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Outpatient Therapy by Licensed Practitioners

Licensed practitioner outpatient therapy includes:

1. Outpatient psychotherapy (individual, family and group);
2. Psychotherapy for crisis;
3. Psychoanalysis;
4. Electroconvulsive therapy;
5. Biofeedback;
6. Hypnotherapy;
7. Screening, assessment, examination, and testing;
8. Diagnostic evaluation;
9. Medication management; and
10. Case conference* (Coordinated System of Care (CSoC) only).

*Case conferences are communications between licensed mental health professionals (LMHPs) or psychiatrists for member consultation that is medically necessary for the medical management of psychiatric conditions.

Provider Qualifications

LMHPs are licensed individuals who are in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. LMHPs include the following individuals:

1. LMHPs who are licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders (SUDs). An LMHP includes the following individuals who are licensed to practice independently:
 - a. Medical psychologists;

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- b. Licensed psychologists;
- c. Licensed clinical social workers (LCSWs);
- d. Licensed professional counselors (LPCs);
- e. Licensed marriage and family therapists (LMFTs);
- f. Licensed addiction counselors (LACs);
- g. Advanced practice registered nurses (APRNs);
- h. Provisionally licensed professional counselors (PLPCs);
- i. Provisionally licensed marriage and family therapists (PLMFTs); and
- j. Licensed master social workers (LMSWs).

LPCs may render or offer prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and/or addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, which is consistent with their professional training as prescribed by La. R.S. 37:1101 *et seq.* LPCs shall not engage in the practice of psychology or prescribe, either orally or in writing, distribute, dispense, or administer any medications. If intellectual, personality, developmental, or neuropsychological tests are deemed necessary, the licensed professional counselor shall make an appropriate referral. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103).

PLPCs shall have a valid, current and unrestricted license issued by the Louisiana Board of Professional Counselors. PLPCs shall deliver services in accordance with the current, applicable scope of practice and must be actively engaged in supervision as required by their respective licensing board. (Reference: Louisiana Mental Health Counselor Licensing Act, La R.S. 37:1101 *et seq.*)

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 their professional training as prescribed by La. R.S. 37:1101 *et seq.* LMFTs shall not engage in the practice of psychology or prescribe, either orally or in writing, distribute, dispense, or administer any medications. If intellectual, personality, developmental, or neuropsychological tests are deemed necessary, the licensed marriage and family therapist shall make an appropriate

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referral. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103). All treatment is restricted to marriage and family therapy issues.

PLMFTs shall have a valid, current and unrestricted license issued by the Louisiana Board of Professional Counselors. PLMFTs shall deliver services in accordance with the current, applicable scope of practice and must be actively engaged in supervision as required by their respective licensing board. (Reference: Louisiana Mental Health Counselor Licensing Act, La R.S. 37:1101 *et seq.*)

LMSWs shall have a valid, current and unrestricted license issued by the Louisiana Board of Social Worker Examiners. LMSWs shall deliver services in accordance with the current, applicable scope of practice and must be actively engaged in supervision as required by their respective licensing board. (Reference: Louisiana Social Work Practice Act, La R.S. 37:2701 *et seq.*)

LACs, who provide addiction services, must demonstrate competency, as defined by the Louisiana Department of Health (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 (BHS) must adhere to their scope of practice license.

APRNs shall have a valid, current and unrestricted APRN license, as a nurse practitioner (NP) or clinical nurse specialist (CNS), issued by the Louisiana State Board of Nursing. APRNs must be NP 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 must be a psychiatrist or physician's assistant working under protocol of a psychiatrist.

NOTE: Psychiatrists are covered under the physician section of the Louisiana Medicaid 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 Louisiana Medicaid State Plan for which they may be qualified. Note that prior authorization (PA) or authorization beyond an initial authorization level of benefit is not a required Centers for Medicare and Medicaid Services (CMS) element for psychiatrist services under the Louisiana Medicaid State Plan; however, the managed care entity (MCE) may choose to require PA for psychiatrist services or may prior authorize psychiatrist services beyond an initial authorization level of benefit at their option.

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In general, the following Medicaid Enterprise Systems (MES) 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 as noted in the Specialized Behavioral Health Fee Schedule.

Allowed Provider Types and Specialties

1. PT 77 Mental Health Rehab PS 78 MHR;
2. PT 74 Mental Health Clinic PS 70 Clinic / Group;
3. PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group;
4. PT 38 School Based Health Center PS 70 Clinic/Group;
5. PT 31 Psychologist PS:
 - a. 6A Psychologist – Clinical;
 - b. 6B Psychologist – Counseling;
 - c. 6C Psychologist – School;
 - d. 6D Psychologist – Developmental;
 - e. 6E Psychologist - Non-declared;
 - f. 6F Psychologist – Other; and
 - g. 6G Psychologist – Medical.
6. PT 73 Social Worker (Licensed/Clinical) PS 73 Social Worker;
 - a. 73 LCSW; and
 - b. LL Lower Level –LMSW.

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7. PT AK LPC PS:
 - a. 8E CSoC/Behavioral Health – LPC; and
 - b. LL Lower Level – PLPC.
8. PT AH LMFT PS:
 - a. 8E CSoC/Behavioral Health – LMFT; and
 - b. LL Lower Level – PLMFT.
9. PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health;
10. PT 20 Psychiatrist PS:
 - a. 26 Psychiatry; and
 - b. 2W Addiction Specialist.
11. PT 78 APRN PS 26;
12. PT 93 CNS PS 26; and
13. PT 94 Physician Assistant PS 26.

Eligibility Criteria

All Medicaid-eligible children and adults who meet medical necessity criteria.

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, and Executive Order No.12549. In

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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.

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

Individuals who reside in an institution (inpatient hospital setting) or secured settings such as jails and prisons, are not permitted to receive rehabilitation services. Visits to intermediate care facilities for the intellectually disabled are not covered. All licensed practitioner 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 separately reimbursable by Medicaid.

Billing

LMSWs, PLPCs and PLMFTs may not directly bill for services provided to a Medicaid enrollee. LMSWs, PLPCs and PLMFTs may be the rendering provider on a claim when in accordance with Title 46 and their individual practice acts.

Allowed Mode(s) of Delivery

1. Individual;
2. Family;
3. Group;
4. On-site;
5. Off-site; and
6. Tele-video.

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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.

Psychological testing must be prior authorized by the managed care organization (MCO).

Telehealth

Telemedicine/telehealth is the use of a telecommunications system to render healthcare services when a physician or licensed practitioner and a member are not in the same location. Telehealth does **NOT** include the use of text, e-mail, or facsimile (fax) for the delivery of healthcare services.

The originating site means the location of the member at the time the telehealth services are provided. There is no restriction on the originating site and it can include, but is not limited to, a healthcare facility, school, or the member's home. Distant site means the site at which the physician or other licensed practitioner is located at the time the telehealth services are provided. Assessments, evaluations, individual psychotherapy, family psychotherapy, and medication management services may be provided via telecommunication technology when the following criteria is met:

1. The telecommunication system must be secure, ensure member confidentiality, and be compliant with the requirements of the Health Insurance Portability and Accountability Act (HIPAA);
2. The services provided are within the practitioner's telehealth scope of practice as dictated by the respective professional licensing board and accepted standards of clinical practice;
3. The member's record includes informed consent for services provided through the use of telehealth;
4. Services provided using telehealth must be identified on claims submission using by appending the modifier "95" to the applicable procedure code and indicating the correct place of service, either POS 02 (other than home) or 10 (home). Both the correct POS and the 95 modifier must be present on the claim to receive reimbursement;

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5. Assessments and evaluations conducted through telehealth should include synchronous, interactive, real-time electronic communication comprising both audio and visual elements unless clinically appropriate and based on member consent;
6. Providers must deliver in-person services when telehealth is not clinically appropriate or when the member requests in-person services;
7. Group psychotherapy is only allowed via telehealth when utilized for Dialectical Behavioral Therapy (DBT) and must include synchronous, interactive, real-time electronic communication comprising of both audio and visual elements.