Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

2024-2025 Medicaid Direct-Enrolled Provider Outpatient Behavioral Health Services Benefit Plan

Service Code(s):	***Services Included (Sorted by Alphabetical Order):***
90791, 90792	Clinical Assessment
96110, 96112, 96113	Developmental Testing
99201 – 99255, 99304 – 99337, 99341 – 99350	Evaluation & Management
90846, 90847	Family Therapy
90849, 90853	Group Therapy
90832, 90833, 90834, 90836, 90837, 90838	Individual Therapy
96116, 96121, 96136, 96137, 96138, 96139, 96132, 96133	Neuropsychological Testing
90785, 90791, 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90853	Psychological Services Provided by Health Departments and School-Based Health Centers to the Under 21 Population
96136, 96137, 96138, 96139, 96130, 96131	Psychological Testing (Hourly)
90839, 90840	Psychotherapy for Crisis

Codes / modifier combinations not mentioned for specialized services will be found within contracts.
For Medicaid services, Child services are available through age 21. Adult services are available from age 21 and older.
When state Medicaid coverage provisions conflict with the coverage provisions in a Trillium policy, state Medicaid coverage provisions take precedence.

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 members 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.

General Benefit Plan Limits

- *Auth to a Different Provider:* The requested service cannot be authorized if another provider is currently authorized to provide the requested service, and two providers are not permitted to provide that service at the same time.
- *Backdated Request:* Service dates requested prior to the receipt of the authorization request cannot be authorized.
- *Contract Issue:* The requested service cannot be authorized if the provider is experiencing a contract related issue preventing the service from being approved.
- *Insurance Coverage Expired:* The requested service cannot be authorized if a member does not have active insurance coverage.
- *Missing Individual Support Plan (ISP)/Care Plan/Person Centered Plan (PCP) Information:* The requested service cannot be authorized if the ISP/ Care Plan/ PCP is missing any of the following: 1) The signature page, to include the check boxes not being complete, a missing signature, an undated signature, an electronic signature missing the date stamp, and/or if the signature is dated before the date of the ISP/ Care Plan/ PCP; 2) Is missing a goal for the service requested; 3) Is missing the units/frequency of service requested or if the units requested exceed the frequency detailed in the ISP/ Care Plan/ PCP, and/or; 4) Is missing the Comprehensive Crisis Prevention and Intervention Plan.
- *More than 30 Days in Advance:* The service cannot be authorized if requested more than 30 days in advance. A member's clinical picture can change over time, so medical necessity for a service cannot be established based on a clinical picture that is more than 30 days old.
- *No Documentation:* The requested service cannot be authorized because the request does not include the required documentation, as detailed in the applicable Clinical Coverage Policy, the service definition, or the Benefit Plan. If required, this can include: 1) A missing or invalid service order; 2) A missing ISP/ Care Plan/ PCP; 3) A missing discharge/ transition plan, and/or; 4) Missing information on an IDD member, like a missing SNAP or a missing psychological evaluation that supports the DD diagnosis.
- *No ISP/Care Plan/PCP Update:* The requested service reauthorization cannot be authorized if an updated or revised ISP/ Care Plan/ PCP to not submitted.
- *No New Annual ISP/ Care Plan/ PCP:* The requested service cannot be authorized if the ISP/ PCP annual rewrite has not been completed. This includes when an ISP/ Care Plan/ PCP is submitted that is more than a year old.
- *Out of Catchment:* Trillium is unable to authorize the requested service if a member's Medicaid county of residence is outside of Trillium catchment area.
- *Service Exclusion:* The requested service cannot be authorized if the member is currently authorized for a service that is an exclusion to the requested service.
- *Third Party Insurance:* The requested service cannot be authorized if the member has private insurance, and the provider should seek authorization from primary insurance source. Medicaid is the payor of last resort.

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Clinical Assessment Code(s): **90791** - Psychiatric Diagnostic Evaluation (No Medical Services; GT eligible) **90792** - Psychiatric Diagnostic Evaluation with Medical Services (GT eligible) Modifiers: GT: Telehealth	Clinical Assessment services are intended to determine a member's treatment needs. In general, outpatient behavioral health services focus on reducing psychiatric and behavioral symptoms in order to improve the member's functioning in familial, social, educational, or occupational life domains	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive)**: **1.** CCA: Required **2.** Tx/ Service Plan: Required. Complete PCP is required when the member is receiving multiple BH services in addition to the services in Clinical Coverage Policies 8C. Updated PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SU services. **3.** Service Order: Required **4.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** The provider shall communicate and coordinate care with others providing care. When the member is receiving multiple BH services in addition to this service, the PCP must be developed, and outpatient behavioral health services are to be incorporated into PCP. **2.** Provider must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services. **3.** A CCA that demonstrates medical necessity must be completed by a licensed professional prior to provision of outpatient therapy services. **4.** For services that require a PCP, a CCA must be completed prior to service delivery. **5.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort. **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.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Developmental Testing Code(s): **96110**: Developmental Testing - Limited (GT eligible) **96112**: Developmental Testing administrative - first hour **96113**: Developmental Testing administrative - each additional 30 minutes. Must be used with 96112. Modifiers: GT: Telehealth	An in-depth look at a member'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 member, give the member a structured test, ask the guardian questions, or ask them to fill out questionnaires.	**Pass-Through Period:** Prior authorization is not required for this service.	**Units**: **1.** The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** The provider shall communicate and coordinate care with others providing care. When the member 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. **2.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Evaluation & Management Code(s): **99202 – 99205** **99211 – 99215** **99305 – 99310** **99315 – 99316** **99341 – 99350** The GT (Telehealth) modifier can be used with service codes between 99202-99205, 99211-99215, 99347-99350	Evaluation and Management provided by a Psychiatrist / MD/ DO or a Psych NP/PA.	Prior authorization is not required for this service. E/M codes are not specific to mental health and are not subject to prior authorization.	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive):** **1.** 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. **2.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort. **3.** 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. **4.** The provider will communicate and coordinate care with other professionals providing care to the member.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Family Therapy Code(s): **90846**: Family Therapy w/o member. **90847**: Family Therapy with member. May not be used with 90785. The GT (Telehealth) and KX (Telephonic) modifiers can be used with these service codes. Telephonic Services (KX) are reserved for when physical or BH status or access issues (transportation, telehealth technology) prevent the member from participating in-person or telehealth services.	Service is focused on reducing psychiatric and behavioral symptoms to improve the member's functioning in familial, social, educational, or occupational life domains. The member's needs and preferences determine the treatment goals, frequency, and duration of services, as well as measurable and desirable outcomes.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required **2.** Tx/ Service Plan: Required. Complete PCP is required when the member is receiving multiple BH services in addition to the services in Clinical Coverage Policies 8C. Updated PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA. **3.** Service Order: Required **4.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services **Service Specifics, Limitations, & Exclusions (not all inclusive):** **1.** 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. **2.** Individual, Group, or Family Outpatient services cannot be billed while a member is auth'd for: ACT, IIH, MST, Day Treatment, SAIOP, SACOT. Outpatient Med Management and Outpatient Psychiatric Services cannot be billed while a member is auth'd to receive ACT. **3.** 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. **4.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort. **5.** The provider shall communicate and coordinate care with others providing care. When the member is receiving multiple BH services in addition to this service, the PCP must be developed, and outpatient behavioral health services are to be incorporated into PCP. **6.** Provider must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Group Therapy Code(s): **90849**: Group Therapy (multi-family). **90853**: Group Therapy The GT (Telehealth) and KX (Telephonic) modifiers can be used with these service codes. Telephonic Services (KX) are reserved for when physical or BH status or access issues (transportation, telehealth technology) prevent the member from participating in-person or telehealth services.	Service is focused on reducing psychiatric and behavioral symptoms to improve the member's functioning in familial, social, educational, or occupational life domains. The member's needs and preferences determine the treatment goals, frequency, and duration of services, as well as measurable and desirable outcomes.	**Pass-Through Period**: Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required **2.** Tx/ Service Plan: Required. Complete PCP is required when the member is receiving multiple BH services in addition to the services in Clinical Coverage Policies 8C. Updated PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA. **3.** Service Order: Required **4.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services **Service Specifics, Limitations, & Exclusions (not all inclusive):** **1.** 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. **2.** Individual, Group, or Family Outpatient services cannot be billed while a member is auth'd for: ACT, IIH, MST, Day Treatment, SAIOP, SACOT. Outpatient Med Management and Outpatient Psychiatric Services cannot be billed while a member is auth'd to receive ACT. **3.** The provider shall communicate and coordinate care with others providing care. When the member is receiving multiple BH services in addition to this service, the PCP must be developed, and outpatient behavioral health services are to be incorporated into PCP. **4.** Provider must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services. **5.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort. **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.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Individual Therapy Code(s): **90832**: 30 Minutes (GT & KX eligible) **90833**: 30 Minute add on to E&M (GT eligible) **90834**: 45 Minutes (GT & KX eligible) **90836**: 45 Minute add on to E&M (GT eligible) **90837**: 60 Minutes (GT & KX eligible) **90838**: 60 Minute add on to E&M (GT eligible) Modifiers: GT: Telehealth KX: Telephonic Telephonic Services (KX) are reserved for when physical or BH status or access issues (transportation, telehealth technology) prevent the member from participating in-person or telehealth services.	Service is focused on reducing psychiatric and behavioral symptoms to improve the member's functioning in familial, social, educational, or occupational life domains. The member's needs and preferences determine the treatment goals, frequency, and duration of services, as well as measurable and desirable outcomes.	**Pass-Through Period**: Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required **2.** Tx/ Service Plan: Required. Complete PCP is required when the member is receiving multiple BH services in addition to the services in Clinical Coverage Policies 8C. Updated PCP is required when this service is provided in conjunction with a service found in the Clinical Coverage Policies 8A, as well as the state-funded enhanced MH/SA. **3.** Service Order: Required **4.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are specifically no longer required, providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services **Service Specifics, Limitations, & Exclusions (not all inclusive):** **1.** 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. **2.** Individual, Group, or Family Outpatient services cannot be billed while a member is auth'd for: ACT, IIH, MST, Day Treatment, SAIOP, SACOT. Outpatient Med Management and Outpatient Psychiatric Services cannot be billed while a member is auth'd to receive ACT. **3.** 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. **4.** The provider shall communicate and coordinate care with others providing care. When the member is receiving multiple BH services in addition to this service, the PCP must be developed, and outpatient behavioral health services are to be incorporated into PCP. **5.** Provider must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services. **6.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Neuropsychological Testing Code(s): **96116**: Neurobehavioral Exam (First Hour) **96121**: Neurobehavioral Exam (Each Add'l Hour) **96136**: Testing Administration (First 30 minutes) **96137**: Testing Administration (Each add'l 30 minutes) **96138**: Testing Administration by Technician (First 30 minutes) **96139**: Testing Administration by Technician (Each add'l 30 minutes) **96132**: Evaluation of Testing (First hour, GT eligible) **96133**: Evaluation of Testing (Each add'l hour, GT eligible) Modifier(s): GT: Telehealth	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.	**Pass-Through Period:** Prior authorization is not required for this service.	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: N/A. For substance use disorders, clinical across the six ASAM criteria assessment dimensions is required. **Service Specifics, Limitations, & Exclusions (not all inclusive):** **1.** Psychological Testing does not cover testing for the purpose of educational testing; if requested by the school or legal system, unless MN exists for the psychological testing; if the proposed psychological testing measures have no standardized norms or documented validity, or; if the focus of assessment is not the symptoms of the current diagnosis. **2.** Limit of eight hours of Psychological Testing allowed to be billed per date of service. **3.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort. **4.** Testing must include all elements detailed in the CCP. **5.** The provider shall communicate and coordinate care with others providing care. When the member 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.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Psychological Services Provided by Health Departments and School-Based Health Centers to the Under 21 Population Code(s): **90791**: Psychiatric Diagnostic Evaluation (No Medical Services) **90832**: Individual Therapy, 30 Minutes **90834**: Individual Therapy, 45 Minutes **90837**: Individual Therapy, 60 Minutes **90839**: Psychotherapy for Crisis, first 60 Minutes **90840**: Psychotherapy for Crisis, for each additional 30 minutes **90846**: Family Therapy w/o member. May not be used with 90785. **90847**: Family Therapy with member. May not be used with 90785. **90853**: Group Therapy	Psychological services for children and adolescents are goal-directed interventions designed to enable children, adolescents, and their families to cope more effectively with complex problems. Services may include comprehensive psychosocial assessments and treatment planning, goal-directed psychotherapy (individual, group, or family), and referral to other mental health resources as needed. These services involve the identification of and intervention with children and adolescents who may be at risk for developing more serious emotional or behavioral problems as well as those who are already experiencing these problems.	**Initial & Reauthorization Requests:** Outpatient behavioral health services must be provided in accordance with the requirements and procedures documented in *Clinical Coverage Policy 8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers* and the applicable Trillium Benefit Plan. **Note: No medical referral is needed to access this service.**	**Units**: The appropriate procedure code(s) determines the billing unit(s). **Age Group**: Children/ Adolescents & Adults **Level of Care**: Outpatient behavioral health services must be provided in accordance with the requirements and procedures documented in *Clinical Coverage Policy 8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers* and the applicable Trillium Benefit Plan. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** The provider shall communicate and coordinate care with others providing care. When the member 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.	Clinical Coverage Policy 8-I: Psychological Services Provided by Health Departments and School-Based Health Centers to the Under 21 Population Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Psychological Testing (Hourly) Code(s): **96136**: Testing Administration (First 30 minutes) **96137**: Testing Administration (Each add'l 30 minutes) **96138**: Testing Administration by Technician (First 30 minutes) **96139**: Testing Administration by Technician (Each add'l 30 minutes) **96130**: Evaluation of Testing (First hour, GT eligible) **96131**: Evaluation of Testing (Each add'l hour, GT eligible) Modifier(s): GT: Telehealth	Psychological testing involves the culturally and linguistically appropriate administration of standardized tests to assess a member's psychological or cognitive functioning. Testing results must inform treatment selection and treatment planning.	**Pass-Through Period:** Prior authorization is not required for this service.	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: N/A. For substance use disorders, clinical across the six ASAM criteria assessment dimensions is required. **Service Specifics, Limitations, & Exclusions (not all inclusive):** **1.** Psychological Testing does not cover testing for the purpose of educational testing; if requested by the school or legal system, unless MN exists for the psychological testing; if the proposed psychological testing measures have no standardized norms or documented validity, or; if the focus of assessment is not the symptoms of the current diagnosis. **2.** Limit of eight hours of Psychological Testing allowed to be billed per date of service. **3.** Members w/ both MCD and Medicare, the provider shall bill Medicare as primary before submitting a claim to MCD. For members having both MCD and any other insurance coverage, the other insurance shall be billed prior to billing MCD. MCD is the payor of last resort. **4.** Testing must include all elements detailed in the CCP. **5.** The provider shall communicate and coordinate care with others providing care. When the member 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.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Psychotherapy for Crisis Code(s): **90839**: First 60 Minutes **90840**: For each additional 30 minutes. Must be used with 90839. The GT (Telehealth) and KX (Telephonic) modifiers can be used with these service codes. Modifiers: GT: Telehealth KX: Telephonic	On rare occasions, licensed outpatient service providers are presented with individuals in crisis situations which may require unplanned extended services to manage the crisis in the office with the goal of averting more restrictive levels of care. This service is used only in those extreme situations in which an unforeseen crisis situation arises, and additional time is required to manage the crisis event. Services are restricted to outpatient crisis assessment, stabilization, and disposition for acute, life-threatening situations.	**Pass-Through Period:** Prior authorization is not required for this service.	**Units**: The appropriate procedure code(s) determines the billing unit(s). One service code = 1 unit of service. **Age Group**: Children/ Adolescents & Adults **Level of Care**: N/A **Service Specifics, Limitations, & Exclusions (not all inclusive):** **1.** 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 member presents with a medical, cognitive, intellectual or development issue that would not benefit from outpatient tx services. If Psychotherapy for Crisis is billed, no other outpatient therapy services can be billed on that same day for that member. **2.** For members having both Medicaid and Medicare, the provider shall bill Medicare as primary before submitting a claim to Medicaid. For beneficiaries having both Medicaid and any other insurance coverage, the other insurance shall be billed prior to billing Medicaid, as Medicaid is considered the payor of last resort. **3.** The provider will complete an assessment prior to the delivery of any subsequent services following the provision of this service. **4.** When receiving multiple BH services in addition to outpatient, a PCP must be developed. **5.** The provider will complete an assessment prior to the delivery of any subsequent services following the provision of this service. **6.** The provider shall communicate and coordinate care with others providing care. When the member 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. **5.** Provider must provide, or have a written agreement with another entity, for access to 24-hour coverage for BH emergency services.	Clinical Coverage Policy No. 8C: Outpatient Behavioral Health Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates