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Outpatient Therapy by Licensed Practitioners

Licensed Practitioner Outpatient Therapy includes:

- Individual outpatient psychotherapy;
- Family outpatient psychotherapy;
- Group outpatient psychotherapy;
- Mental health assessment;
- Evaluation;
- Testing;
- Medication management;
- Psychiatric evaluation;
- Medication administration; and
- Individual therapy with medical evaluation and management and case consultation.

Provider Qualifications

A licensed mental health professional (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently:

- Medical psychologists;
- Licensed psychologists;
- Licensed clinical social workers (LCSWs);
- Licensed professional counselors (LPCs);

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- Licensed marriage and family therapists (LMFTs);
- Licensed addiction counselors (LACs); and
- Advanced practice registered nurses (APRNs).

LPCs may render or offer prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, that is consistent with his/her professional training as prescribed by R.S. 37:1101 et seq. However, LPCs may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness (SMI), when medication may be indicated, except when an LPC, in accordance with industry best practices, consults, and collaborates with a practitioner who holds a license or permit with the Louisiana State Board of Medical Examiners or a Louisiana licensed APRN, who is certified as a psychiatric nurse practitioner. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103).

LMFTs may render professional marriage and family therapy and psychotherapy services limited to prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational, and addiction disorders to individuals, couples and families, singly or in groups that is consistent with his/her professional training as prescribed by R.S. 37:1101 et seq. However, LMFTs may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness (SMI), when medication may be indicated, except when an LMFT, in accordance with industry best practices, consults, and collaborates with a practitioner who holds a license or permit with the Louisiana State Board of Medical Examiners or a Louisiana licensed APRN, who is certified as a psychiatric nurse practitioner. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103.) All treatment is restricted to marriage and family therapy issues.

LACs, who provide addiction services, must demonstrate competency, as defined by LDH, State law, Addictive Disorders Practice Act and regulations. LACs are not permitted to diagnose under their scope of practice under State law. LACs providing addiction and/or behavioral health services must adhere to their scope of practice license.

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APRNs must be nurse practitioner specialists in adult psychiatric and mental health, and family psychiatric and mental health, or certified nurse specialists in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health and child-adolescent mental health and may practice to the extent that services are within the APRN's scope of practice.

Physician, psychiatrist or PA working under protocol of a psychiatrist. Registered nurse working within the scope of practice.

Agency or Group Practice

To provide outpatient therapy, agencies must meet the following requirements:

- Licensed per R.S. 40:2151 et seq.
- Arrange and maintain documentation that all persons, prior to employment, pass criminal background checks through the Louisiana Department of Public Safety, State Police. If the results of any criminal background check reveal that the potential employee (or contractor) was convicted of any offenses against a child/youth or an elderly or disabled person, the provider shall not hire and/or shall terminate the employment (or contract) of such individual. The provider shall not hire an individual with a record as a sex offender nor permit these individuals to work for the provider as a subcontractor. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement.
- Arrange and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in recipients and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement.
- Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (See Appendix D)
- Maintain documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within ninety (90) days of hire, which shall be renewed within a time period recommended by

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the AHA. Psychiatrists, APRNs/CNSs/PAs, RNs and LPNs are exempt from this training. (See Appendix D)

- Maintains documentation for verification of completion of required trainings for all staff.

NOTE: Psychiatrists are covered under the physician section of the State plan. However, psychiatrists often are employed by agencies that employ other licensed practitioners. For ease of reference, psychiatrist codes often billed under agencies are included in this section of the provider manual. However, psychiatrists may bill any codes under the physician section of the State Plan for which he or she may be qualified. Note that prior authorization or authorization beyond an initial authorization level of benefit is not a required CMS element for psychiatrist services under the Louisiana State Plan; however, the managed care entity may choose to require prior authorization for psychiatrist services or may prior authorize psychiatrist services beyond an initial authorization level of benefit at their option.

In general, the following MMIS provider types and specialties may bill these codes according to the scope of practice outlined under State Law. The specific provider types and specialties are permitted to bill each code is noted in the Excel rate sheet.

Allowed Provider Types and Specialties

- PT 77 Mental Health Rehab PS 78 MHR
- PT 74 Mental Health Clinic PS 70 Clinic / Group
- PT AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/Behavioral Health
- PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group
- PT 38 School Based Health Center PS 70 Clinic/Group
- PT 31 Psychologist PS
 - 6A Psychologist - Clinical

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- 6B Psychologist – Counseling

Allowed Provider Types and Specialties (cont'd)

- 6C Psychologist - School
- 6D Psychologist - Developmental
- 6E Psychologist - Non-declared
- 6F Psychologist – Other
- 6G Psychologist – Medical

- PT 73 Social Worker (Licensed/Clinical) PS 73 Social Worker

- PT AK Licensed Professional Counselor (LPC) PS 8E LPC

- PT AH Licensed Marriage & Family Therapists (LMFT) PS 8E

- PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health

- PT 19 Doctor of Osteopathic Medicine PS
 - 26 Psychiatry
 - 27 Psychiatry; Neurology
 - 2W Addiction Specialist

- PT 20 Psychiatrist PS
 - 26 Psychiatry
 - 2W Addiction Specialist

- PT 78 Advanced Practice Registered Nurse PS 26

- PT 93 Clinical Nurse Specialist PS 26

- PT 94 Physician Assistant PS 26

Eligibility Criteria

All Medicaid-eligible children who meet medical necessity criteria. All Medicaid-eligible adults meeting rehabilitation service eligibility criteria.

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Limitations/Exclusions

Providers cannot provide services or supervision under this section if they are a provider who is excluded from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act. In addition, they may not be debarred, suspended or otherwise excluded from participating in procurement activities under the State and federal laws, regulations and policies, including the federal Acquisition Regulation, Executive Order No.12549 and Executive Order No. 12549. In addition, providers who are an affiliate, as defined in the federal Acquisition Regulation, of a person excluded, debarred, suspended or otherwise excluded under State and federal laws, regulations and policies may not participate.

All services must be authorized. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery. The managed care organization (MCO) is required to have initial authorization limits for all psychological testing not to exceed six hours annually. All neuropsychological testing must be prior authorized.

Service providers that offer addiction services must demonstrate competency, as defined by LDH, State law (RS 37:3386 et seq.) and regulations. Anyone providing addiction or behavioral health services must be adhering to their scope of practice license.

Individuals who reside in an institution (inpatient hospital setting) are not permitted to receive rehabilitation services. Visits to intermediate care facilities for the intellectually disabled are not covered. All LMHP services provided while a person is a resident of an institute for mental disease (IMD), such as a free-standing psychiatric hospital or psychiatric residential treatment facility, are the content of the institutional service and not otherwise reimbursable by Medicaid.

Evidence-based practices require prior approval and fidelity reviews on an ongoing basis, as determined necessary by LDH.

Allowed Mode(s) of Delivery

- Individual;
- Family;
- Group;
- On-site;
- Off-site; and

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- Tele-video.

Additional Service Criteria

Services provided to children and youth must include communication and coordination with the family and/or legal guardian, as well as the primary care physician (PCP). Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth's treatment record.

All services below have an initial authorization level of benefit. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery:

- Admission evaluation is authorized for five evaluations per calendar year.
- Individual therapy, family therapy, and group therapy are authorized for 24 sessions combined per calendar year per member.
- Psychological testing is preauthorized by the MCO.

Face-to-face for OLP includes a therapist in a different room/location from the member/family, but in the same building, with real-time visual and audio transmission from the therapy room and two-way audio transmission between member and/or family member and therapist. If the therapist is working with a single member/family, then family or individual therapy requirements and reimbursement would apply. If the therapist is working with more than one member/family, group therapy requirements and reimbursement would apply. These services must be provided by licensed staff or qualified MA-level staff. MA-level staff must have appropriate oversight when providing treatment through real-time visual and audio transmission. The practice must be in accord with documented EBPs or promising practices approved by LDH (or the MCO). If not in the same building, telemedicine requirements and reimbursement would apply.

Billing CPT codes with "interactive" in their description are used most frequently with youth who do not have the capacity to verbalize complex concepts. However, for adults who, due to injury or disability, have impairments in the ability to communicate verbally, these codes may also be utilized. A unit of service is defined according to the approved specialized behavioral health procedure codes, unless otherwise specified.

Telehealth

Consultations, office visits, individual psychotherapy and pharmacological management services may be reimbursed when provided via telecommunication technology. The consulting or expert provider must bill the procedure code (CPT codes) using the GT modifier and will be reimbursed

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at the same rate as a face-to-face service. The originating site, with the consumer present, may bill as other licensed professional services. "Healthcare provider" means a person, partnership, limited liability partnership, limited liability company, corporation, facility, or institution licensed or certified by this state to provide health care or professional services as a physician assistant, hospital, nursing home, dentist, registered nurse, advanced practice registered nurse, licensed practical nurse, ... psychologist, medical psychologist, social worker, licensed professional counselor.... "Telehealth" means a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from healthcare providers. Telehealth allows services to be accessed when providers are in a distant site and patients are in the originating site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.