

Transforming Lives. Building Community Well-Being.

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

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

90791, 90792 Clinical Assessment

96110, 96112, 96113 Developmental testing

99202 - 99205, 99211 - 99215, 99305 - 99310, <u>Evaluation & Management</u>

99315 - 99316, 99341 - 99350

90846, 90847 <u>Family Therapy</u>

90849, 90853, 90785, YP835 Group Therapy

90832, 90833, 90834, 90836, 90837, 90838 <u>Individual Therapy</u>

96116, 96121, 96136, 96137, 96138, 96139, 96132, Neuropsychological Testing

96133

90839, 90840 <u>Psychotherapy for Crisis</u>

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.





2024-2025 State-Funded OPT BH Services Benefit Plan

Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP <u>must</u> 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 <u>NCDHHS Person-Centered Planning Training</u> webpage (PCP Guide). See the <u>JCB #445 Timelines for Implementation</u> for the implementation requirements for the new PCP guidance and templates.

<u>Life Domains</u> (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)

Revised: 08-14-2024

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).



2024-2025 State-Funded OPT BH Services Benefit Plan

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)

Revised: 08-14-2024

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
	A Comprehensive	All Requests:	Length of Stay: No more than 12 visits for adults & 24 visits for children/	State-Funded
Clinical	Clinical	Prior authorization is not	adolescents each fiscal year (July 1st – June 30th) of a combination of	Outpatient
Assessment	Assessment (CCA)	required. All units are	Individual Therapy, Family Therapy, Group Therapy, and Psych Diagnostic	<u>Behavioral</u>
	is an intensive	unmanaged.	Eval.	<u>Health</u>
Limited funding.	clinical and			<u>Services</u>
Not an	functional		<u>Units</u> : The appropriate procedure code(s) determines the billing unit(s). One	<u>Definition</u>
entitlement.	evaluation of an		service code = 1 unit of service.	
	individual's			APSM 45-2
	presenting mental		Age Group: Children/ Adolescents & Adults	<u>Records</u>
Code(s):	health,			<u>Management</u>
90791: Psychiatric	developmental		Level of Care: ASAM Level 1 or lower (if applicable). While the LOCUS/	<u>and</u>
Diagnostic	disability, and		CALOCUS are specifically <u>no longer required</u> , providers are still expected to	<u>Documentation</u>
Evaluation (No	substance use		use a standardized assessment tool when evaluating an individual for	<u>Manuals</u>
Medical Services,	disorder. This		treatment services.	
GT eligible)	assessment results			NC PCP
	in the issuance of a		Service Specifics, Limitations, & Exclusions (not all inclusive):	<u>Guidance</u>
90792: Psychiatric	written report that		1. Maximum benefit of 12 visits for adults & 24 visits for children/	<u>Document</u>
Diagnostic	provides the clinical		adolescents.	
Evaluation with	basis for the		2. A CCA is not required for medical providers billing E/M codes for	
Medical Services	development of the		medication management.	
(GT eligible)	individual's		3. Funding will not cover Outpatient Behavioral Health Services when the	
NA UC ()	treatment or service		service duplicates another service approved with another provider.	
Modifier(s):	plan.		4. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral	
GT: Telehealth			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.	
			5. A Psychiatric Diagnostic Interview is not allowed on the same day as	
			Psychological Testing when provided by the same provider.	
			6. A CCA that demonstrates medical necessity must be completed by a	
			licensed professional prior to provision of outpatient therapy services.	
			7. The provider will communicate and coordinate care with other	
			professionals providing care to the recipient.	
			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.	

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
Developmental Testing Limited funding. Not an entitlement. 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. Modifier(s): GT: Telehealth	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.	All Requests: 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.	Units: 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. Age Group: Children/ Adolescents & Adults Level of Care: N/A Service Specifics, Limitations, & Exclusions (not all inclusive): 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.	State-Funded Outpatient Behavioral Health Services Service Definition APSM 45-2 Records Management and Documentation Manuals NC PCP Guidance Document

Service & Code	Brief Service	Auth Submission	Authorization Parameters	Source
Evaluation & Management Limited funding. Not an entitlement. 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	Description Evaluation and Management services provided by a Psychiatrist / MD or a Psych NP/PA.	Requirements 1. Prior authorization is not required for this service. E/M codes are not specific to mental health and are not subject to prior approval. 2. Medicaid Application: Individuals must apply for Medicaid.	Units: The appropriate procedure code(s) determines the billing unit(s). One CPT 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. State funds will not cover the same services provided by the same or different attending provider on the same day for the same individual 3. 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. 4. 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. 5. The provider will communicate and coordinate care with other professionals providing care to the recipient. 6. Telehealth, Virtual Communication, and Hybrid Telehealth services must follow the guidelines and requirements detailed in the State-Funded Telehealth and Virtual Services service	State-Funded Outpatient Behavioral Health Services Service Definition State-Funded Telehealth and Virtual Services Service Definition APSM 45-2 Records Management and Documentation Manuals NC PCP Guidance Document



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Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
Code	Service is	All Requests:	Length of Stay: No more than 12 visits for adults & 24 visits for children/ adolescents each	State-Funded
Family	focused on	Prior authorization	fiscal year (July 1st – June 30th) of a combination of Individual Therapy, Family Therapy,	Outpatient
	reducing	is not required. All	Group Therapy, and Psych Diagnostic Eval.	Behavioral
Therapy	psychiatric	units are	Gloup Therapy, and Esych Diagnostic Eval.	Health
Limited	and behavioral	unmanaged.	Units: The appropriate procedure code(s) determines the billing unit(s). One service code =	Services
		unmanageu.	1 unit of service.	Services
funding. Not	symptoms to		i unit di service.	Definition
an entitlement.	improve the		Ara Craus, Children / Adolescente & Adulto	Definition
entitiement.	recipient's functioning in		Age Group: Children/ Adolescents & Adults	APSM 45-2
	familial, social,		Level of Care: ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are	
Code(s):	educational, or			Records Management
90846: Family	occupational		specifically <u>no longer required</u> , providers are still expected to use a standardized assessment tool when evaluating an individual for treatment services.	
,	life domains.		tool when evaluating an individual for treatment services.	and Decumentation
Therapy w/o recipient (GT			Service Specifics, Limitations, & Exclusions (not all inclusive):	<u>Documentation</u> <u>Manuals</u>
	The recipient's needs and		1. Maximum benefit of 12 visits for adults & 24 visits for children/ adolescents.	<u>iviariuais</u>
& KX eligible)	preferences		2. Family therapy must be billed once per date of service for the identified family recipient	NC PCP
90847 : Family	determine the		only. No separate billing for participating recipient(s) of the therapy session is permissible.	Guidance
Therapy with	treatment		3. Service cannot be billed while an individual is authorized to receive ACT, IIH, MST, Day	Document
recipient (GT			Treatment, SAIOP, or SACOT	Document
	goals, frequency,		4. Outpatient BH does not cover: a) sleep therapy for psychiatric disorders; b) medical,	
& KX eligible)	and duration		cognitive, intellectual or development issue that would not benefit from outpatient treatment	
Modifier(s):	of services, as		services, OR; c) when the focus of treatment does not address the symptoms of the	
GT:	well as		diagnosis.	
Telehealth	measurable		5. State funds will not cover the same services provided by the same or different attending	
KX:	and desirable		provider on the same day for the same individual	
Telephonic	outcomes.		6. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health Services	
relephonic	outcomes.		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.	
			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.	
			8. The provider will communicate and coordinate care with other professionals providing care	
			to the recipient.	
			9. Provider must verify individual's eligibility each time a service is rendered	
			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	
			11. Enrolled providers must provide, or have a written agreement with another entity, for	
			access to 24-hour coverage for BH emergency services.	
	l	<u> </u>	access to 24-nour coverage for bit efficigency services.	1



Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
Code	Service is focused on	All Requests:	Length of Stay: No more than 12 visits for adults & 24 visits for children/	State-Funded
Group	reducing psychiatric	Prior authorization	adolescents each fiscal year (July 1st – June 30th) of a combination of Individual	Outpatient
Therapy	and behavioral	is not required. All	Therapy, Family Therapy, Group Therapy, and Psych Diagnostic Eval.	Behavioral
	symptoms to improve	units are		Health Services
Limited	the recipient's	unmanaged.	<u>Units</u> : The appropriate procedure code(s) determines the billing unit(s). One	<u>Service</u>
funding. Not an	functioning in familial,		service code = 1 unit of service.	<u>Definition</u>
entitlement.	social, educational, or			
	occupational life		Age Group: Children/ Adolescents & Adults	APSM 45-2
	domains. The			Records
Code(s):	recipient's needs and		Level of Care: ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS	<u>Management</u>
90849 : Group	preferences		are specifically <u>no longer required</u> , providers are still expected to use a	and and
Therapy (multi-	determine the		standardized assessment tool when evaluating an individual for treatment services.	<u>Documentation</u>
family. GT &	treatment goals,		Convine Charifies Limitations & Evaluaions (not all inclusive).	<u>Manuals</u>
KX eligible)	frequency, and duration of services,		Service Specifics, Limitations, & Exclusions (not all inclusive): 1. Maximum benefit of 12 visits for adults & 24 visits for children/ adolescents.	NC PCP
90853 : Group	as well as		2. Service cannot be billed while an individual is authorized to receive ACT, IIH,	Guidance
Therapy (GT &	measurable and		MST, Day Treatment, SAIOP, or SACOT	Document
KX eligible)	desirable outcomes.		3. Outpatient BH does not cover: a) sleep therapy for psychiatric disorders; b)	Doddinent
i o congiono,			medical, cognitive, intellectual or development issue that would not benefit from	
YP835: Alcohol			outpatient treatment services, OR; c) when the focus of treatment does not address	
and/or Drug			the symptoms of the diagnosis.	
Services,			4. State funds will not cover the same services provided by the same or different	
Group			attending provider on the same day for the same individual	
			5. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health	
Modifier(s):			Services policy is allowed per individual per day of service from the same attending	
GT: Telehealth			provider. Only 2 psychiatric CPT codes from this policy are allowed per individual	
KX : Telephonic			per date of service.	
			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.	
			7. The provider will communicate and coordinate care with other professionals	
			providing care to the recipient. 8. Provider must verify individual's eligibility each time a service is rendered	
			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	
			10. Enrolled providers must provide, or have a written agreement with another	
			entity, for access to 24-hour coverage for BH emergency services.	



		Auth		
Service & Code	Brief Service	Submission	Authorization Parameters	Source
Service & Code	Description	Requirements	Authorization Parameters	Source
Individual Therapy	Service is	All Requests:	Length of Stay: No more than 12 visits for adults & 24 visits for children/ adolescents	State-Funded
marviduai merapy	focused on	Prior	each fiscal year (July 1st – June 30th) of a combination of Individual Therapy, Family	Outpatient
Limited funding. Not	reducing	authorization	Therapy, Group Therapy, and Psych Diagnostic Eval.	Behavioral
an entitlement.	psychiatric	is not required.	Therapy, Group Therapy, and I sych Diagnostic Eval.	Health
an endiement.	and behavioral	All units are	Units: The appropriate procedure code(s) determines the billing unit(s). One service	Services
Code(s):	symptoms to	unmanaged.	code = 1 unit of service.	Services
90832: 30 Minutes	improve the	ulillallageu.	Code = 1 drift of Service.	<u>Definition</u>
(GT & KX eligible)	recipient's		Age Group: Children/ Adolescents & Adults	Delinition
90833 : 30 Minute add	functioning in		Age Group. Crilidien/ Adolescents & Addits	APSM 45-2
on to E&M (GT	familial, social,		Level of Care: ASAM Level 1 or lower (if applicable). While the LOCUS/ CALOCUS are	Records
eligible)	educational, or		specifically no longer required, providers are still expected to use a standardized	Management
90834 : 45 Minutes	occupational		assessment tool when evaluating an individual for treatment services.	and
(GT & KX eligible)	life domains.		assessment tool when evaluating an individual for treatment services.	Documentation
90836: 45 Minute add	The recipient's		Service Specifics, Limitations, & Exclusions (not all inclusive):	Manuals
on to E&M (GT	needs and		1. Maximum benefit of 12 visits for adults & 24 visits for children/ adolescents.	<u>iviariuais</u>
eligible)	preferences		2. Service cannot be billed while an individual is authorized to receive ACT, IIH, MST,	NC PCP
90837 : 60 Minutes	determine the		Day Treatment, SAIOP, or SACOT	Guidance
(GT & KX eligible)	treatment		3. Outpatient BH does not cover: a) sleep therapy for psychiatric disorders; b) medical,	Document
90838: 60 Minute add			cognitive, intellectual or development issue that would not benefit from outpatient	Document
on to E&M (GT	goals,		treatment services, OR; c) when the focus of treatment does not address the symptoms	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	frequency, and duration		of the diagnosis.	
eligible)	of services, as		4. State funds will not cover the same services provided by the same or different	
Modifiers:	well as		attending provider on the same day for the same individual	
GT: Telehealth	measurable		5. Only 1 psychiatric CPT code from the State-Funded Outpatient Behavioral Health	
KX: Telephonic	and desirable		Services policy is allowed per individual per day of service from the same attending	
KX. relephonic	outcomes.		provider. Only 2 psychiatric CPT codes from this policy are allowed per individual per	
Telephonic Services	outcomes.		date of service.	
(KX) are reserved for			6. For substance use disorders, ASAM level 1 outpatient services are provided for less	
when physical or BH			than nine hours a week for adults and less than six (6) hours a week for adolescents.	
status or access			7. The provider will communicate and coordinate care with other professionals providing	
			care to the recipient.	
issues (transportation, telehealth technology)			8. Provider must verify individual's eligibility each time a service is rendered	
prevent the recipient			9. If a higher LOC is indicated but unavailable or the individual is refusing the service,	
from participating in-			outpatient services can be provided until the appropriate level of care is available or to	
person or telehealth			support the individual to participate in that higher LOC	
services.			10. Enrolled providers must provide, or have a written agreement with another entity, for	
SCIVICES.				
			access to 24-hour coverage for BH emergency services.	<u> </u>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
	Neuropsychological	All Requests:	Units:	State-Funded
Neuropsychological	Testing is intended	TAR: required if the	1. The appropriate procedure code(s) determines the billing	Outpatient
Testing	to assess cognition	unmanaged units	unit(s). One service code = 1 unit of service.	Behavioral Health
	and behavior,	have been	2. Up to 9 unmanaged units of testing administration.	Services Service
Limited funding. Not an	examining the	exhausted.		Definition
entitlement.	effects of any brain	Providers may seek	Age Group: Children/ Adolescents & Adults	
	injury or	prior approval if they		APSM 45-2 Records
Code(s):	neuropathological	are unsure the	Level of Care: While the LOCUS/ CALOCUS are specifically no	Management and
96116: Neurobehavioral	process that a	recipient has	longer required, providers are still expected to use a	<u>Documentation</u>
Exam (First Hour)	person may have	reached their	standardized assessment tool when evaluating an individual for	<u>Manuals</u>
	experienced.	unmanaged visit	treatment services.	
96121: Neurobehavioral		limit. To ensure		PCP Guidance
Exam (Each Add'l Hour)		timely prior	Service Specifics, Limitations, & Exclusions (not all	Documents &
		authorization,	inclusive):	<u>Templates</u>
96136: Testing Administration		requests must be	1. Testing for the following is not covered: a) for the purpose of	
(First 30 minutes)		submitted prior to	educational testing; b) if requested by the school or legal	
00407 Tablia A latatatati		the last	system, unless MN exists for the psych testing; c) if the	
96137: Testing Administration		unauthorized visit.	proposed psych testing measures have no standardized norms	
(Each add'l 30 minutes)			or documented validity, OR; d) if the focus is not the symptoms	
06139, Testing Administration			of the DSM-5 diagnosis. 2. Only 1 psychiatric CPT code from the State-Funded	
96138 : Testing Administration by Technician (First 30			Outpatient Behavioral Health Services policy is allowed per	
minutes)			individual per day of service from the same attending provider.	
Illiliutes)			Only 2 psychiatric CPT codes from this policy are allowed per	
96139: Testing Administration			individual per date of service.	
by Technician (Each add'l 30			3. A Psychiatric Diagnostic Interview is not allowed on the same	
minutes)			day as Psychological Testing when provided by the same	
Timideso)			provider.	
96132: Evaluation of Testing			4. Limit of eight hours of Psychological Testing allowed to be	
(First hour, GT eligible)			billed per date of service.	
			5. May only be performed by licensed psychologists, licensed	
96133: Evaluation of Testing			psychological associates, and qualified physicians.	
(Each add'l hour, GT eligible)			6. Testing must include all elements detailed in the service	
,			definition.	
Modifier(s):			7. The provider shall communicate and coordinate care with	
GT: Telehealth			others providing care.	

	Brief Service	Auth Submission		
Service & Code	Description	Requirements	Authorization Parameters	Source
Psychological	Psychological	All Requests:	Units:	State-Funded
Testing (Hourly)	testing involves the	1. TAR: required if the	1. The appropriate procedure code(s) determines the billing	Outpatient Behavioral
(, ,	culturally and	unmanaged units have	unit(s). One service code = 1 unit of service.	Health Services Service
Limited funding. Not	linguistically	been exhausted. Providers	2. Up to 9 unmanaged units of testing administration.	Definition
an entitlement.	appropriate	may seek prior approval if		
	administration of	they are unsure the	Age Group: Children/ Adolescents & Adults	APSM 45-2 Records
Code(s):	standardized tests to	recipient has reached their		Management and
96136 : Testing	assess a recipient's	unmanaged visit limit. To	Level of Care: While the LOCUS/ CALOCUS are	Documentation
Administration (First	psychological or	ensure timely prior	specifically no longer required, providers are still expected to	Manuals
30 minutes)	cognitive	authorization, requests	use a standardized assessment tool when evaluating an	
·	functioning. Testing	must be submitted prior to	individual for treatment services.	NC PCP Guidance
96137 : Testing	results must inform	the last unauthorized visit.		<u>Document</u>
Administration (Each	treatment selection	2. Psychological	Service Specifics, Limitations, & Exclusions (not all	
add'l 30 minutes)	and treatment	Evaluation: A copy of the	inclusive):	
	planning.	previous evaluation is	1. Testing for the following is not covered: a) for the purpose	
96138 : Testing		required if the unmanaged	of educational testing; b) if requested by the school or legal	
Administration by		units have been exhausted.	system, unless MN exists for the psych testing; c) if the	
Technician (First 30		3. Service Order: required if	proposed psych testing measures have no standardized	
minutes)		the unmanaged units have	norms or documented validity, OR; d) if the focus is not the	
		been exhausted.	symptoms of the DSM-5 diagnosis.	
96139 : Testing			2. Only 1 psychiatric CPT code from the State-Funded	
Administration by			Outpatient Behavioral Health Services policy is allowed per	
Technician (Each add'l			individual per day of service from the same attending	
30 minutes)			provider. Only 2 psychiatric CPT codes from this policy are	
			allowed per individual per date of service.	
96130: Evaluation of			3. A Psychiatric Diagnostic Interview is not allowed on the	
Testing (First hour, GT			same day as Psychological Testing when provided by the	
eligible)			same provider.	
_			4. May only be performed by licensed psychologists,	
96131: Evaluation of			licensed psychological associates, and qualified physicians.	
Testing (Each add'l			5. Testing must include all 9 elements detailed in the CCP.	
hour, GT eligible)			6. The provider will communicate and coordinate care with	
			other professionals providing care to the recipient.	
Modifier(s):				
GT: Telehealth				

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
	A crisis is defined as an	Pass-Through Period:	Age Group: Children/ Adolescents & Adults	State-Funded
Psychotherapy for	acute disturbance of	1. Prior authorization is not		Outpatient
Crisis	thought, mood, behavior or	required for this service.	Level of Care: N/A	<u>Behavioral</u>
	social relationships that	2. Psychotherapy for Crisis		Health Services
Limited funding. Not	requires an immediate	disposition may:	Service Specifics, Limitations, & Exclusions (not all	<u>Service</u>
an entitlement.	intervention, and which, if	A) Involve an immediate	inclusive):	<u>Definition</u>
	untreated, may lead to	transfer to more restrictive	1. Psychotherapy for Crisis is not covered: a) if the focus of	
	harm to the individual or to	emergency services.	tx does not address the symptoms of the DSM-5 dx or	<u>APSM 45-2</u>
Code(s):	others or have the	B) If the disposition is not an	related symptoms; b) in emergency departments, inpatient	Records
90839 : First 60	potential to rapidly result in	immediate transfer to acute or	settings, or facility-based crisis settings, OR; c) if the	<u>Management</u>
Minutes (GT & KX	a catastrophic outcome.	more intensive emergency	recipient presents with a medical, cognitive, intellectual or	<u>and</u>
eligible)	On rare occasions,	services, the provider must	development issue that would not benefit from outpatient tx	<u>Documentation</u>
	licensed outpatient service	offer a written copy of an	services.	<u>Manuals</u>
90840 : For each	providers are presented	individualized crisis plan to the	2. If Psychotherapy for Crisis is billed, no other outpatient	
additional 30	with an individual in crisis	individual. This plan must be	therapy services can be billed on that same day for that	NC PCP
minutes (Must be	which may require	developed in the session for	individual.	Guidance
used with 90839;	unplanned extended	the purpose of handling future	3. Psychotherapy for Crisis is only covered when the	<u>Document</u>
GT & KX eligible)	services to manage the	crisis situations, including	individual is experiencing an immediate, potentially life-	
	crisis in the office with the	involvement of family and	threatening, complex crisis. The service must be provided in	
	goal of averting more	other providers as applicable.	an outpatient therapy setting.	
	restrictive levels of care.	The plan must document a	4. The provider will complete an assessment prior to the	
	Licensed professionals	scheduled outpatient follow-up	delivery of any subsequent services following the provision of	
	may use the	session.	this service.	
	"Psychotherapy for Crisis"		5. When receiving multiple BH services in addition to	
	service codes only in those situations in which an		outpatient, a PCP must be developed.	
			6. The provider will communicate and coordinate care with	
	unforeseen crisis arises and additional time is		other professionals providing care to the recipient.	
	G. 1 G. G. G. G. 1		7. Providers must provide or have a written agreement with	
	required to manage the		another entity for access to 24-hour coverage for behavioral	
	crisis event.		health emergency services	