

# **Frequently Asked Questions**

## **Outpatient Psychiatric and Substance Abuse Services**

### **November 2009 Training**

**1. How do you look up an anniversary date and find out how many sessions have been used?**

The Psychiatric Services Manual, Chapter I, has a comprehensive description of how to use the Medicaid Automated Response System and the Internet Automated Response System to check on service limits. The link for the manual is:

[http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/General/I\\_gen.pdf](http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/General/I_gen.pdf)

**2. If we schedule a therapy session and the recipient only stays for 10 minutes, can we bill?**

The CPT codes for individual psychotherapy stipulate a specific length of session. If the minimum length of session is not met, the session should not be billed.

**3. How many times can a psychiatric diagnostic interview (CPT code 90801) be done?**

Each provider may bill one 90801 per recipient each year.

**4. Can the 90801 be started one day and completed at some later date? And what date should be billed?**

The date the service is completed is the earliest date to be billed.

**5. Is a physician order needed to do therapy?**

There is no requirement for a physician order for this service, but the service must be medically necessary, based on the assessment of the licensed Medicaid provider who will be delivering the service.

**6. If you are billing substance abuse services, do you need to complete the ASAM or can you do some other sort of assessment?**

The ASAM is required to be completed prior to service delivery.

**7. Can a student at a CSB provide group psychotherapy?**

Only a student who is master's level prepared and actively working on licensure, and under the supervision of a licensed, Medicaid qualified professional.

**8. Can an LPC supervise an MSW?**

This would be dependent on the LPC's licensing body. For Medicaid purposes, this would be acceptable.

**9. Can medication management and psychotherapy be provided on the same day?**

Yes, but only if it is necessary to be provided by two different providers. If a physician is providing medication management and therapy, one of the Evaluation and Management codes would be used instead of billing therapy and medication management separately, since the E&M codes include both activities.

**10. How long should a group psychotherapy session last?**

DMAS expects a group session to last a minimum of 30 minutes to be able to complete a group therapeutic intervention.

**11. Can a group therapy session be done by telemedicine?**

No it cannot. The group therapy codes are not included in the telemedicine codes.

**12. Can a supervisee do a group therapy session?**

Only under the supervision of a licensed, enrolled Medicaid provider who is providing active supervision and who is in the building at the time of the supervisee's therapy session.

**13. Can group and individual therapy sessions be billed on the same day?**

Yes they may, but a modifier will be required on the claim if the sessions are being done by the same provider. Keep in mind the weekly 3-session service limit.

**14. Is conjoint or couples therapy covered?**

Yes, but as a family session.

**15. When are dictated notes to be signed?**

Progress notes are expected to be completed on the date of the session. If the therapist is dictating a note, they must also include a handwritten note, covering the required elements on the date of the session. The dictated note may be added to the record at a later date, but the handwritten note must remain in the record.

**16. Can outpatient services be performed in the patient's home? What about the nursing home setting?**

They can, but only if medically necessary. The reason must be documented in the record.

**17. If providing a session to a nursing home resident, do you need the treatment signed off by a physician?**

For outpatient billing, there is no requirement, but the nursing home may have a requirement, based on their licensing criteria.

**18. Can a PA request for outpatient therapy be made while the recipient is still in the inpatient setting?**

It could, if the plan is for the outpatient therapy after discharge. A request for authorization must be submitted prior to service delivery, and the medical information submitted to KePRO must be current and support the need for the service.