

SECTION 2
Mental Health Centers
Table of Contents

| | | |
|--------------------|--|-----------|
| 1 | GENERAL POLICY | 2 |
| 1 - 1 | Authority | 2 |
| 1 - 2 | Qualified Mental Health Providers | 2 |
| 1 - 3 | Definitions | 2 |
| 1 - 5 | Staff Qualifications | 3 |
| 1 - 6 | Evaluation Procedures | 4 |
| 1 - 7 | Treatment Plan | 4 |
| 1 - 8 | Periodic Review of the Treatment Plan | 5 |
| 1 - 9 | Documentation | 5 |
| 1 - 10 | Quality Improvement | 6 |
| 1 - 11 | Collateral Services | 6 |
| 2 | SCOPE OF SERVICES | 7 |
| 2 - 1 | General Limitations | 7 |
| 2 - 2 | Psychiatric Diagnostic Interview Examination (Mental Health Evaluation) | 8 |
| 2 - 3 | Mental Health Assessment by a Non-Mental Health Therapist | 9 |
| 2 - 4 | Psychological Testing | 11 |
| 2 - 5 | Individual Psychotherapy (Individual Mental Health Therapy) | 12 |
| 2 - 6 | Individual Psychotherapy with Medical Evaluation and Management Services | 15 |
| 2 - 7 | Family Psychotherapy | 16 |
| 2 - 8 | Group Psychotherapy (Group Mental Health Therapy) | 18 |
| 2 - 9 | Pharmacologic Management (Medication Management) | 19 |
| 2 - 10 | Therapeutic Behavioral Services (Behavior Management) | 21 |
| 2 - 11 | Individual Skills Training and Development (Individual Skills Development Services) | 23 |
| 2 - 12 | Psychosocial Rehabilitative Services (Group Skills Development Services) | 24 |
| 3 | REVISED PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES rendered on or after October 1, 2003 | 27 |
| | Psychiatric Diagnostic Interview Examination | 27 |
| | Mental Health Assessment by a Non-Mental Health Therapist | 27 |
| | Psychological Testing | 27 |
| | Individual Psychotherapy | 27 |
| | with medical evaluation and management | 28 |
| | Family Psychotherapy | 28 |
| | Group Psychotherapy | 28 |
| | Pharmacologic Management | 28 |
| | Therapeutic Behavioral Services | 28 |
| | Psychosocial Rehabilitative Services | 28 |
| 4 | OLD PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES rendered before October 1, 2003 | 29 |
| | Mental Health Evaluation | 29 |
| | Psychological Testing | 29 |
| | Mental Health Therapy | 29 |
| | Behavior Management | 29 |
| | Medication Management | 29 |
| | Skills Development Services | 29 |
| INDEX | | 30 |

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

1 GENERAL POLICY

1 - 1 Authority

Mental health services are provided under the authority of 42 CFR 440.130, Diagnostic, Screening, Preventive, and Rehabilitative Services. Under this authority, services may be provided in settings other than the mental health center, as appropriate, with the exception of an inpatient hospital.

1 - 2 Qualified Mental Health Providers

Diagnostic and rehabilitative mental health services are covered benefits when provided by or through a mental health center under contract with or directly operated by a local county mental health authority.

Children in State Custody

1. Please note: For the provision of outpatient services to children in State custody, mental health centers may follow this provider manual. However, children in State custody must have more frequent reviews of their treatment plans. The review schedule for children in State custody is outlined in Chapter 1 - 8, Periodic Review of the Treatment Plan.
2. For provision of residential treatment services to children in State custody, please refer to the Diagnostic and Rehabilitative Mental Health Services by DHS Contractors Medicaid Provider Manual for Medicaid requirements.

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 health 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 a managed care plan offering coverage for mental health care services. The services covered are specified in the PMHP contract with Medicaid. Medicaid clients in certain geographic areas of the state receive inpatient and outpatient mental health services through selected contractors (community mental health centers) paid on a capitation basis.

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

1 - 4 Scope of Services

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

Diagnostic services

- Psychiatric Diagnostic Interview Examination (Mental Health Evaluation)
- Mental Health Assessment by a Non-Mental Health Therapist
- Psychological Testing

Rehabilitative services

- Individual Psychotherapy (Individual Mental Health Therapy)
- Individual Psychotherapy with Medical Evaluation and Management Services
- 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)
- Therapeutic Behavioral Services (Behavior Management–Individual/Family or Group)
- Individual Skills Training and Development (Skills Development Services)
- Psychosocial Rehabilitative Services (Group Skills Development 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.

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

*

1 - 5 Staff Qualifications

A. Staff 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; or
 - f. licensed professional counselor;
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

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

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. Staff Qualified to Render Services

Rehabilitative services may be provided by:

1. any of the individuals identified in paragraph A of this chapter; 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; or
 - d. other trained individual.

1 - 6 Evaluation Procedures

In accordance with state law, an individual identified in paragraph A of Chapter 1-5 must conduct a 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 2-2, Psychiatric Diagnostic Interview Examination.)

1 - 7 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 include the following:
 1. measurable treatment goals developed in conjunction with the client;

If the treatment plan contains skills training and development services, it must include measurable goals specific to all skills issues being addressed with this treatment method. Please note that the actual skills training and development treatment goals may be developed by qualified skills training and development providers identified in items #1 - 5 of the "Who" section in Chapter 2 - 11 and 2 - 12, Skills Training and Development Services and 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.

| | |
|--|-------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated July 2004 |

1 - 8 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 every six months with completion during the calendar month in which it is due. Reviews may be conducted more frequently if the nature of needed services changes or 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. For children in state custody, periodic reviews of the treatment plan must be conducted in accordance with the Department of Human Services 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. For children in State custody, periodic reviews of the treatment plan must be conducted in accordance with the Department of Human Services 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.
- C. 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 six month 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.
- D. 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 six months, 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.
- E. Treatment plan reviews shall be documented in detail in the client's record and include:
 - 1. the date 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 title of the individual who rendered the service.
- F. 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.
- G. The treatment plan review may be billed **only** if the review is conducted during a face-to-face interview with the client.
- H. The treatment plan review may be billed as psychiatric diagnostic interview examination or as individual psychotherapy, as reviews often are conducted within the context of an individual psychotherapy session. (See Chapters 2-1 and 2-3.)

1 - 9 Documentation

- A. The provider must develop and maintain sufficient written documentation for each medical or remedial therapy, 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.

| | |
|--|--------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

1 - 10 Quality Improvement

PMHPs– PMHPs must implement a quality improvement plan in accordance with the PMHP Contract. (See PMHP Contract, Article VIII, Quality Assessment and Performance Improvement, Section F., Quality Assessment and Performance Improvement Program.)

Fee-For-Service Mental Health Centers– Fee-for-service mental health centers 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. 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. The quality improvement plan must also include written peer review procedures to assess access and the quality and adequacy of the services being delivered. The quality improvement plans must also include written peer review procedures for determining adherence to Medicaid policy outlined in this manual and in the Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill, including a process for determining whether claims for Medicaid payment have been made appropriately. Peer reviews must be conducted no less than two times per year. The quality improvement committee, and any subcommittees, must maintain written documentation of quality improvement meetings and the results of peer reviews subject to review by State and Federal officials.

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 (for example, parent or foster parent) on behalf of the identified client and the client is not present; 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 provides 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 2-7, 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.

| | |
|--|--------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

2 SCOPE OF SERVICES

Services covered by Medicaid include psychiatric diagnostic interview examination, psychological testing, individual psychotherapy, individual psychotherapy with medical evaluation and management services, family psychotherapy, group psychotherapy, pharmacologic management, therapeutic behavioral services, skills training and development, and psychosocial rehabilitative services, as described in Chapters 2 - 2 through 2 - 12.

2 - 1 General Limitations

Effective July 1, 2002, certain Medicaid adult clients age 19 and over in the TANF and Medically Needy Medicaid eligibility categories have a reduced benefits package. These clients are enrolled in the Non-Traditional Medicaid Plan and their Medicaid cards are blue.

The following services are excluded for clients in the Non-Traditional Medicaid Plan and may not be billed under any of the services specified in chapters 2 - 2 through 2 - 12:

1. Inpatient mental health care– There is a 30-day maximum per year per client for inpatient mental health care.
2. Outpatient mental health services/visits– There is a maximum of 30 outpatient mental health treatment services/visits per client per year for outpatient mental health care. Targeted case management services for the chronically mentally ill also count toward the 30 outpatient mental health services/visits maximum.

Substitutions– Substitution of outpatient mental health services/visits for inpatient days may be made if the client requires more than 30 outpatient mental health services/visits per year, the client would otherwise be hospitalized for treatment of the mental illness or condition, and in lieu of hospitalization, outpatient mental health services could be used to stabilize the client. If the criteria for substitution are met, all outpatient mental health services, with the exception of psychosocial rehabilitative services, may be substituted at a rate of one outpatient mental health service/visit for one inpatient day. Psychosocial rehabilitative services may be substituted at a rate of two visits for each inpatient mental health day.

Example: A client has utilized the maximum outpatient mental health benefits by using ten outpatient psychosocial rehabilitative services visits and 20 other outpatient mental health services. However, without continued outpatient mental health treatment, the client would require inpatient mental health care. Therefore, the client utilizes another 20 psychosocial rehabilitative services visits and 15 other outpatient mental health services. The 20 outpatient psychosocial rehabilitative services visits are substituted for ten inpatient days and the 15 other outpatient mental health services are substituted for 15 inpatient days. The client now has five inpatient mental health days available for the remainder of the year. The client discontinues outpatient mental health treatment. An additional five outpatient mental health services could be used later in the year only if the client again meets the substitution criteria. Without meeting this criteria, there are no remaining outpatient mental health benefits, only the five inpatient mental health days.

3. The following services are also excluded and may not be billed under any of the services specified in chapters 2 - 2 through 2 - 12:
 - a. Services for conditions without manifest mental health diagnoses (i.e., conditions that do not warrant a mental health diagnosis);
 - b. Hypnosis, occupational or recreational therapy;
 - c. Office calls in conjunction with medication management for repetitive therapeutic injections; and
 - d. Psychiatric diagnostic interview examination for legal purposes only (e.g., for custodial or visitation rights, etc.)

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

2 - 2 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 1-7).

Psychiatric diagnostic interview examinations may also be provided in a tele-health setting.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. licensed physician assistant working under the supervision of a licensed physician (See Limits below) (diagnostic evaluations to determine need for medications only);
 - b. certified psychology resident working under the supervision of a licensed psychologist;
 - c. certified social worker working under the supervision of a licensed clinical social worker;
 - d. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - e. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - f. 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, or in the case of briefer crisis examinations, revised diagnoses, if needed; and
 - b. summary of recommended mental health treatment services, and other recommended services as appropriate; and
 6. signature and title of individual who rendered the service.

Unit: **90801 - Psychiatric Diagnostic Interview Examination - per 15 minutes;**

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

90801- Psychiatric Diagnostic Interview Examination provided in a tele-health setting - limited to physicians - **per 15 minutes, use GT modifier**

90802 - Psychiatric Diagnostic Interview Examination - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication - **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.

- Limits:
1. 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.
 2. Psychiatric diagnostic interview examinations provided in a tele-health setting are limited to rural mental health centers.
 3. When a psychiatric diagnostic interview examination is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

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

4. 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.
5. 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.

Also see General Limitations in Chapter 2 - 1.

2 - 3 Mental Health Assessment by a Non-Mental Health Therapist

Mental health assessment by a non-mental health therapist means individuals listed in # 1 - 3 below participating as part of a multi-disciplinary team in the psychiatric diagnostic interview examination process by gathering psychosocial data when working under the supervision of a licensed mental health therapist identified in Chapter 2 - 2., #1- 3, of the Who: section: (Also see #1 in "Limits" section below.)

- Who:
1. licensed social service worker or individual working toward licensure as a social service worker;
 2. licensed registered nurse or individual working toward licensure as a registered nurse; or
 3. licensed practical nurse or individual working toward licensure as a practical nurse;

Although an individual identified in #1 - 3 above may **assist** in the evaluation process by meeting with the client to gather the psychosocial data, as directed by the supervisor, an individual identified in Chapter 2 - 2, #1- 3 of the Who: section must see the individual face-to-face to conduct the psychiatric diagnostic interview examination.

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

Individuals identified in 1 - 3 may also participate as part of the multi-disciplinary team in the development of the treatment plan, **but they may not independently diagnose or prescribe treatment.** Individuals identified in Chapter 2 -2, #1 through 3 of the Who: section, based on their face-to-face evaluation of the client, must diagnose and prescribe treatment.

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: Mental Health Assessment by a Non-Mental Health Therapist

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., mental health assessment by a Non-Mental Health Therapist);
5. summary of psychosocial findings
6. signature and title of individual who rendered the service.

Units: **H0031 - Mental Health Assessment by a Non-Mental Health Therapist** – Psychosocial portion of the psychiatric diagnostic interview examination completed by a non mental health therapist, **per 15 minutes**

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

- Limits:
1. This service is a component of the psychiatric diagnostic interview examination. Therefore, it may only be billed if a psychiatric diagnostic interview examination is also provided to the client.
 2. The following services are not covered services under Medicaid and may not be billed to Medicaid:
 - a. 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.
 - b. 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.

Also see General Limitations in Chapter 2 - 1.

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

2 - 4 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 title 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: **96100 - 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**

96115 - 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**

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

96117 - 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.

Also see General Limitations in Chapter 2 - 1.

2 - 5 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.

Individual therapy may also be provided in a tele-health setting.

- 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;
 - 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.

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

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 title 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.

When billing or reporting any of the above psychotherapy treatment codes for therapy provided in a tele-health setting, use a GT modifier.

- Limits:
1. 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.
 2. Individual psychotherapy services provided in a tele-health setting are limited to rural mental health centers.
 3. When individual psychotherapy is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

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

4. 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.
5. 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.

Also see General Limitations in Chapter 2 - 1.

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|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

2 - 6 Individual Psychotherapy with Medical Evaluation and Management Services

Individual psychotherapy with medical evaluation and management services 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, with medical evaluation and management.

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.

This service may also be provided in a tele-health setting.

- Who:
1. licensed physician; or
 2. licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse.

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 title of individual who rendered the service.

Unit: **Individual Psychotherapy** - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility **with medical evaluation and management**

90805 - approximately 20 to 30 minutes face-to-face with the patient

90807 - approximately 45 to 50 minutes face-to-face with the patient

90809 - 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 **with medical evaluation and management**

90811 - approximately 20 to 30 minutes face-to-face with the patient

| | |
|--|--------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

90813 - approximately 45 to 50 minutes face-to-face with the patient

90815 - 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.

When billing or reporting any of the above psychotherapy treatment codes for therapy provided in a tele-health setting, use a GT modifier.

Limits:

1. 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.
2. Individual psychotherapy **with medical evaluation and management** provided in a tele-health setting is limited to rural mental health centers.
3. When individual psychotherapy **with medical evaluation and management** is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

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

4. 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.
5. 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.

Also see General Limitations in Chapter 2 - 1.

2 - 7 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;

| | |
|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

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 title 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 procedure codes, 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, 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.

Also see General Limitations in Chapter 2 - 1.

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| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

2 - 8 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.

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 the 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 title 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.

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| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

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 procedure codes, 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.

Also see General Limitations in Chapter 2 - 1.

2 - 9 Pharmacologic Management (Medication Management)

Pharmacologic management means a face-to-face service that includes prescribing, administering, monitoring, or reviewing the client's medication(s) and medication regimen and providing appropriate information to the client regarding the medication regimen. Physician pharmacologic management services may also be provided in a tele-health setting.

- 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. 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.

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| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

Record: For each session:

5. 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 title 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 licensed advanced practice registered nurse, or by other practitioner licensed under State law to prescribe medication acting within the scope of his/her license.

90862 with GT modifier - Pharmacologic Management by physician provided in a tele-health setting - per encounter by a licensed physician.

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:
1. Physician pharmacologic management services provided in a tele-health setting are limited to rural mental health centers.
 2. When physician pharmacologic management is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

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|--|----------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated October 2004 |

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

3. 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.
4. 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.

Also see General Limitations in Chapter 2 - 1.

2 - 10 Therapeutic Behavioral Services (Behavior Management)

Therapeutic behavioral services means face-to-face interventions with an individual, family, or group of individuals experiencing a specific behavioral problem using a psychoeducational approach, after diagnosis by a licensed mental health therapist, and in accordance with a treatment plan developed, directed and supervised by the licensed mental health therapist, and includes stress management, relaxation techniques, assertiveness training, conflict resolution, and behavior modification, etc. Groups should not exceed 10 individuals unless a co-leader who also meets qualifications for provision of this service is present.

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

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

| | |
|--|--------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

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. For **individual/family therapeutic behavioral services** --clinical note describing the client's progress toward treatment goal(s);
7. For **group therapeutic behavioral services** monthly **or** per session clinical note describing the client's progress toward treatment goal(s); and
8. signature and title of individual who rendered the service.

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

Unit: **H2019 - Individual/Family Therapeutic Behavioral Services** - per 15 minutes

H2019 with HQ modifier - Group Therapeutic Behavioral Services - per 15 minutes per client

When billing or reporting this procedure code, 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.

Also see General Limitations in Chapter 2 - 1.

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| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

2 - 11 Individual Skills Training and Development (Individual Skills Development Services)

Individual skills training and development services means face-to-face interventions with an individual client in a psychosocial rehabilitative treatment service or outpatient setting with the overall goal of restoring the client to his or her best possible functional level by assisting the client to: (1) eliminate or reduce symptomatology related to the client's diagnosis, (2) increase compliance with the medication regimen, as applicable, (3) avoid unnecessary 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 or physician;
 - 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. 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 social service worker, or an individual working toward licensure as a social service worker in accordance with supervision requirements outlined under Title 58, Utah Code Annotated, or in the profession's practice act rule; or
 6. 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, or a licensed social service worker.

Record: For each session:

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

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|--|--------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **H2014 - Individual Skills Training and Development** - per 15 minutes

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

- Limits:
1. Individual skills training and development services do **not** include:
 - a. activities in which staff is not present and actively involved in teaching a needed skill;
 - b. activities in which staff 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 the client or transportation to the site where a skills training and development 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. 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.

Also see General Limitations in Chapter 2 - 1.

2 - 12 Psychosocial Rehabilitative Services (Group Skills Development Services)

Psychosocial rehabilitative services means face-to-face interventions with a group of clients in a psychosocial rehabilitative treatment service, day treatment program or other appropriate outpatient 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 unnecessary 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;

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|--|--------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

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 or physician;
 - 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. 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 social service worker, or an individual working toward licensure as a social service worker under the supervision of a licensed mental health therapist or 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
6. 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, or a licensed social service worker.

*

- Record:
1. daily log documenting the date and duration of the service and activities provided; and
 2. monthly summary documenting (1) the significant and specific activities in which the client participated during the month, and (2) progress toward **psychosocial rehabilitative services** goals as a result of that participation.
 3. signature and title of individual who rendered the service.

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 **psychosocial rehabilitative service**, then new individualized goals must be developed and added to the treatment plan.

Units: **H2017 - Psychosocial Rehabilitative Services** - per 15 minutes per client, age 0 and older

H2017 with U1 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 this procedure code, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

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|--|--------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Page updated April 2004 |

- Limits:
1. Psychosocial Rehabilitative Services do **not** include:
 - a. activities in which staff is not present and actively involved in teaching a needed skill;
 - b. activities in which staff 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 the client 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 **group child and adolescent psychosocial rehabilitative service**, a ratio of no more than twelve clients per professional staff must be maintained during the entire program.
 3. In **intensive group children's psychosocial rehabilitative service**, a ratio of no more than five clients per professional staff must be maintained during the entire program.
 4. 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.
 5. 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.

Also see General Limitations in Chapter 2 - 1.

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|--|------------------------------|
| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Reissued October 2003 |

3 REVISED PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES rendered on or after October 1, 2003

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

| Revised Codes | Service and Units |
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| 90801 | Psychiatric Diagnostic Interview Examination - per 15 minutes; |
| 90801 with GT modifier | Psychiatric Diagnostic Interview Examination provided in a tele-health setting - limited to physicians - per 15 minutes |
| 90802 | Psychiatric Diagnostic Interview Examination - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - per 15 minutes |
| H0031 | Mental Health Assessment by a Non-Mental Health Therapist – Psychosocial portion completed by non mental health therapist, per 15 minutes |
| 96100 | Psychological Testing - includes psychodiagnostic assessment of personality, psycho-pathology, 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 |
| 96115 | 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 |
| 96117 | Neuropsychological Testing Battery - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - per hour |
| | Individual Psychotherapy - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility. Use a GT modifier for services provided in a tele-health setting. |
| 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. Use a GT modifier for services provided in a tele-health setting. |
| 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 |

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| | Individual Psychotherapy - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility <u>with medical evaluation and management</u> . Use a GT modifier for services provided in a tele-health setting. |
| 90805 | approximately 20 to 30 minutes face-to-face with the patient |
| 90807 | approximately 45 to 50 minutes face-to-face with the patient |
| 90809 | 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 <u>with medical evaluation and management</u> . Use a GT modifier for services provided in a tele-health setting. |
| 90811 | approximately 20 to 30 minutes face-to-face with the patient |
| 90813 | approximately 45 to 50 minutes face-to-face with the patient |
| 90815 | approximately 75 to 80 minutes face-to-face with the patient |
| 90847 | Family Psychotherapy - with patient present - per 15 minutes |
| 90846 | Family Psychotherapy - without patient present - per 15 minutes |
| 90849 | Group Psychotherapy - Multiple-family group psychotherapy - per 15 minutes per 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 - per 15 minutes per client |
| 90862 | Pharmacologic Management by physician - 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. |
| 90862 with GT modifier | Pharmacologic Management by physician provided in a tele-health setting - per encounter by a licensed physician. |
| 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. |
| H2019 | Individual Therapeutic Behavioral Services - per 15 minutes |
| H2019 with HQ modifier | Group Therapeutic Behavioral Services - per 15 minutes per client |
| H2014 | Individual Skills Training and Development - per 15 minutes |
| H2017 | Psychosocial Rehabilitative Services -per 15 minutes per client |
| H2017 with U1 modifier | Psychosocial Rehabilitative Services - Intensive Children's - per 15 minutes per client, for ages 0 through the month of the 13th birthday |

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| Utah Medicaid Provider Manual | Mental Health Centers |
| Division Of Health Care Financing | Reissued October 2003 |

4 OLD PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES rendered before October 1, 2003

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

| Old Codes¹ | *Allowable Modifiers | Service and Units | Limits per Patient |
|------------------------------|-----------------------------|--|---------------------------|
| Y4032 | gt, tr | Mental Health Evaluation, per 15 minutes | No limit |
| Y4033 | | Psychological Testing, per 15 minutes | No limit |
| Y4041 | gt, tr | Individual Mental Health Therapy, per 15 minutes | No limit |
| Y4051 | | Group Mental Health Therapy, per 15 minutes per client | No limit |
| Y0477 | | Individual Behavior Management, per 15 minutes | No limit |
| Y0478 | | Group Behavioral Management, per 15 minutes per client | No Limit |
| Y3060 | gt, tr | Medication Management by physician, per encounter | No Limit |
| Y3064 | | Medication Management by R.N., per encounter | No Limit |
| Y0475 | | Individual Skills Development Services, per 15 minutes for ages 0 years or older. | No limit |
| Y4080 | | Group Adult Skills Development Services, per 15 minutes per client, for ages 18 and older, beginning with the month after the 18th birthday. | No Limit |
| Y4082 | | Group Child and Adolescent Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 19th birthday. | No Limit |
| Y0476 | | Intensive Group Children's Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 13th birthday | No Limit |

*** Allowable modifiers**

gt: Use when service is provided in a tele-health setting

tr: Use on the claim for the service provided by the subcontracting tele-health provider when a Center case manager or other mental health professional assists the client during the service provided in the tele-health setting

INDEX

| | | | |
|---|--|--|--|
| Assessment of Aphasia | 11, 27 | Multi-disciplinary team | 9, 10 |
| Authority | 2, 6 | Neurobehavioral Status Exam | 11, 27 |
| Behavior Management | 21, 29 | Neuropsychological Testing Battery | 12, 27 |
| CHEC | 2 | Non-Traditional Medicaid Plan | 2, 7 |
| Child Health Evaluation and Care | 2 | Peer review | 6 |
| Children in State Custody | 2, 5 | Periodic Review of the Treatment Plan | 2, 5 |
| Coercive techniques | 9, 10, 12, 14, 16, 17, 19, 21, 22, 24, 26 | Pharmacologic Management | 3, 7, 19, 20, 28 |
| Collateral Services | 6, 17 | PMHPs | 6 |
| Definitions | 2, 3, 6 | Prepaid Mental Health Plan | 2 |
| Developmental Testing | 11, 27 | Procedure Codes | 12, 17, 19, 27, 29 |
| Documentation | 5, 6 | Psychiatric Diagnostic | 3-10, 27 |
| Evaluation | 2-4, 7-11, 15, 16, 28, 29 | Psychiatric Diagnostic Interview | 3-10, 27 |
| Evaluation Procedures | 4 | Psychiatric Diagnostic Interview Examination | 3-10, 27 |
| Family Psychotherapy | 3, 6, 7, 16, 17, 28 | Psychological Testing | 3, 7, 11, 27, 29 |
| Fee-For-Service Mental Health Centers | 6 | Psychosocial rehabilitative service | 25, 26 |
| Group Adult Skills Development Services | 29 | Psychotherapy | 3, 5-7, 12, 13, 15-19, 27, 28 |
| Group Behavioral Management | 29 | Qualifications | 3, 18, 21 |
| Group Child and Adolescent Skills Development Services | 29 | Qualified Mental Health Providers | 2 |
| Group Mental Health Therapy | 3, 18, 29 | Quality Improvement | 6 |
| Group Psychotherapy | 3, 7, 18, 19, 28 | Quality Improvement Plan | 6 |
| Group Skills Development | 3, 24 | Rage reduction therapy | 9, 10, 12, 14, 16, 17, 19, 21, 22, 24, 26 |
| Group Skills Development Services | 3, 24 | Rage therapy | 9, 10, 12, 14, 16, 17, 19, 21, 22, 24, 26 |
| Group Therapeutic Behavioral | 22, 28 | Rebirthing therapy | 9, 10, 12, 14, 16, 17, 19, 21, 22, 24, 26 |
| Holding therapy | 9, 10, 12, 14, 16, 17, 19, 21, 22, 24, 26 | Rehabilitative services | 2-4, 6, 7, 24-26, 28 |
| Individual Behavior Management | 29 | Rural mental health centers | 9, 13, 16, 20 |
| Individual Mental Health Therapy | 3, 12, 29 | Scope of Services | 3-7 |
| Individual Psychotherapy | 3, 5, 7, 12, 13, 15, 16, 27, 28 | Service and Units | 27, 29 |
| Individual Skills Development Services | 23, 29 | Skills Development Services | 3, 23, 24, 29 |
| Individual Skills Training | 3, 23, 24, 28 | Skills Training | 3, 4, 7, 23, 24, 28 |
| Individual Therapeutic Behavioral | 28 | Staff Qualifications | 3 |
| Interactive psychotherapy | 12, 13, 15, 27, 28 | State Custody | 2, 5 |
| Medication Management | 3, 7, 19, 29 | Supervision Requirements | 4, 8, 10-12, 15, 17-21, 23, 25 |
| Medication Management by physician | 29 | Tele-health | 8, 9, 12, 13, 15, 16, 19, 20, 27-29 |
| Medication Management by R.N. | 29 | Tele-health setting | 8, 9, 12, 13, 15, 16, 19, 20, 27- 29 |
| Mental Health Assessment | 3, 9, 10, 27 | Therapeutic Behavioral Services | 3, 7, 21, 22, 28 |
| Mental Health Evaluation | 3, 8, 29 | Treatment Plan | 2, 4, 5, 8-10, 12, 13, 15, 16, 18, 21, 25 |
| Modifiers | 27, 29 | | |
| Multiple-family | 3, 18, 19, 28 | | |