2 - 8, 2 - 9 and 2 - 10 for documentation requirements for psychiatric diagnostic interview examinations in a psychiatric health facility services program, comprehensive community support services program, or foster care - therapeutic services program.)

2 - 2 Psychological Testing

Psychological testing means a face-to-face evaluation to determine the existence, nature and extent of a mental illness or disorder using psychological tests appropriate to the client's needs, including psychometric, diagnostic, projective, or standardized IQ tests, with interpretation and report.

Who:

1. licensed physician;
2. licensed psychologist; or
3. certified psychology resident working under the supervision of a licensed psychologist.

   See Title 58, Chapter 60, of the Utah Code Annotated, for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record:

1. date(s) and actual time(s) of testing;
2. duration of the testing;
3. setting in which the testing was rendered;
4. specific service rendered;
5. signature and licensure of individual who rendered the service; and
6. written test reports which include:
   a. brief history;
   b. tests administered;
   c. test scores;
   d. evaluation of test results;
   e. current functioning of the examinee;
   f. diagnoses;
   g. prognosis; and
   h. specific treatment recommendations for mental health services, and other recommended services as appropriate.

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**

96105 - Assessment of Aphasia - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - **per hour**

96110 - Developmental Testing: limited - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - **per hour**

96111 - Developmental Testing: extended - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - **per hour**

96116 - Neurobehavioral Status Exam - clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - **per hour**

96118 - **Neuropsychological Testing Battery** - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - **per hour**

When billing or reporting these procedure codes, round to the nearest full unit. For example, 1 hour and 29 minutes of service equals 1 unit and 1 hour and 30 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

3. This service may not be billed separately if the client is receiving services in a psychiatric health facility services program. (See Chapter 2 - 8).

2 - 3 Individual Psychotherapy (Individual Mental Health Therapy)

Individual psychotherapy means face-to-face interventions with an individual client with the goal of alleviating the emotional disturbance, reversing or changing maladaptive patterns of behavior, and encouraging personality growth and development so that the client may be restored to his/her best possible functional level. Services are based on measurable treatment goals identified in the client's individual treatment plan. Individual psychotherapy includes insight oriented, behavior modifying and/or supportive psychotherapy, and interactive psychotherapy.

Interactive psychotherapy involves the use of physical devices, play equipment, language interpreter, or other mechanisms of non–verbal communication.

Who:

1. licensed mental health therapist;

2. an individual who is working within the scope of his or her certificate or license:

   a. certified psychology resident working under the supervision of a licensed psychologist;
   b. certified social worker working under the supervision of a licensed clinical social worker;
   c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
   d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
   e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

   See Title 58, Chapter 60, of the Utah Code Annotated, for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and licensure of individual who rendered the service.

Unit:

Individual Psychotherapy - Insight oriented, behavior modifying and/or supportive in an office or outpatient facility

90804 - approximately 20 to 30 minutes face-to-face with the patient

90806 - approximately 45 to 50 minutes face-to-face with the patient

90808 - approximately 75 to 80 minutes face-to-face with the patient

Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility

90810 - approximately 20 to 30 minutes face-to-face with the patient

90812 - approximately 45 to 50 minutes face-to-face with the patient

90814 - approximately 75 to 80 minutes face-to-face with the patient

When billing or reporting any of the above psychotherapy treatment codes, round minutes to the nearest appropriate code. For example, if an individual therapy session lasts 37 minutes, use the applicable procedure code with a 20-30 minute time frame. If an individual therapy session lasts 38 minutes, use the applicable procedure code with a 45-50 minute time frame.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. The periodic reevaluation of the client's treatment plan by an individual identified in paragraph A of Chapter 1-5 may be billed only if the reevaluation conducted includes a face-to-face interview with the client.

4. Individual psychotherapy sessions, including sessions during which the required treatment plan review(s) are completed, may not be billed separately if the client is receiving treatment in a psychiatric health facility services program or comprehensive community support services program. (See Chapters 2 - 8 and 2 - 9 for documentation requirements for individual psychotherapy in a psychiatric health facility service program or comprehensive community support services program.)

2 - 4 Family Psychotherapy

Family psychotherapy with patient present means face-to-face interventions with a family with the goal of evaluating and treating the client's condition, including the impact the client's condition has on the family, with therapy aimed at improving the interaction between the client and family members so that the client may be restored to his/her best possible functional level. Services are based on measurable treatment goals identified in the client's individual treatment plan.

Family psychotherapy without patient present means a collateral therapy session with family member(s) without the identified client present in the session to evaluate and treat the client's condition, with attention given to the impact the client's condition has on the family, with therapy aimed at improving the interaction between the client and family member(s) so that the client may be restored to his/her best possible functional level.

Who:

1. licensed mental health therapist;

2. an individual who is working within the scope of his or her certificate or license:

   a. certified psychology resident working under the supervision of a licensed psychologist;
   b. certified social worker working under the supervision of a licensed clinical social worker;
   c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
   d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
   e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

   See Title 58, Chapter 60, of the Utah Code Annotated, for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date and actual time of the service;

2. duration of the service;

3. setting in which the service was rendered;

4. specific service rendered;

5. treatment goal(s);

6. clinical note describing the client's progress toward treatment goal(s); and

7. signature and licensure of individual who rendered the service.

Unit:

90847 - Family Psychotherapy - with patient present - **per 15 minutes**

90846 - Family Psychotherapy - without patient present - **per 15 minutes**

When billing or reporting these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Please Note: If family psychotherapy is provided **without** patient present, also see Chapter 1-11, Collateral Services.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques.

3. Family psychotherapy sessions, with and without the patient present, including family psychotherapy sessions with the patient present during which the required treatment plan review(s) are completed, may not be billed separately if the client is receiving treatment in a psychiatric health facility services program or comprehensive community support services program. (See Chapters 2 - 8 and 2 - 9 for documentation requirements for individual/family psychotherapy health in a psychiatric health facility services program or comprehensive community support services program.)

2 - 5 Group Psychotherapy (Group Mental Health Therapy)

Group psychotherapy means face-to-face interventions with two or more clients in a group setting in an effort to change individual behavior, alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development through interpersonal exchanges so that the clients may be restored to their best possible functional level. Interactive group psychotherapy involves the use of physical devices, play equipment, language interpreter, or other mechanisms of non–verbal communication.

Services are based on measurable treatment goals identified in the client's individual treatment plan. Psychotherapy groups should not exceed 10 individuals unless a co-therapist who also meets qualifications for provision of this service is present. Medicaid reimbursement may be claimed only for the Medicaid eligible clients in the group.
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Multiple-family group psychotherapy means face-to-face interventions with two or more clients and their families with the goal of evaluating and treating the clients' condition(s), including the impact of the clients' condition(s) on their families, with therapy aimed at improving the interaction between the clients and their family members so that the clients may be restored to their best possible functional level.

Who:

1. licensed mental health therapist;

2. an individual who is working within the scope of his or her certificate or license:

   a. certified psychology resident working under the supervision of a licensed psychologist;
   b. certified social worker working under the supervision of a licensed clinical social worker;
   c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
   d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
   e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

   See Title 58, Chapter 60, of the Utah Code Annotated, for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. date and actual time of service;

2. duration of the service;

3. setting in which the service was rendered;

4. specific service rendered;

5. treatment goal(s);

6. monthly or per session clinical note describing the client's progress toward treatment goal(s); and

7. signature and licensure of individual who rendered the service.

If a clinical note summarizing progress toward treatment goals is written for each group session, then a monthly progress note is **not** also required.

Unit:

90849 - Multiple Family Group Psychotherapy - Multiple-family group psychotherapy - **per 15 minutes per Medicaid client**

90853 - Group Psychotherapy - Group psychotherapy (other than of a multiple-family group) - **per 15 minutes per Medicaid client**

90857 - Group Psychotherapy - Interactive group psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication - **per 15 minutes per Medicaid client**

When billing or reporting these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

3. Group psychotherapy, interactive group psychotherapy and multiple family group psychotherapy may not be billed separately if the child is receiving services in a psychiatric health facility services program or comprehensive community support services program. (See Chapters 2 - 8 and 2 - 9 for documentation requirements for group psychotherapy in a psychiatric health facility service program or comprehensive community support services program.)

2 - 6 Pharmacologic Management (Medication Management)

Pharmacologic management means a face-to-face service that includes prescribing, administering, monitoring and reviewing the client's medication(s) and medication regimen and providing appropriate information to the client regarding the medication regimen.

Who:

1. licensed physician;

2. licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;

3. licensed registered nurse, or individual working toward licensure as a registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule;

4. licensed practical nurse or individual working toward licensure as a practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse, in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule; or

5. licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse; or

6. other practitioner licensed under state law to prescribe, review, or administer medication acting within the scope of his/her license.

   See Title 58, Chapter 60, of the Utah Code Annotated, for the applicable practice act, or the practice act rule for **any** supervision requirements.

Record: For each session:

1. medication order or copy of the prescription signed by the prescribing practitioner;

2. date and actual time of service;

3. duration of the service;

4. setting in which the service was rendered;

5. specific service rendered;

6. treatment goal(s);

7. written note summarizing the client's progress toward treatment goal(s); and

8. signature and licensure of individual who rendered the services.

Unit:

90862 - Pharmacologic Management by Prescriber - per encounter, by a licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a license advanced practice registered nurse, or other practitioner licensed under state law to prescribe medication acting within the scope of his/her license.

90862 with TD modifier - Pharmacologic Management by Nurse - per encounter, by a licensed registered nurse, or a licensed practical nurse or individuals working toward licensure as a registered nurse or practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule.

When billing or reporting this procedure code, bill or report 1 unit, regardless of the length of the service. Service is based on an encounter. If the client receives the *same* service more than once on the same day, bill or report services as separate lines on the same claim.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

3. This service may not be billed separately if the child is receiving services in a psychiatric health facility services program. (See Chapter 2 - 8)

2 - 7 Psychosocial Rehabilitative Services (Group Skills Development Services)

Psychosocial rehabilitative services face-to-face interventions with a group of clients in a psychosocial rehabilitative treatment service, day treatment program, or other appropriate setting with the overall goal of restoring clients to their best possible functional level by assisting them to: (1) eliminate or reduce symptomatology related to the client's diagnosis, (2) increase compliance with the medication regimen, as applicable, (3) avoid psychiatric hospitalization, (4) eliminate or reduce maladaptive or hazardous behaviors and develop effective behaviors, (5) improve personal motivation and enhance self-esteem, (6) develop appropriate communication, and social and interpersonal interactions, and (7) regain or enhance the basic living skills necessary for living in the least restrictive environment possible.

Who:

1. licensed mental health therapist;

2. an individual who is working within the scope of his or her certificate or license:

   a. certified psychology resident working under the supervision of a licensed psychologist;
   b. certified social worker working under the supervision of a licensed clinical social worker;
   c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
   d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
   e. certified professional counselor intern working under the supervision of a licensed mental health therapist;

3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;

4. licensed registered nurse, or an individual working toward licensure as a registered nurse in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule;

5. licensed substance abuse counselor, or an individual working toward licensure as a substance abuse counselor under the supervision of a licensed mental health therapist or a licensed substance abuse counselor in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule ;

6. licensed social service worker, or an individual working toward licensure as a social service worker under the supervision of a licensed mental health therapist or a licensed social service worker in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule; or

7. licensed practical nurse, an individual working toward licensure as a practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist identified in Chapter 1 - 5, paragraph A, a licensed registered nurse, a licensed substance abuse counselor or a licensed social service worker.

8. licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist identified in Chapter 1 - 5, paragraph A, Providers Qualified to Prescribe Services, licensed certified social worker, licensed registered nurse, licensed social service worker, or an individual certified or credentialed to provide rehabilitative services to children;

9. student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or licensed certified social worker;

10. student enrolled in a program leading to licensure as a licensed registered nurse, working under the supervision of a licensed registered nurse; or

11. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or a licensed social service worker.

Record:

1. daily log documenting the date and duration of the service and the activities provided;

2. monthly summary documenting (1) the significant and specific activities in which the client participated, and (2) progress toward psychosocial rehabilitative services goals; and

3. signature and licensure of individual who rendered the services.

If more frequent summaries documenting progress toward psychosocial rehabilitative services goals are written, then a monthly summary is not also required.

If psychosocial rehabilitative services goals were met during the month as a result of participation in the service, then new individualized goals must be developed and added to the treatment plan.

Unit:

H2017 - Psychosocial Rehabilitative Services - Child and Adolescent - **per 15 minutes per client,** for ages 0 through the month of the 19th birthday

H2017 with U2 modifier - Psychosocial Rehabilitative Services - Intensive Children's - per 15 minutes per client, for ages 0 through the month of the 13th birthday.

When billing or reporting these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits:

1. Psychosocial rehabilitative services do **not** include:

   a. activities in which the provider is not present and actively involved in teaching a needed skill;
   b. activities in which the provider performs tasks for the client;
   c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
   d. routine supervision of clients;
   e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
   f. routine transportation of clients or transportation to the site where a psychosocial rehabilitative service will be provided;
   g. job training, job coaching, vocational and educational services; and
   h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.

2. In **child and adolescent psychosocial rehabilitative services**, a ratio of no more than 12 clients per professional staff (identified in "Who" section) must be maintained during the entire program.

3. In the **intensive children's psychosocial rehabilitative services,** a ratio of no more than five clients per professional staff (identified in "Who" section) must be maintained during the entire program.

4. This service may not be billed separately if the child is receiving services in a psychiatric health facility service program, comprehensive community support services program, or foster care - therapeutic child services program. (See Chapters 2 - 8, 2 -9 and 2 - 10 for documentation requirements for psychosocial rehabilitative services provided in these programs).

5. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

6. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Psychosocial Rehabilitative Treatment Service– This service includes three levels of residential mental health treatment which are:

2 - 8 Psychiatric Health Facility Services (Comprehensive Residential Treatment Services)

Psychiatric health facility services means an all-inclusive residential treatment program licensed by the Department of Health as a "Hospital-Free Standing Residential Treatment Satellite if the program is operated by a hospital as a distinct-part program, or by the Department of Human Services as a residential treatment program. These programs provide 24-hour care and supervision and treatment to emotionally/behaviorally disordered children/youth. Services include psychiatric diagnostic interview examination, psychological testing, psychiatric diagnostic interview examinations by qualified medical prescribers for the purpose of evaluating need for pharmacologic management by physicians and nurses, individual psychotherapy, family psychotherapy, with and without the client present, group psychotherapy, including multiple family group psychotherapy, and psychosocial rehabilitative services.

Psychiatric health facility services must be prescribed by a licensed mental health therapist based upon a comprehensive psychiatric diagnostic interview examination. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve and/or stabilize the client's condition so that services of this intensity will no longer be needed.

Who: Residential treatment facility services program licensed by DHS or the Department of Health

Record:

1. For psychiatric diagnostic interview evaluation, psychological testing, individual/family psychotherapy, and pharmacologic management services, see the "Record" section in Chapters 2 - 1, 2 - 2, 2 - 3, 2 - 4 and 2 - 6 of this manual for documentation requirements for these services.

2. For all other inclusive services, for **each** treatment goal:

   a. Monthly note documenting the treatment goal, method(s) used and progress toward the treatment goal for **each** method.

   b. For treatment goals with group psychotherapy or multiple family group psychotherapy as a treatment method, the monthly note for this method must be written, signed and dated by the mental health therapist providing the service. The note must include a statement of the total hours provided during the month. If group psychotherapy is documented per session, then a monthly note for that treatment method is not also required.

   c. For treatment goals with psychosocial rehabilitative services as a treatment method, the monthly note must be written, signed and dated either by the staff directly providing the services or the staff responsible for overseeing the services.

      In addition to a summary of progress toward the treatment goal, the note must include a summary of the significant and specific activities in which the client participated during the month that affected the client's progress toward or achievement of the treatment goal.

Back-up Documentation:

1. Monthly program schedules documenting routine and planned activities for the program.

2. For group psychotherapy and multiple family group psychotherapy, back-up documentation shall include the date, actual time, and duration of service. If preferred, this information may be included in the monthly note.

3. For psychosocial rehabilitative services, back-up documentation for each child that includes an individualized daily program schedule documenting planned psychosocial rehabilitative activities.

4. Client daily attendance and absences including the reason for the absence.

Unit: **H2013 - Psychiatric Health Facility Services**

Limits:

1. One unit per day per client, not including room, board, and education.

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

4. Medicaid reimbursement is not available for absent days.

2 - 9 Comprehensive Community Support Services (Residential Treatment Services)

Comprehensive community support services means a semi-inclusive residential treatment program licensed by DHS as a residential treatment program for emotionally/behaviorally disordered children/youth that includes 24-hour care and supervision and the following services: psychiatric diagnostic interview examination, individual psychotherapy, family psychotherapy, with and without the client present, group psychotherapy, including multiple family group psychotherapy, and psychosocial rehabilitative services. The provider must also have the capacity to arrange for psychological testing, and psychiatric diagnostic interview examinations by qualified medical prescribers for the purpose of evaluating need for pharmacologic management by physicians and nurses. Although psychosocial rehabilitative services provided by the comprehensive community support services program are included in this semi-inclusive residential treatment program, psychosocial rehabilitative services provided by other licensed psychosocial rehabilitative programs (e.g. day treatment program) are not. The residential treatment provider must also have the capacity to arrange for this specialized psychosocial rehabilitative service outside of the residential program when indicated.

Comprehensive community support services and all other treatment services not included in the semi-inclusive residential treatment program must be prescribed by a licensed mental health therapist. Prescription must be based upon a comprehensive psychiatric diagnostic interview examination. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve and/or stabilize the client's condition so that services of this intensity will no longer be needed.

Who: Comprehensive community support services program licensed by DHS or the Department of Health

Record:

1. For psychiatric diagnostic interview examination and individual/family psychotherapy, see the "Record" section in Chapters 2 - 1, 2 - 3 and 2 - 4 of this manual for documentation requirements for these services.

2. For all other inclusive services, for **each** treatment goal:

   a. Monthly note(s) documenting the treatment goal, method(s) used and progress toward the treatment goal for **each** method.

   b. For treatment goals with group psychotherapy or multiple family group psychotherapy as a treatment method, the monthly note for this method must be written, signed and dated by the mental health therapist providing the service. The note must include a statement of the total hours provided during the month. If group psychotherapy is documented per session, then a monthly note for that treatment method is not also required.

   c. For treatment goals with psychosocial rehabilitative services as a treatment method, the monthly note must be written, signed and dated either by the staff directly providing the services or the staff responsible for overseeing the services.

      In addition to a summary of progress toward the treatment goal, the note must include a summary of the significant and specific activities in which the client participated during the month that affected the client's progress toward or achievement of the treatment goal.

Back-up Documentation:

1. Monthly program schedules documenting routine and planned activities for the program.

2. For group psychotherapy and multiple family group psychotherapy, back-up documentation shall include the date, actual time, and duration of service. If preferred, this information may be included in the monthly note.

3. For psychosocial rehabilitative services, back-up documentation for each child that includes an individualized daily program schedule documenting planned psychosocial rehabilitative activities.

4. Client daily attendance and absences including the reason for the absence.

5. For services arranged for but not directly provided by the comprehensive community support services program (i.e., psychological testing, psychiatric diagnostic interview examination conducted by a physician or advanced practice registered nurse (psychiatric evaluation), pharmacologic management services, and psychosocial rehabilitative services provided in a day treatment program), documentation must be completed and maintained by the service provider in accordance with the applicable documentation requirements outlined in this manual.

Unit: **H2016 - Comprehensive Community Support Services**

Limits:

1. One unit per day per client, not including room, board, and education.

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

4. Medicaid reimbursement is not available for absent days.

2 - 10 Foster Care - Therapeutic Child Services (Family-Based Residential Services)

Foster care - therapeutic child services means a semi-inclusive family-based residential treatment program for emotionally/behaviorally disordered children/youth that is licensed or certified by DHS as a child placing agency or residential support program and includes 24-hour care and supervision in a family home-based setting and the following services: psychiatric diagnostic interview examination, and psychosocial rehabilitative services. The provider must also have the capacity to arrange for psychological testing, psychiatric diagnostic interview examinations by qualified medical prescribers for the purpose of evaluating need for pharmacologic management by physicians and nurses, individual psychotherapy, family psychotherapy, with and without patient present, group psychotherapy, including multiple family group psychotherapy, and psychosocial rehabilitative services provided by other licensed providers (i.e., day treatment programs).

Foster care - therapeutic child services and all other treatment services not included in the semi-inclusive residential treatment program must be prescribed by a licensed mental health therapist. Prescription must be based upon a comprehensive psychiatric diagnostic interview examination. The provision of services is overseen by a licensed mental health therapist. Services are based on a written individualized treatment plan with the expectation that the services can reasonably be expected to improve and/or stabilize the client's condition so that services of this intensity will no longer be needed.

Who: Foster care - therapeutic child services program licensed by DHS

Record:

1. For psychiatric diagnostic interview examinations, see the Record section in Chapter 2 - 1 of this manual for documentation requirements for this service.

2. For psychosocial rehabilitative services, the following is required:

   a. A monthly note must be written, signed and dated either by the staff directly providing the services or the staff responsible for overseeing the services.

   b. The monthly note must specify the treatment goal and progress toward the treatment goal.

   c. The monthly note must also include a summary of the significant and specific activities in which the client participated during the month that affected the client's progress toward or achievement of the treatment goal.

Back-up Documentation

1. Monthly individual schedules documenting routine and planned activities for the child.

2. Client daily attendance and absences including reason for absence.

3. For services arranged for but not directly provided by the foster care - therapeutic child services program (i.e., psychological testing, psychiatric diagnostic interview examination conducted by a physician, physician assistant or advanced practice registered nurse (psychiatric evaluation), pharmacologic management services, individual/family psychotherapy, group psychotherapy, and psychosocial rehabilitative services provided in a day treatment program), documentation must be completed and maintained by the service provider in accordance with the applicable documentation requirements outlined in this manual.

Unit: **S5145 - Foster Care - Therapeutic Child Services**

Limits:

1. One unit per day per client, not including room, board, and education.

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

4. Medicaid reimbursement is not available for absent days.

3 PROCEDURE CODES AND MODIFIERS FOR DIAGNOSTIC AND REHABILITATIVE MENTAL HEALTH SERVICES

Unless otherwise specified, services are limited to ages 0 through the month of the 21st birthday

For each date of service, enter the appropriate five digit procedure code and modifier as indicated below:

Codes	Service and Units	Limits per Patient
90801 with HO modifier	**Psychiatric Diagnostic Interview Examination (by licensed mental health therapist) - per 15 minutes**	No limit
90802 with HO modifier	**Psychiatric Diagnostic Interview Examination - (by mental health therapist)** Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - **per 15 minutes**	No limit
90801	**Psychiatric Diagnostic Interview Examination by a prescriber or APRN - per 15 minutes**	No limit
90802	**Psychiatric Diagnostic Interview Examination by a prescriber or APRN** -Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - **per 15 minutes**	No limit
96101	**Psychological Testing** - includes psychodiagnostic assessment of personality, psycho-pathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI, with interpretation and report - **per hour**	No limit
96105	**Psychological Testing - (Assessment of Aphasia)** - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - **per hour**	No limit
96110	**Psychological Testing - (Developmental Testing: limited)** - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - **per hour**	No limit
96111	**Psychological Testing - (Developmental Testing: extended)** - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - **per hour**	No limit
96116	**Psychological Testing - (Neurobehavioral Status Exam)** - Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - **per hour**	No limit
96118	**Psychological Testing - (Neuropsychological Testing Battery)** - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - **per hour**	No limit
	Individual Psychotherapy - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility	
90804	approximately 20 to 30 minutes face-to-face with the patient	No limit
90806	approximately 45 to 50 minutes face-to-face with the patient	No limit
90808	approximately 75 to 80 minutes face-to-face with the patient	No limit

Codes	Service and Units	Limits per Patient
	Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility	
90810	approximately 20 to 30 minutes face-to-face with the patient	No limit
90812	approximately 45 to 50 minutes face-to-face with the patient	No limit
90814	approximately 75 to 80 minutes face-to-face with the patient	No limit
90846	**Family Psychotherapy** - **without** patient present - **per 15 minutes**	No limit
90847	**Family Psychotherapy** - **with** patient present - **per 15 minutes**	No limit
90849	**Group Psychotherapy** - Multiple-family group psychotherapy - **per 15 minutes per client**	No limit
90853	**Group Psychotherapy** - Group psychotherapy (other than of a multiple-family group) - **per 15 minutes per client**	No limit
90857	**Group Psychotherapy** - Interactive group psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication- **per 15 minutes per client**	No limit
90862	**Pharmacologic Management by Prescriber** - **per encounter** by a licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse, or other practitioner licensed under state law to prescribe medication acting within the scope of his/her license.	No limit
90862 with TD modifier	**Pharmacologic Management by Nurse** - **per encounter** by a licensed registered nurse, or a licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse.	No limit
H2017	**Psychosocial Rehabilitative Services - Child and Adolescent** - per 15 minutes per client,	No limit
H2017 with U2 modifier	**Psychosocial Rehabilitative Services - Intensive Children's -** per 15 minutes per client, for ages 0 through the month of the 13th birthday	No limit
H2013	**Psychiatric Health Facility Services** - one unit per day	See note *
H2016	**Comprehensive Community Support Services** - one unit per day	See note **
S5145	**Foster Care - Therapeutic Child Services** - one unit per day	See note **

* No other codes may be billed with this code.

** Certain other codes may not be billed. See Chapter 2, Scope of Services.

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INDEX

Assessment 10, 11, 25
Authority 2, 7
Billing Arrangements 4
CHEC 2
Clinical social worker 3, 8, 11, 13, 15, 18
Coercive techniques . . . 9, 11, 12, 14, 16, 17, 20-24
Collateral Services 7, 14
Community Support Services . 2, 6, 7, 9, 13, 14, 16, 19, 21, 22, 26
Comprehensive Community Support Services . 2, 6, 7, 9, 13, 14, 16, 19, 21, 22, 26
Comprehensive Residential Treatment Services . 2, 20
Definitions 2, 7
Diagnostic Interview Examination . 2, 5-9, 20-23, 25
Diagnostic services 2, 3
Documentation 6, 7, 9, 13, 14, 16, 19-23
EPSDT 2
Evaluation 2, 5, 8, 10, 20, 22, 23
Evaluation Procedures 5
Family Psychotherapy 2, 7, 13, 14, 20-23, 26
Family-based Residential Services 2, 23
Foster Care 2, 3, 6, 7, 9, 19, 23, 24, 26
Group Mental Health Therapy 2, 15
Group Psychotherapy 2, 15, 16, 20-23, 26
Group Skills Development Services 2, 18
Holding therapy . . . 9, 11, 12, 14, 16, 17, 20-22, 24
Individual Mental Health Therapy 2, 11
Individual Psychotherapy . . . 2, 6, 11-13, 20, 21, 23, 25, 26
Interactive group psychotherapy 15, 16, 26
Interview Examination 2, 5-9, 20-23, 25
Licensed Clinical Social Worker . . . 3, 8, 11, 13, 15, 18
Licensed Marriage and Family Therapist . . 3, 8, 11, 13, 15, 18
Licensed Professional Counselor 3
Marriage and family therapist . . . 3, 8, 11, 13, 15, 18
Medication Management 2, 16
Mental Health Evaluation 2, 8
Mental health therapist . 3, 4, 7-9, 11, 13, 15, 18-23, 25
Mental Health Therapy 2, 11, 15
Multiple-family 15, 16, 26
Periodic Review of the Treatment Plan 6
Pharmacologic Management . . 2, 16, 17, 20-23, 26
Physician 3, 9, 10, 16, 17, 22, 23, 25, 26
PROCEDURE CODES 4, 11, 25
Professional counselor 3, 8, 11, 13, 15, 18
Provider Qualifications 3
Psychiatric Diagnostic Interview Examination . 2, 5-9, 20-23, 25
Psychiatric Evaluation 22, 23
Psychiatric Health Facility Services . . 2, 6, 7, 9, 11, 13, 14, 16, 17, 20, 21, 26
Psychological Testing 2, 10, 20-23, 25
Psychologist 3, 4, 8, 10, 11, 13, 15, 18
Psychosocial Rehabilitative Services . 2, 5, 7, 18-23, 26
Psychotherapy 2, 6, 7, 11-16, 20-23, 25, 26
Qualified Mental Health Providers 3
Quality Improvement 7
Rage reduction therapy . . 9, 11, 12, 14, 16, 17, 20-22, 24
Rage therapy 9, 11, 12, 14, 16, 17, 20-22, 24
Rebirthing therapy . 9, 11, 12, 14, 16, 17, 20-22, 24
Registered nurse . 3, 4, 8, 11, 13, 15-18, 22, 23, 26
Rehabilitative services 2-5, 7, 18-23, 26
Residential Treatment Services 2, 4, 5, 20, 21
SCOPE OF SERVICES 2, 4-8, 26
Service and Units 25
Skills Development Services 2, 18
Subsidized Adoptive Children 3, 4
Supervision Requirements . . 4, 8, 10, 11, 13, 15-18
Therapeutic Child Services 2, 7, 19, 23, 24, 26
Treatment goals 5, 6, 11, 13, 15, 16, 20, 22
Treatment Plan 5, 6, 8, 9, 11-15, 19-21, 23
Treatment Plan Review 6, 9, 13, 14