



Medicaid Provider Manual

2.5 PSYCHOLOGICAL, COUNSELING AND SOCIAL WORK SERVICES

<p>Definitions</p>	<p>Psychological, counseling and social work services include planning, managing and providing a program of face-to-face services for beneficiaries with diagnosed psychological conditions. Psychological, counseling and social work services must require the skills, knowledge and education of a psychologist, counselor or licensed social worker to provide treatment.</p> <p>Psychotherapy is the treatment of a mental disorder or behavioral disturbance for which the clinician provides services through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverses or changes maladaptive patterns of behavior, and encourages personality growth and development. The codes for reporting psychotherapy are divided into two broad categories: Interactive Psychotherapy, and Insight-Oriented, Behavior-Modifying and/or Supportive Psychotherapy.</p> <ul style="list-style-type: none"> ▪ Interactive psychotherapy refers to the use of physical aids and nonverbal communication to overcome barriers to therapeutic interaction between the clinician and a beneficiary who has not yet developed, or has lost, either the expressive language communication skills to explain their symptoms and response to treatment, or the receptive communication skills to understand the clinician if they would use ordinary adult language for communication. ▪ Insight-oriented, behavior-modifying and/or supportive psychotherapy refers to the development of insight or affective understanding, the use of behavior modification techniques, the use of supportive interactions, and the use of cognitive discussion of reality or any combination of the above to provide therapeutic change.
<p>Provider Qualifications</p>	<p>Psychological, counseling and social work services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A licensed physician or psychiatrist in Michigan; ▪ A fully licensed psychologist in Michigan; ▪ A limited-licensed psychologist under the supervision of a licensed psychologist; ▪ A temporary limited-licensed psychologist under the supervision of a licensed psychologist; ▪ A licensed master's social worker in Michigan; ▪ A limited licensed master's social worker under the supervision of a licensed master's social worker; ▪ A licensed professional counselor in Michigan; or ▪ A limited licensed counselor under the supervision of a licensed professional counselor.
<p>Evaluations</p>	<p>Evaluations or assessments include tests, interviews and behavioral evaluations that appraise cognitive, emotional, social functioning and self-concept. These may also include interpretations of information about a beneficiary's behavior and conditions relating to functioning. A qualified psychologist, counselor or licensed social worker must complete them.</p>



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<p>Psychological Testing</p>	<p>Psychological testing includes tests, interviews, evaluations and recommendations for treatment. This may also include interpretations of information about a beneficiary's behavior and conditions relating to functioning. A fully licensed psychologist or a limited-licensed psychologist may perform psychological testing. Medicaid covers psychological testing that is reasonable and necessary for diagnosing the beneficiary's condition. Medicaid does not cover the time that a beneficiary spends alone in testing. The beneficiary's clinical record must be signed and dated by the staff that administered the tests, and include the actual tests administered and completed reports. The protocols for testing must be available for review. Psychological testing may be billed per hour with a five-hour maximum per year, and a report must be generated from the results of the tests. In accordance with CPT guidelines, the service includes testing time only; it does not include writing a report. Writing the report is considered a part of the testing process and is a requirement for billing.</p> <p>The psychological testing report must include all of the following:</p> <ul style="list-style-type: none"> ▪ Beneficiary name and birth date; ▪ Psychological tests administered; ▪ Summary of testing results; ▪ Treatment recommendations; and ▪ Psychologist name and dated signature.
<p>Procedure Codes</p>	<p>The following procedure codes may be used to bill for psychological testing:</p> <ul style="list-style-type: none"> ▪ 96101 – Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient, and time interpreting test results and preparing the report. To evaluate intellectual abilities, psychopathology, psychodynamics, risk for mental illness and other factors influencing treatment and diagnosis. ▪ 96116 – Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient, and time interpreting test results and preparing the report. ▪ 96118 – Neuropsychological testing (e.g., Halstead-Reitan Neurological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), per hour of the psychologist's time or physician's time, both face-to-face time with the patient, and time interpreting test results and preparing the report. <p>The following procedure codes may be used to bill for psychological, counseling and social work services. Only one individual psychotherapy procedure code (20 to 30 minutes or 45 to 50 minutes) may be billed per day:</p> <ul style="list-style-type: none"> ▪ 90804 – Individual psychotherapy, insight-oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20 to 30 minutes, face-to-face with the patient. ▪ 90806 – Individual psychotherapy, insight-oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes, face-to-face with the patient.



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	<ul style="list-style-type: none"> ▪ 90810 – Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms for nonverbal communication, in an office or outpatient facility, approximately 20 to 30 minutes, face-to-face with patient. ▪ 90812 – Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms for nonverbal communication, in an office or outpatient facility, approximately 45 to 50 minutes, face-to-face with patient. ▪ 90846 – Family psychotherapy (conjoint psychotherapy), without the patient present. ▪ 90847 – Family psychotherapy (conjoint psychotherapy), with patient present. ▪ 90853 – Group psychotherapy (other than a multiple-family group). ▪ H0004 – Behavioral health counseling and therapy, per 15 minutes. ▪ H0031 – Mental health assessment, by non-physician (e.g., psychologist, counselor, licensed social worker). This code can be used by itself or with the HT or TM modifiers.
<p>Crisis Intervention</p>	<p>Crisis intervention services are unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral and direct therapy. Since these services are unscheduled activities, they are not listed in the beneficiary's IEP/IFSP treatment plan.</p> <p>Crisis intervention must be billed using the following procedure code:</p> <ul style="list-style-type: none"> ▪ S9484 – Crisis intervention mental health services, per hour.

2.6 DEVELOPMENTAL TESTING

<p>Definition</p>	<p>Developmental testing is medically related testing (not performed for educational purposes) provided to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental delays. Testing is accomplished by the combination of several testing procedures and includes the evaluation of the beneficiary's history and observation. Whenever possible and when age-appropriate, standardized objective measurements are to be used (e.g., Denver II) for children under the age of six. Administering the tests must generate material that is formulated into a report. Developmental testing done for educational purposes cannot be billed to Medicaid.</p>
<p>Documentation</p>	<p>The developmental testing report must include all of the following:</p> <ul style="list-style-type: none"> ▪ Beneficiary name and birth date; ▪ Tests administered; ▪ Summary of testing results; ▪ Treatment recommendations; and ▪ The dated signature, address and phone number of the person administering the tests.



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Provider Qualifications	<p>Developmental testing services may be reimbursed when provided by the following qualified staff in accordance with their professional credentials:</p> <ul style="list-style-type: none">▪ A fully-licensed psychologist (Doctoral level) in the State of Michigan;▪ A limited-licensed psychologist (Doctoral level) under the supervision of a licensed psychologist;▪ A licensed master's social worker in Michigan;▪ A limited licensed master's social worker under the supervision of a licensed master's social worker; or▪ A licensed physician or psychiatrist in Michigan.
Procedure Codes	<p>The following codes may be used to bill for developmental testing:</p> <ul style="list-style-type: none">▪ 96110 – Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.▪ 96111 – Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments), with interpretation and report.