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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* (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

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:

1. Medical psychologists;
2. Licensed psychologists;
3. Licensed clinical social workers (LCSWs);

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4. Licensed professional counselors (LPCs);
5. Licensed marriage and family therapists (LMFTs);
6. Licensed addiction counselors (LACs); and
7. 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 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).

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 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 referral. (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.

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

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Agency or Group Practice

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

1. Licensed per La. R.S. 40:2151 *et seq.*;
2. 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 La. R.S. 40:1203.1 *et seq.*, and in accordance with La. 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;
- ~~3. 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 beneficiaries and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;~~
- 4.3. 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);
- 5.4. The provider must review the Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns, and contractors. Once employed, the list must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected, or extorted any individual, or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or by the Department of Health and Human Services OIG;

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- 6.5. The provider is prohibited from knowingly employing, contracting with, or retaining the employment of or contract with anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who has been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or by the Department of Health and Human Services OIG;
- 7.6. Providers are required to maintain results in personnel records that these checks have been completed. The OIG maintains the LEIE on the OIG website at <https://exclusions.oig.hhs.gov>, and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov/SelSearch>;
- 8.7. 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 the AHA. Psychiatrists, APRNs, PAs, RNs and LPNs are exempt from this training. (See Appendix D); and
- 9.8. Maintain documentation for verification of completion of required trainings for all staff.

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 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 Medicaid 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 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.

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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 AG Behavioral Health Rehabilitation Provider Agency PS 8E CSoC/Behavioral Health;
4. PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group;
5. PT 38 School Based Health Center PS 70 Clinic/Group;
6. 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.
7. PT 73 Social Worker (Licensed/Clinical) PS 73 Social Worker;
8. PT AK Licensed Professional Counselor (LPC) PS 8E LPC;
9. PT AH Licensed Marriage & Family Therapists (LMFT) PS 8E;
10. PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health;

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11. PT 19 Doctor of Osteopathic Medicine PS:
 - a. 26 Psychiatry;
 - b. 27 Psychiatry; Neurology; and
 - c. 2W Addiction Specialist.

12. PT 20 Psychiatrist PS:
 - a. 26 Psychiatry; and
 - b. 2W Addiction Specialist.

13. PT 78 Nurse Practitioner (APRN) PS 26;

14. PT 93 Clinical Nurse Specialist (APRN) PS 26; and

15. 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 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.

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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 behavioral health services 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 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 separately reimbursable by Medicaid.

Allowed Mode(s) of Delivery

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

Psychological testing must be prior authorized by the MCO.

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Telehealth

Telemedicine/telehealth is the use of a telecommunications system to render healthcare services when a physician or LMHP 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 used by physicians and LMHPs 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;
5. Assessments and evaluations conducted by an LMHP through telehealth should include synchronous, interactive, real-time electronic communication comprising both audio and visual elements unless clinically appropriate and based on member consent; and
6. Providers must deliver in-person services when telehealth is not clinically appropriate or when the member requests in-person services.

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~~LMHP is responsible for acting within the telehealth scope of practice as decided by the respective licensing board. The provider must bill the procedure code (CPT codes) with modifier “95”, as well as the correct place of service, either POS-02 (other than home) or 10 (home). Reimbursement will be at the same rate as a face-to-face service.~~