



## 2024-2025 State-Funded Outpatient Behavioral Health Services Benefit Plan

*Service Code(s):*      ***Services Included (Sorted by Alphabetical Order):***

90791, 90792	<a href="#"><u>Clinical Assessment</u></a>
96110, 96112, 96113	<a href="#"><u>Developmental testing</u></a>
99202 – 99205, 99211 – 99215, 99305 – 99310, 99315 – 99316, 99341 – 99350	<a href="#"><u>Evaluation &amp; Management</u></a>
90846, 90847	<a href="#"><u>Family Therapy</u></a>
90849, 90853, 90785, YP835	<a href="#"><u>Group Therapy</u></a>
90832, 90833, 90834, 90836, 90837, 90838	<a href="#"><u>Individual Therapy</u></a>
96116, 96121, 96136, 96137, 96138, 96139, 96132, 96133	<a href="#"><u>Neuropsychological Testing</u></a>
96130, 96131, 96136, 96137	<a href="#"><u>Psychological Testing (Hourly)</u></a>
90839, 90840	<a href="#"><u>Psychotherapy for Crisis</u></a>

Codes / modifier combinations not mentioned for specialized services will be found within contracts.

For State-Funded services (unless otherwise noted): Child services are available from age 3 through age 18. Adult services are available from age 18 and older.

Member and Recipient Services: 1-877-685-2415



Provider Support Service Line: 1-855-250-1539

### Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP *must* contain all the required elements: 1) Assessment of life domains; 2) Person-Centered Interview Questions; 3) An action plan; 4) An enhanced crisis intervention plan, and; 5) A signature page. The PCP should be based on a comprehensive assessment that examines the individual's symptoms, behaviors, needs and preferences across the life domains listed below. Additional info can be found on the [NCDHHS Person-Centered Planning Training](#) webpage (PCP Guide). See the [JCB #445 Timelines for Implementation](#) for the implementation requirements for the new PCP guidance and templates.

#### Life Domains (PCP Guide)

Each life domain should provide a written picture of what is currently happening, what the individual's vision for a preferred life is for that area, and what the provider is doing to support the individual to move closer to living their preferred life.

- *Daily Life and Employment Domain*: What a person does as part of everyday life.
- *Community Living Domain*: Where and how someone lives.
- *Safety and Security Domain*: Staying safe and secure (finances, emergencies, relationships, neighborhood, legal rights, etc.).
- *Healthy Living Domain*: Managing and accessing health care and staying well.
- *Social and Spirituality Domain*: Building/strengthening friendships and relationships, cultural beliefs, and faith community.
- *Citizenship and Advocacy Domain*: Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one's own life is lived.

#### Person-Centered Interview Questions (PCP Guide)

These identify what the person wants to work on, what they would like to accomplish, their identified strengths, and any identified obstacles preventing them from reaching their goals.

#### Action Plan (PCP Guide)

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, and interventions or the action steps to be taken to achieve these goals. For each desired long-term goal, the Action Plan will include short-term goal(s) as well as interventions.

- *Long-Term Goal Development*: what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- *Short-Term Goals*: help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- *Interventions*: reflect how all team individuals contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT specifically will be provided or done (e.g., title of service or action), WHEN it is being offered – frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual's specific goal).

### Enhanced Crisis Intervention Plan (PCP Guide)

A crisis plan includes supports/interventions aimed at preventing a crisis and the supports/interventions to employ if there is a crisis. It must include:

- Significant event(s) that may create increased stress and trigger the onset of a crisis.
- Early warning signs which indicate a possible upcoming crisis.
- Crisis prevention and early intervention strategies
- Strategies for crisis response and stabilization
- Specific recommendations for interacting with the person receiving a crisis service.
- Diagnosis and insurance information,
- Name and contact information for medical and mental health provider
- List of medications including doses and frequency, allergies, and other medical and dental concerns.
- Living situation and planning for any pets and people, etc. in case of a crisis if applicable.
- Employment/ Educational status and plan for notification if applicable
- Preferred method of communication and language.
- Names and contact information of formal and informal support persons
- Suicide prevention and intervention plan, behavior plan, youth in transition plan and Psychiatric Advance Directive (PAD), if applicable.
- Crisis follow-up planning to include: 1) The primary contact who will coordinate care if the individual requires inpatient or other specialized care; 2) Name of the person who will visit the individual while hospitalized, and; 3) Provider responsible to lead a review/debriefing following a crisis and the timeframe.

### Signature Page (PCP Guide)

Signatures are authenticated when the individual signing enters the date next to their signature. Check boxes left blank on the signature pages of the PCP will be returned as incomplete. A signature page must include:

- Person Receiving Services - Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person - Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan - Dated signature is required. Inclusion of the required information on the signature page of the PCP template by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.
- Service Order/Confirmation of Medical Necessity - Dated signature is required, plus confirmation of medical necessity, indication of whether review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the individual.

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p style="text-align: center;"><b>Clinical Assessment</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> <b>90791:</b> Psychiatric Diagnostic Evaluation (No Medical Services, GT eligible)</p> <p><b>90792:</b> Psychiatric Diagnostic Evaluation with Medical Services (GT eligible)</p> <p><u>Modifier(s):</u> <b>GT:</b> Telehealth</p>	<p>A Comprehensive Clinical Assessment (CCA) is an intensive clinical and functional evaluation of an individual's presenting mental health, developmental disability, and substance use disorder. This assessment results in the issuance of a written report that provides the clinical basis for the development of the individual's treatment or service plan.</p>	<p><b>All Requests:</b> Prior authorization is not required. No more than 12 visits for adults &amp; 24 visits for children/adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p>	<p><b>Length of Stay:</b> No more than 12 visits for adults &amp; 24 visits for children/adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p> <p><b>Units:</b> The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service.</p> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b></p> <ol style="list-style-type: none"> <li>1. Maximum benefit of 12 visits for adults &amp; 24 visits for children/adolescents.</li> <li>2. A CCA is not required for medical providers billing E/M codes for medication management.</li> <li>3. Funding will not cover Outpatient Behavioral Health Services when the service duplicates another service approved with another provider.</li> <li>4. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.</li> <li>5. A Psychiatric Diagnostic Interview is not allowed on the same day as Psychological Testing when provided by the same provider.</li> <li>6. A CCA that demonstrates medical necessity must be completed by a licensed professional prior to provision of outpatient therapy services.</li> <li>7. The provider will communicate and coordinate care with other professionals providing care to the recipient.</li> <li>8. The CCA must contain all 9 elements detailed in the service definition. In primary or specialty medical care settings with integrated medical and BH services, an abbreviated assessment is acceptable for the first 6 outpatient therapy sessions.</li> </ol>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

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<p><b>Developmental Testing</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u>  <b>96110:</b>            Developmental Testing - Limited (GT eligible)</p> <p><b>96112:</b>            Developmental Testing administrative - first hour</p> <p><b>96113:</b>            Developmental Testing administrative - each additional 30 minutes. Must be used with 96112.</p> <p><u>Modifier(s):</u>  <b>GT:</b> Telehealth</p>	<p>An in-depth look at a recipient's development, usually done by a trained specialist, such as a developmental pediatrician, psychologist, speech-language pathologist, occupational therapist, or other specialist. The specialist may observe the recipient, give the recipient a structured test, ask the guardian questions, or ask them to fill out questionnaires.</p>	<p><b>All Requests:</b>            TAR: required if the unmanaged units have been exhausted. Providers may seek prior authorization if they are unsure the recipient has reached their unmanaged visit limit. To ensure timely prior authorization, requests must be submitted prior to the last unauthorized visit.</p>	<p><b>Units:</b>            1. The appropriate procedure code(s) determines the billing unit(s). One CPT code = 1 unit of service.            2. Up to 9 unmanaged units of 96110: Developmental Testing - Limited.</p> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> N/A</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b>            1. Funding will not cover Outpatient Behavioral Health Services when the service duplicates another service approved with another provider.            2. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.            3. The provider shall communicate and coordinate care with others providing care. When the recipient is receiving multiple BH services in addition to this service, a tx plan must be developed, and outpatient behavioral health services are to be incorporated into the tx plan.</p>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

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<p><b>Evaluation &amp; Management</b></p> <p>Limited funding. Not an entitlement.</p> <p>Code(s):  <b>99202 – 99205</b>  <b>99211 – 99215</b>  <b>99305 – 99310</b>  <b>99315 – 99316</b>  <b>99341 – 99350</b></p> <p>The GT (Telehealth) modifier can be used with service codes between 99202-99205, 99211-99215, 99347-99350</p>	<p>Evaluation and Management services provided by a Psychiatrist / MD or a Psych NP/PA.</p>	<p><b>1.</b> Prior authorization is not required for this service. E/M codes are not specific to mental health and are not subject to prior approval.</p> <p><b>2.</b> Medicaid Application: Individuals must apply for Medicaid.</p>	<p><b>Units:</b> The appropriate procedure code(s) determines the billing unit(s). One CPT code = 1 unit of service.</p> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> N/A</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Outpatient BH does not cover: a) sleep therapy for psychiatric disorders; b) medical, cognitive, intellectual or development issue that would not benefit from outpatient treatment services, OR; c) when the focus of treatment does not address the symptoms of the diagnosis.</li> <li><b>2.</b> State funds will not cover the same services provided by the same or different attending provider on the same day for the same individual</li> <li><b>3.</b> Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.</li> <li><b>4.</b> Physicians billing E/M codes with psychotherapy add-on codes must have documentation supporting that the E/M service was separate and distinct from the psychotherapy service.</li> <li><b>5.</b> The provider will communicate and coordinate care with other professionals providing care to the recipient.</li> <li><b>6.</b> Telehealth, Virtual Communication, and Hybrid Telehealth services must follow the guidelines and requirements detailed in the <i>State-Funded Telehealth and Virtual Services</i> service definition.</li> </ol>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">State-Funded Telehealth and Virtual Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

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<p><b>Family Therapy</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> <b>90846:</b> Family Therapy w/o recipient (GT &amp; KX eligible)</p> <p><b>90847:</b> Family Therapy with recipient (GT &amp; KX eligible)</p> <p><u>Modifier(s):</u> <b>GT:</b> Telehealth <b>KX:</b> Telephonic</p>	<p>Service is focused on reducing psychiatric and behavioral symptoms to improve the recipient's functioning in familial, social, educational, or occupational life domains. The recipient's needs and preferences determine the treatment goals, frequency, and duration of services, as well as measurable and desirable outcomes.</p>	<p><b>All Requests:</b> Prior authorization is not required. No more than 12 visits for adults &amp; 24 visits for children/ adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p>	<p><b>Length of Stay:</b> No more than 12 visits for adults &amp; 24 visits for children/ adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p> <p><b>Units:</b> The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service.</p> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b></p> <ol style="list-style-type: none"> <li>1. Maximum benefit of 12 visits for adults &amp; 24 visits for children/ adolescents.</li> <li>2. Family therapy must be billed once per date of service for the identified family recipient only. No separate billing for participating recipient(s) of the therapy session is permissible.</li> <li>3. Service cannot be billed while an individual is authorized to receive ACT, IIH, MST, Day Treatment, SAIOP, or SACOT</li> <li>4. Outpatient BH does not cover: a) sleep therapy for psychiatric disorders; b) medical, cognitive, intellectual or development issue that would not benefit from outpatient treatment services, OR; c) when the focus of treatment does not address the symptoms of the diagnosis.</li> <li>5. State funds will not cover the same services provided by the same or different attending provider on the same day for the same individual</li> <li>6. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.</li> <li>7. For substance use disorders, ASAM level 1 outpatient services are provided for less than nine hours a week for adults and less than six (6) hours a week for adolescents.</li> <li>8. The provider will communicate and coordinate care with other professionals providing care to the recipient.</li> <li>9. Provider must verify individual's eligibility each time a service is rendered</li> <li>10. If a higher LOC is indicated but unavailable or the individual is refusing the service, outpatient services can be provided until the appropriate level of care is available or to support the individual to participate in that higher LOC</li> <li>11. Enrolled providers must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services.</li> </ol>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

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<p><b>Group Therapy</b></p> <p>Limited funding. Not an entitlement.</p> <p><b>Code(s):</b>  <b>90849:</b> Group Therapy (multi-family. GT &amp; KX eligible)</p> <p><b>90853:</b> Group Therapy (GT &amp; KX eligible)</p> <p><b>YP835:</b> Alcohol and/or Drug Services, Group</p> <p><b>Modifier(s):</b>  <b>GT:</b> Telehealth  <b>KX:</b> Telephonic</p>	<p>Service is focused on reducing psychiatric and behavioral symptoms to improve the recipient's functioning in familial, social, educational, or occupational life domains. The recipient's needs and preferences determine the treatment goals, frequency, and duration of services, as well as measurable and desirable outcomes.</p>	<p><b>All Requests:</b>  Prior authorization is not required.  No more than 12 visits for adults &amp; 24 visits for children/ adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p>	<p><b>Length of Stay:</b> No more than 12 visits for adults &amp; 24 visits for children/ adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p> <p><b>Units:</b> The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service.</p> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b></p> <ol style="list-style-type: none"> <li>1. Maximum benefit of 12 visits for adults &amp; 24 visits for children/ adolescents.</li> <li>2. Service cannot be billed while an individual is authorized to receive ACT, IIH, MST, Day Treatment, SAIOP, or SACOT</li> <li>3. Outpatient BH does not cover: a) sleep therapy for psychiatric disorders; b) medical, cognitive, intellectual or development issue that would not benefit from outpatient treatment services, OR; c) when the focus of treatment does not address the symptoms of the diagnosis.</li> <li>4. State funds will not cover the same services provided by the same or different attending provider on the same day for the same individual</li> <li>5. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.</li> <li>6 For substance use disorders, ASAM level 1 outpatient services are provided for less than nine hours a week for adults and less than six (6) hours a week for adolescents.</li> <li>7. The provider will communicate and coordinate care with other professionals providing care to the recipient.</li> <li>8. Provider must verify individual's eligibility each time a service is rendered</li> <li>9. If a higher LOC is indicated but unavailable or the individual is refusing the service, outpatient services can be provided until the appropriate level of care is available or to support the individual to participate in that higher LOC</li> <li>10. Enrolled providers must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services.</li> </ol>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>



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<p><b>Individual Therapy</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u>  <b>90832:</b> 30 Minutes (GT &amp; KX eligible)  <b>90833:</b> 30 Minute add on to E&amp;M (GT eligible)  <b>90834:</b> 45 Minutes (GT &amp; KX eligible)  <b>90836:</b> 45 Minute add on to E&amp;M (GT eligible)  <b>90837:</b> 60 Minutes (GT &amp; KX eligible)  <b>90838:</b> 60 Minute add on to E&amp;M (GT eligible)</p> <p><u>Modifiers:</u>            GT: Telehealth            KX: Telephonic</p> <p>Telephonic Services (KX) are reserved for when physical or BH status or access issues (transportation, telehealth technology) prevent the recipient from participating in-person or telehealth services.</p>	<p>Service is focused on reducing psychiatric and behavioral symptoms to improve the recipient's functioning in familial, social, educational, or occupational life domains. The recipient's needs and preferences determine the treatment goals, frequency, and duration of services, as well as measurable and desirable outcomes.</p>	<p><b>All Requests:</b>            Prior authorization is not required. No more than 12 visits for adults &amp; 24 visits for children/ adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p>	<p><b>Length of Stay:</b> No more than 12 visits for adults &amp; 24 visits for children/ adolescents each fiscal year (July 1<sup>st</sup> – June 30<sup>th</sup>) of a combination of Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.</p> <p><b>Units:</b> The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service.</p> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b></p> <ol style="list-style-type: none"> <li>1. Maximum benefit of 12 visits for adults &amp; 24 visits for children/ adolescents.</li> <li>2. Service cannot be billed while an individual is authorized to receive ACT, IIH, MST, Day Treatment, SAIOP, or SACOT</li> <li>3. Outpatient BH does not cover: a) sleep therapy for psychiatric disorders; b) medical, cognitive, intellectual or development issue that would not benefit from outpatient treatment services, OR; c) when the focus of treatment does not address the symptoms of the diagnosis.</li> <li>4. State funds will not cover the same services provided by the same or different attending provider on the same day for the same individual</li> <li>5. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.</li> <li>6. For substance use disorders, ASAM level 1 outpatient services are provided for less than nine hours a week for adults and less than six (6) hours a week for adolescents.</li> <li>7. The provider will communicate and coordinate care with other professionals providing care to the recipient.</li> <li>8. Provider must verify individual's eligibility each time a service is rendered</li> <li>9. If a higher LOC is indicated but unavailable or the individual is refusing the service, outpatient services can be provided until the appropriate level of care is available or to support the individual to participate in that higher LOC</li> <li>10. Enrolled providers must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services.</li> </ol>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

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<p style="text-align: center;"><b>Neuropsychological Testing</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u>  <b>96116:</b> Neurobehavioral Exam (First Hour)  <b>96121:</b> Neurobehavioral Exam (Each Add'l Hour)  <b>96136:</b> Testing Administration (First 30 minutes)  <b>96137:</b> Testing Administration (Each add'l 30 minutes)  <b>96138:</b> Testing Administration by Technician (First 30 minutes)  <b>96139:</b> Testing Administration by Technician (Each add'l 30 minutes)  <b>96132:</b> Evaluation of Testing (First hour, GT eligible)  <b>96133:</b> Evaluation of Testing (Each add'l hour, GT eligible)</p> <p><u>Modifier(s):</u>            GT: Telehealth</p>	<p>Neuropsychological Testing is intended to assess cognition and behavior, examining the effects of any brain injury or neuropathological process that a person may have experienced.</p>	<p><b>All Requests:</b>            TAR: required if the unmanaged units have been exhausted.            Providers may seek prior approval if they are unsure the recipient has reached their unmanaged visit limit. To ensure timely prior authorization, requests must be submitted prior to the last unauthorized visit.</p>	<p><b>Units:</b>            1. The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service.            2. Up to 9 unmanaged units of testing administration.</p> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b>            1. Testing for the following is not covered: a) for the purpose of educational testing; b) if requested by the school or legal system, unless MN exists for the psych testing; c) if the proposed psych testing measures have no standardized norms or documented validity, OR; d) if the focus is not the symptoms of the DSM-5 diagnosis.            2. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.            3. A Psychiatric Diagnostic Interview is not allowed on the same day as Psychological Testing when provided by the same provider.            4. Limit of eight hours of Psychological Testing allowed to be billed per date of service.            5. May only be performed by licensed psychologists, licensed psychological associates, and qualified physicians.            6. Testing must include all elements detailed in the service definition.            7. The provider shall communicate and coordinate care with others providing care.</p>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">PCP Guidance Documents &amp; Templates</a></p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p><b>Psychological Testing (Hourly)</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u>  <b>96136:</b> Testing Administration (First 30 minutes)  <b>96137:</b> Testing Administration (Each add'l 30 minutes)  <b>96138:</b> Testing Administration by Technician (First 30 minutes)  <b>96139:</b> Testing Administration by Technician (Each add'l 30 minutes)  <b>96130:</b> Evaluation of Testing (First hour, GT eligible)  <b>96131:</b> Evaluation of Testing (Each add'l hour, GT eligible)</p> <p><u>Modifier(s):</u>            GT: Telehealth</p>	<p>Psychological testing involves the culturally and linguistically appropriate administration of standardized tests to assess a recipient's psychological or cognitive functioning. Testing results must inform treatment selection and treatment planning.</p>	<p><b>All Requests:</b></p> <ol style="list-style-type: none"> <li><b>1. TAR:</b> required if the unmanaged units have been exhausted. Providers may seek prior approval if they are unsure the recipient has reached their unmanaged visit limit. To ensure timely prior authorization, requests must be submitted prior to the last unauthorized visit.</li> <li><b>2. Psychological Evaluation:</b> A copy of the previous evaluation is required if the unmanaged units have been exhausted.</li> <li><b>3. Service Order:</b> required if the unmanaged units have been exhausted.</li> </ol>	<p><b>Units:</b></p> <ol style="list-style-type: none"> <li><b>1.</b> The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service.</li> <li><b>2.</b> Up to 9 unmanaged units of testing administration.</li> </ol> <p><b>Age Group:</b> Children/ Adolescents &amp; Adults</p> <p><b>Level of Care:</b> While the LOCUS/ CALOCUS are specifically <u>no longer required</u>, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.</p> <p><b>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Testing for the following is not covered: a) for the purpose of educational testing; b) if requested by the school or legal system, unless MN exists for the psych testing; c) if the proposed psych testing measures have no standardized norms or documented validity, OR; d) if the focus is not the symptoms of the DSM-5 diagnosis.</li> <li><b>2.</b> Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services policy is allowed per individual per day of service from the same attending provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per date of service.</li> <li><b>3.</b> A Psychiatric Diagnostic Interview is not allowed on the same day as Psychological Testing when provided by the same provider.</li> <li><b>4.</b> May only be performed by licensed psychologists, licensed psychological associates, and qualified physicians.</li> <li><b>5.</b> Testing must include all 9 elements detailed in the CCP.</li> <li><b>6.</b> The provider will communicate and coordinate care with other professionals providing care to the recipient.</li> </ol>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p><b>Psychotherapy for Crisis</b></p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u>  <b>90839:</b> First 60 Minutes (GT &amp; KX eligible)</p> <p><b>90840:</b> For each additional 30 minutes (Must be used with 90839; GT &amp; KX eligible)</p>	<p>A crisis is defined as an acute disturbance of thought, mood, behavior or social relationships that requires an immediate intervention, and which, if untreated, may lead to harm to the individual or to others or have the potential to rapidly result in a catastrophic outcome.</p> <p>On rare occasions, licensed outpatient service providers are presented with an individual in crisis which may require unplanned extended services to manage the crisis in the office with the goal of averting more restrictive levels of care. Licensed professionals may use the “Psychotherapy for Crisis” service codes only in those situations in which an unforeseen crisis arises and additional time is required to manage the crisis event.</p>	<p><b><u>Pass-Through Period:</u></b></p> <ol style="list-style-type: none"> <li><b>1.</b> Prior authorization is not required for this service.</li> <li><b>2.</b> Psychotherapy for Crisis disposition may:               <ol style="list-style-type: none"> <li><b>A)</b> Involve an immediate transfer to more restrictive emergency services.</li> <li><b>B)</b> If the disposition is not an immediate transfer to acute or more intensive emergency services, the provider must offer a written copy of an individualized crisis plan to the individual. This plan must be developed in the session for the purpose of handling future crisis situations, including involvement of family and other providers as applicable. The plan must document a scheduled outpatient follow-up session.</li> </ol> </li> </ol>	<p><b><u>Age Group:</u></b> Children/ Adolescents &amp; Adults</p> <p><b><u>Level of Care:</u></b> N/A</p> <p><b><u>Service Specifics, Limitations, &amp; Exclusions (not all inclusive):</u></b></p> <ol style="list-style-type: none"> <li><b>1.</b> Psychotherapy for Crisis is not covered: a) if the focus of tx does not address the symptoms of the DSM-5 dx or related symptoms; b) in emergency departments, inpatient settings, or facility-based crisis settings, OR; c) if the recipient presents with a medical, cognitive, intellectual or development issue that would not benefit from outpatient tx services.</li> <li><b>2.</b> If Psychotherapy for Crisis is billed, no other outpatient therapy services can be billed on that same day for that individual.</li> <li><b>3.</b> Psychotherapy for Crisis is only covered when the individual is experiencing an immediate, potentially life-threatening, complex crisis. The service must be provided in an outpatient therapy setting.</li> <li><b>4.</b> The provider will complete an assessment prior to the delivery of any subsequent services following the provision of this service.</li> <li><b>5.</b> When receiving multiple BH services in addition to outpatient, a PCP must be developed.</li> <li><b>6.</b> The provider will communicate and coordinate care with other professionals providing care to the recipient.</li> <li><b>7.</b> Providers must provide or have a written agreement with another entity for access to 24-hour coverage for behavioral health emergency services</li> </ol>	<p><a href="#">State-Funded Outpatient Behavioral Health Services Service Definition</a></p> <p><a href="#">APSM 45-2 Records Management and Documentation Manuals</a></p> <p><a href="#">NC PCP Guidance Document</a></p>