Outpatient Behavioral Health

22.1 Enrollment ................................................................. 22-2
22.2 Benefits and Limitations ............................................. 22-2
22.3 Authorization Requirements ....................................... 22-3
22.4 Claims Information ..................................................... 22-3
22.5 Reimbursement .......................................................... 22-4
22.6 TMHP-CSHCN Services Program Contact Center ............ 22-4
22.1 Enrollment

To enroll in the CSHCN Services Program, outpatient behavioral health providers are required to be actively enrolled in the Texas Medicaid Program, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state outpatient behavioral health providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border.

The CSHCN Services Program enrolls the following types of providers of outpatient behavioral health services:

- Licensed marriage and family therapist (LMFT).
- Licensed clinical social worker (LCSW, formerly LMSW-ACP).
- Licensed professional counselor (LPC).
- Licensed psychologist or neuropsychologist (PhD).
- Psychiatrist (doctor of medicine [MD] or doctor of osteopathy [DO]).

Important: CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and the Texas Medicaid Program.

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 25 of the Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in Title 1 of the TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC § 371.1617(a)(6)(A) for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 25 TAC §38.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to, at all times, deliver health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his/her profession, as well as those required by the CSHCN Services Program and the Texas Medicaid Program.

Refer to: Section 3.1, “Provider Enrollment,” on page 3-2 for more detailed information about CSHCN Services Program provider enrollment procedures.

22.2 Benefits and Limitations

Specific procedure or diagnosis codes related to program benefits may be listed in sections that follow. These listings are intended to provide helpful information, but should not be considered all-inclusive. From time to time, procedure codes are added, deleted, or revised. Coverage and coding information updates are announced in weekly banner messages and in the CSHCN Services Program Provider Bulletin (published quarterly). Banner messages appear on Remittance and Status (R&S) reports and are also published on the TMHP website at www.tmhp.com.

Outpatient mental health services are limited to no more than 30 encounters by all practitioners per eligible client per calendar year. Visits over the 30 encounter maximum for all mental health providers per client per calendar year are not a benefit of the CSHCN Services Program. The CSHCN Services Program will not provide outpatient behavioral health benefits for clients who are also eligible for Medicaid, the Texas Health Steps-Comprehensive Care Program (THSteps-CCP), or the Children’s Health Insurance Program (CHIP). Coverage includes, but is not limited to, psychological testing, neuropsychological testing, psychotherapy, psychoanalysis, counseling, and narcosynthesis.

The following psychiatric services are not benefits of the CSHCN Services Program:

- Services provided by a psychiatric nurse (registered nurse [RN] or licensed vocational nurse [LVN]), mental health worker, or psychological associate.
- Thermogenic therapy.
- Recreational therapy.
• Psychiatric day care.
• Psychiatric day treatment.
• Psychiatric day hospital.
• Partial hospitalization.
• Biofeedback.
• Music therapy.
• Dance therapy.
• Hypnosis.
• Adult activity or Individual activity (these services are payable only if guidelines of group therapy are met and termed group therapy).
• Services provided to clients living in residential treatment centers.
• Services provided in an acute-care hospital.
• Educationally related services provided in a school setting.
The CSHCN Services Program does not reimburse procedure codes 1-90846 and 1-90849.

22.3 Authorization Requirements
Outpatient behavioral health services are exempt from authorization requirements.

22.4 Claims Information
LCSWs, LMFTs, or LPCs may use procedure codes 1-90806, 1-90853, and 1-90847 when filing claims. LMFTs must use modifier U8.

Procedure codes 90801 or 90802 may be reimbursed once every two years to any provider. Subsequent visits should be billed using the psychotherapy procedure codes.

Psychiatrists and psychologists may use the following procedure codes when billing for exams and psychological services:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-90801</td>
<td>1-90802</td>
<td>1-90804</td>
<td>1-90806</td>
<td>1-90808</td>
</tr>
<tr>
<td>1-90810</td>
<td>1-90812</td>
<td>1-90814</td>
<td>1-90816</td>
<td>1-90818</td>
</tr>
<tr>
<td>1-90821</td>
<td>1-90823</td>
<td>1-90826</td>
<td>1-90828</td>
<td>1-90845</td>
</tr>
<tr>
<td>1-90847</td>
<td>1-90853</td>
<td>1-90857</td>
<td>1/5-96101</td>
<td>1-96118</td>
</tr>
</tbody>
</table>

Psychiatrists alone may use the following procedure codes when filing claims:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-90805</td>
<td>1-90807</td>
<td>1-90809</td>
<td>1-90811</td>
<td>1-90813</td>
</tr>
<tr>
<td>1-90815</td>
<td>1-90817</td>
<td>1-90819</td>
<td>1-90822</td>
<td>1-90824</td>
</tr>
<tr>
<td>1-90827</td>
<td>1-90829</td>
<td>1-90862</td>
<td>1-90865</td>
<td>1-M0064</td>
</tr>
</tbody>
</table>

Procedure codes 5-96101 and 1-96118 will be reimbursed up to four hours per day. Hours billed beyond four hours per day are denied.

If subsequent hospital visit codes 1-99231, 1-99232, or 1-99233 are billed on the same day by the same provider as procedure codes 1-90816 through 1-90829, the subsequent hospital visit codes are denied as part of another procedure.

Outpatient behavioral health services must be submitted to TMHP in an approved electronic format or on the CMS-1500 claim form. Providers may purchase CMS-1500 claim forms from the vendor of their choice. TMHP does not supply the forms.
When completing a CMS-1500 claim form, all required information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

Refer to: Chapter 33, “TMHP Electronic Data Interchange (EDI),” on page 33-1, for information about electronic claims submissions.

Chapter 5, “Reimbursement and Claims Filing,” on page 5-1, for general information about claims filing.

Chapter 5, “CMS-1500 Claim Form Instructions,” on page 5-19, for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

22.5 Reimbursement

Professional services may be reimbursed the lower of the billed amount or the amount allowed by the Texas Medicaid Program.

Reimbursement is limited to a combined total of 12 hours of behavioral health services per day (group therapy services are handled on a retrospective basis). Reimbursement for each individual who is delegated to perform these services by a physician (MD or DO) is limited to a combined total of 12 hours of behavioral health services per day.

The CSHCN Services Program will not reimburse providers for visits over the 30 encounter maximum for all mental health providers per client per calendar year.

22.6 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday, from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.