Outpatient Behavioral Health Benefits to Change for Texas Medicaid September 1, 2013

Information posted July 12, 2013

Effective for dates of services on or after September 1, 2013, outpatient behavioral health benefits will change for Texas Medicaid.

Provisionally Licensed Psychologist (PLP)

Outpatient behavioral health services that are performed by a provisionally licensed psychologist (PLP) will be a benefit of Texas Medicaid when all of the following conditions are met:

- The services are performed under the direct supervision of a licensed psychologist in accordance with the Texas State Board of Examiners of Psychologists (TSBEP) guidelines.
- The supervising psychologist must be in the same office, building, or facility when and where the service is provided and must be immediately available to furnish assistance and direction.
- The PLP who is performing the behavioral health service must be an employee of either the licensed psychologist or the legal entity that employs the licensed psychologist.

PLPs are expected to abide by their scopes and standards of practice. A PLP may perform all services that are benefits of Texas Medicaid when they are performed by a psychologist. Providers may refer to the current Texas Medicaid Provider Procedures Manual, Behavioral Health, Rehabilitation, and Case Management Services Handbook, Section 6, “Physician, Psychologist, and Licensed Psychological Associate (LPA) Providers” for guidelines, procedure codes, and diagnosis codes for services that can be performed by a psychologist.

PLPs are not independently enrolled in Texas Medicaid; therefore, they do not have a provider identifier. Claims for services that are provided by a PLP must be submitted with modifier U9 under the provider identifier of the supervising psychologist and include the license number of the PLP. Claims that are submitted with modifier U9 but without a license number will be subject to retrospective review.

All providers are limited to performing a combined total of 12 hours of behavioral health services per day. The 12-hour-per-day system limitation will not apply to claims that are submitted with modifier U9 because a psychologist can delegate to multiple PLPs.

Individual PLPs who perform services under the direct supervision of a psychologist will be subject to retrospective review of claims for behavioral health services that are submitted in excess of 12 hours per day.

PLP services will be reimbursed at 70 percent of the psychologist fee. Refer to the Psychologist Fee Schedule available on this website.

Psychiatric Diagnostic Interviews

Psychiatric Diagnostic Evaluation Without Medical Services
Procedure code 90791 will be a benefit when services are performed by licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), and licensed clinical social worker (LCSW) providers in the office, home, skilled nursing facility, outpatient hospital, nursing home, or other (place of service 9) setting. LPC, LMFT, and LCSW providers are expected to abide by their scopes and standards of practice.

A psychiatric diagnostic evaluation without medical services (procedure code 90791) includes a history, mental status assessment, and disposition and may include communication with family members. Documentation time and time spent on medical records are considered part of the diagnostic interview service and are not reimbursed separately.

**Psychiatric Diagnostic Evaluation With Medical Services**

A psychiatric diagnostic evaluation with medical services (procedure code 90792) may be covered to the extent it is medically necessary, and includes a history, mental status assessment, and disposition, and may include communication with family members. Procedure code 90792 is a benefit only when services are performed by physician, clinical nurse specialist, nurse practitioner, or physician assistant providers.

Examples of medical necessity include, but are not limited to, clients whose ability to communicate is impaired by an expressive or receptive language impairment from various causes, such as conductive or sensorineural hearing loss, deaf mutism, or aphasia.

Medical interpretation of laboratory and other medical diagnostic studies, documentation time, and time spent on medical records are considered part of the diagnostic interview service and are not reimbursed separately.

**Psychotherapy and Counseling**

Assessment, treatment planning, and documentation time, including time to document test results in the client’s medical record, are not reimbursed separately. Reimbursement is included in the covered procedure codes. Providers must bill the preponderance of each half hour of psychotherapy or counseling and indicate that number of 30-minute units on the claim form.

**Definition of Family and Individual Therapy**

The following definitions apply to family and individual therapy sessions:

- *Family psychotherapy* – A type of therapy that focuses on the dynamics of the family unit where the goal is to strengthen the family’s problem-solving and communication skills.

- *Individual psychotherapy* – A type of therapy that focuses on the client, but may include others in the session with the goals of treatment focused on the client versus others in attendance.
Treatment for Alzheimer’s Disease and Dementia

Alzheimer’s disease and dementia (diagnosis codes 29010, 29012, 29013, 33183, and 79952) will be added to the valid diagnoses for the procedure codes in the following table:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<tr>
<td>90791</td>
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<td>90838</td>
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Treatment for clients with Alzheimer’s disease or dementia will be a benefit of Texas Medicaid for clients in the following stages:

- **Stage 1 – No impairment (normal function)**
  - The person does not experience any memory problems. An interview with a medical professional does not show any evidence of symptoms of dementia.

- **Stage 2 – Very mild cognitive decline (may be normal age-related changes or earliest signs of Alzheimer’s disease)**
  - The person may feel as if he or she is having memory lapses, e.g., forgetting familiar words or the location of everyday objects, but no symptoms of dementia can be detected during a medical examination or by friends, family, or co-workers.

- **Stage 3 – Mild cognitive decline (early-stage Alzheimer’s can be diagnosed in some, but not all, individuals with these symptoms)**
  - Friends, family, or co-workers begin to notice difficulties. During a detailed medical interview, doctors may be able to detect problems in memory or concentration. Common stage 3 difficulties include:
    - Noticeable problems coming up with the right word or name.
    - Trouble remembering names when introduced to new people.
    - Having noticeably greater difficulty performing tasks in social or work settings.
    - Forgetting material that one has just read.
    - Losing or misplacing a valuable object.
    - Increasing trouble with planning or organizing.

Documentation to support the treatment for Alzheimer’s disease or dementia must be maintained in the client’s medical record and may be subject to retrospective review. Psychotherapy services that are no longer beneficial to the client must not be continued.

The diagnosis codes for dementia in the following table will no longer be valid for the corresponding procedure codes:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Diagnosis Codes</th>
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<tr>
<td>90847</td>
<td>2900, 29020, 29021, 2903, 29040, 29041, 29042, 29043, 2908, 2909, 2912, 29282, 29410, 29411, 29420, 29421</td>
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<td>90791, 90792, 90832, 90833, 90834, 90847</td>
<td>29040, 29041, 29042, 29043, 2912, 29420, 29421</td>
</tr>
</tbody>
</table>
For more information, call TMHP Contact Center at 1-800-925-9126.