

**CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES**

**TABLE OF CONTENTS**

<b>SECTION</b>	<b>PAGE NUMBER</b>
Background.....	3
Policy.....	4
521.1 Member Eligibility.....	4
521.2 Medical Necessity.....	4
521.3 Provider Enrollment.....	4
521.3.1 Enrollment Requirements: Staff Qualifications.....	4
521.4 Fingerprint-Based Background Checks.....	5
521.5 Methods of Verifying Bureau for Medical Services Requirements.....	5
521.6 Provider Reviews.....	5
521.7 Training And Technical Assistance.....	7
521.8 Other Administrative Requirements.....	7
521.9 Telehealth Services.....	8
521.10 Documentation.....	8
521.11 Assessment Services.....	8
521.11.1 Psychiatric Diagnostic Evaluation (no medical services).....	8
521.11.2 Psychiatric Diagnostic Evaluation (with medical services).....	10
521.11.3 Mental Health Assessment by A Non-Physician.....	11
521.12 Testing Services.....	13
521.12.1 Psychological Testing Evaluation Services by Professional.....	13
521.12.1.1 Psychological or Neuropsychological Test Administration and Scoring.....	14
521.12.2 Developmental Testing: Limited.....	15

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid and WVCHIP policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

**CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES**

521.12.3 Developmental Testing: Extended ..... 16

521.12.4 Neurobehavioral Status Exam ..... 17

521.12.5 Neuropsychological Testing Evaluation By Professional ..... 18

521.12.6 Psychological or Neuropsychological Test Administration by Computer ..... 19

521.13 Psychotherapy .....19

521.13.1 Individual Psychotherapy ..... 20

521.13.2 Individual Psychotherapy Biofeedback ..... 22

521.13.3 Group Psychotherapy (other than of a multiple-family group) ..... 22

521.13.4 Medication Assisted Treatment Guidelines ..... 23

521.13.5 Psychotherapy For Crisis ..... 23

521.13.6 Family Psychotherapy (without the patient present) ..... 25

521.13.7 Family Psychotherapy (with the patient present) ..... 25

521.14 Service Limitations .....26

-521.15 Service Exclusions .....26

521.16 Prior Authorization .....27

521.17 Documentation And Record Retention Requirements .....27

521.18 Billing Procedures.....28

Glossary ..... 28

Change Log..... 30

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid and WVCHIP policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

### BACKGROUND

The West Virginia Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) offer a comprehensive scope of medically necessary behavioral health outpatient services to diagnose and treat eligible members. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all state and federal regulations. Any service, procedure, item, or situation not discussed in this chapter must be presumed non-covered unless informed otherwise, in writing, by the West Virginia Bureau for Medical Services (BMS).

This chapter sets forth the BMS requirements for reimbursement of behavioral health outpatient services provided to eligible West Virginia Medicaid and WVCHIP members by a:

- Physician
- Physician extender/physician assistants (PA) and advanced practice nurse practitioners (APRN)
- Licensed psychologist (LP)
- Supervised psychologist (SP)
- Licensed independent clinical social worker (LICSW)
- Licensed professional counselor (LPC)
- Licensed clinical social worker (LCSW); and
- Licensed graduate social worker (LGSW).

Provider entities may enroll to render services as outlined in this chapter if they employ any of the above stated credentials. Examples of these entities are group practices, day report centers, child advocacy centers, or other identified and approved entities per the BMS.

The policies and procedures set forth herein are promulgated as regulations governing the provision of behavioral health outpatient services in the Medicaid and WVCHIP, administered by the West Virginia Department of Human Services (DoHS) under the provisions of [Title XIX of the Social Security Act](#), [Title XXI of the Social Security Act](#) and [Chapter 9 of the Public Welfare Law of West Virginia](#). The BMS has a joint goal with Medicaid and WVCHIP enrolled providers to ensure effective services are provided to Medicaid and WVCHIP members.

Medicaid and WVCHIP enrolled providers must give priority to children that have been identified as being in the foster care system. To uphold our responsibility to children in foster care, addressing foster children's needs must begin at entry and by making these foster children a priority especially with the assessment services stated in [Section 521.11, Assessment Services](#) and [Section 521.12, Testing Services](#) of this chapter. Medicaid and WVCHIP enrolled providers must document the effort to complete assessments in a timely manner as well as work with the Bureau for Social Services (BSS) to ensure that information is shared in a timely manner with the BSS, court systems, as well as other entities involved in the care and treatment process of the foster child while conforming to state and federal confidentiality requirements.

All Medicaid and WVCHIP members have the right to freedom of choice when choosing a provider for treatment. A Medicaid and WVCHIP members may receive one type of service from one provider and another type of service from a different provider. Providers that are found to be inhibiting freedom of choice to Medicaid and WVCHIP members are in violation of their provider agreement.

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

All Medicaid and WVCHIP enrolled providers should coordinate care if Medicaid or WVCHIP members have different services at different sites with other providers to ensure that quality of care is taking place and that safety is the forefront of the member's treatment. Appropriate Releases of Information should be signed in order that [Health Insurance Portability and Accountability Act \(HIPAA\)](#) Compliant Coordination of Care and [42 CFR](#) takes place.

### POLICY

#### 521.1 MEMBER ELIGIBILITY

Behavioral health outpatient services are available to all Medicaid and WVCHIP members with a known or suspected behavioral health disorder. Each member's level of services will be determined when prior authorization for services is requested from the agency authorized by BMS to perform administrative review. The prior authorization process is explained in [Section 521.16, Prior Authorization](#) of this chapter.

#### 521.2 MEDICAL NECESSITY

All behavioral health outpatient services covered in this chapter are subject to a determination of medical necessity. Services and supplies must be:

- Appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
- Provided for the diagnosis or direct care of an illness;
- Within the standards of good practice;
- Not primarily for the convenience of the plan member or provider; and
- The most appropriate level of care that can be safely provided.

Medical necessity must be demonstrated throughout the provision of services. For these types of services, the following five factors will be included as part of this determination:

1. Diagnosis (as determined by an appropriate professional)
2. Level of functioning
3. Evidence of clinical stability
4. Available support system
5. Service is the appropriate level of care

Providers rendering services that require prior authorization must register with the BMS utilization management contractor (UMC) and receive authorization before rendering such services. Prior authorization does not guarantee payment for services rendered. See [Section 521.16, Prior Authorization](#).

#### 521.3 PROVIDER ENROLLMENT

In order to participate in the West Virginia Medicaid and WVCHIP Program and receive payment from the BMS, providers must meet all enrollment criteria as described in [Chapter 300, Provider Participation Requirements](#) of the BMS Provider Manual.

##### 521.3.1 Enrollment Requirements: Staff Qualifications

Services may be rendered to Medicaid and WVCHIP members by a physician; physician extender; licensed psychologist; supervised psychologist under the supervision of a licensed psychologist; LICSWs;

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

LPCs; LCSWs; and LGSWs may render services only under a physician or physician extender. The LGSW and LCSW cannot independently bill for services. Documentation including required licenses, certifications, and proof of completion of training must be kept on file at the practice where the services are rendered. Provisional LPCs cannot render or be reimbursed for services under this type of provider.

West Virginia Board of Examiners of Psychologists approved supervisors may only bill services for a maximum of four supervised psychologists that they are supervising. West Virginia Board of Examiners of Psychologists approved supervisors may not “trade” supervisees for billing Medicaid and WVCHIP services.

All provider documentation, including college transcripts, certifications, credentials, background checks, and trainings, must be kept in their personnel file, and may be reviewed at any time by the BMS, its contractors, or State and federal auditors. Provisional Licensure is only accepted for newly enrolled physicians under certain restrictions. No other provisionally licensed providers will be accepted for enrollment and provisionally licensed individuals may not bill under an enrolled provider.

The licensed psychologist, supervised psychologist, who is supervised by a Board-approved supervisor, LICSW, and LPC may elect to provide services under the auspices of a physician’s practice without independently enrolling in West Virginia Medicaid and WVCHIP. A physician practice may also employ LCSWs and LGSWs. Any services rendered by an LCSW or LGSW must be billed with the appropriate services with an AJ modifier. Eligible AJ codes can be found later in this chapter.

All further Staff Qualifications are indicated under the service codes.

---

### 521.4 FINGERPRINT-BASED BACKGROUND CHECKS

Refer to [Chapter 700, West Virginia Clearance for Access: Registry & Employment Screening \(WV CARES\)](#) for fingerprint-based background check requirements.

---

### 521.5 METHODS OF VERIFYING BUREAU FOR MEDICAL SERVICES REQUIREMENTS

Enrollment requirements, as well as provision of services, are subject to review by the BMS and/or its contracted agents. The BMS contracted agents may promulgate and update utilization management guidelines that have been reviewed and approved by the BMS. These approved guidelines function as policy. Additional information governing the surveillance and utilization control program may be found in [Chapter 100, General Information](#) of the BMS Provider Manual and are subject to review by state and federal auditors.

---

### 521.6 PROVIDER REVIEWS

The primary means of monitoring the quality of behavioral health outpatient services is through provider reviews conducted by the contracted agent as determined by the BMS by a defined cycle. The contracted agent performs on-site, and desk documentation provider reviews and face-to-face member/legal representative and staff interviews to validate documentation and address the Centers for Medicare and Medicaid and WVCHIP Services (CMS) quality assurance standards.

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

Targeted on-site provider reviews and/or desk reviews may be conducted by the contracted agent in follow-up to receipt of Incident Management Reports, complaint data, Plan of Corrections (POC), etc. The provider must ensure that the documentation requested is given to the contracted agent upon request. Failure to do so may cause the provider to be put on a pay hold and/or jeopardize their future enrollment as a Medicaid and WVCHIP provider.

Upon completion of each provider review, the contracted agent conducts a face-to-face exit summation with staff as chosen by the provider to attend. Following the exit summation, the contracted agent will make available to the provider a draft exit report and, if applicable, a POC to be completed by the provider. If potential disallowances are identified, the provider will have 30 calendar days from receipt of the draft exit report to send comments back to the contracted agent. After the 30-day comment period has ended, the BMS will review the draft exit report and any comments submitted by the provider and issue a final report to the provider's executive director or designated individual. The final report reflects the provider's overall performance, details of each area reviewed and any disallowance, if applicable, for any inappropriate or undocumented billing. The BMS will send a letter to the provider's executive director or designated individual that will outline the following options to effectuate repayment:

- Payment to the BMS within 60 days after the BMS notifies the provider of the overpayment; or
- Placement of a lien by BMS against further payments for Medicaid and WVCHIP reimbursements so that recovery is effectuated within 60 days after notification of the overpayment; or
- A recovery schedule of up to a 12-month period through monthly payments or the placement of a lien against future payments.

If the provider disagrees with the Final Report, the provider may request a document/desk review within 30 days of receipt of the final report pursuant to the procedures in [Chapter 800.11.2, Provider Request for Document/Desk Review \(DDR\)](#) of the BMS Provider Manual. The provider must submit a completed repayment agreement within 30 days of receipt of the Final Report and effectuate repayment of the identified disallowance in accordance with the repayment option selected within 30 days of submission of a completed repayment agreement. The request for a document/desk review must be in writing, signed and set forth in detail the items in contention.

### The letter must be addressed to the following:

Bureau for Medical Services  
Office of Program Integrity - Provider Appeals  
350 Capitol Street, Room 251  
Charleston, WV 25301-3706

Or by email: [DHHRBMSproviderappeals@wv.gov](mailto:DHHRBMSproviderappeals@wv.gov)

If no potential disallowances are identified during the contracted agent review, then the provider will receive a final letter and a Final Report from the BMS.

### Plan of Corrections (POC)

In addition to the draft exit report sent to the providers, the contracted agent will also send a draft POC electronically. Providers are required to complete the POC and electronically submit a POC to the contracted agent for approval within 30 calendar days of receipt of the draft POC from the contracted

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

agent. The BMS may place a hold on claims if an approved POC is not received by the contracted agent within the specified time frame. The POC must include the following:

- How the deficient practice for the members cited in the deficiency will be corrected;
- What system will be put into place to prevent recurrence of the deficient practice;
- How the provider will monitor to assure future compliance and who will be responsible for the monitoring;
- The date the POC will be completed; and
- Any provider-specific training requests related to the deficiencies.

For information relating to additional audits that may be conducted for services contained in this chapter please see [Chapter 800, Program Integrity](#) of the BMS Provider Manual that identifies other state/federal auditing bodies and related procedures.

---

### 521.7 TRAINING AND TECHNICAL ASSISTANCE

The contracted agent develops and conducts training for behavioral health outpatient services providers and other interested parties as necessary to improve systemic and provider-specific quality of care and regulatory compliance. Training is available through both face-to-face and web-based venues.

---

### 521.8 OTHER ADMINISTRATIVE REQUIREMENTS

The provider must assure implementation of BMS policies and procedures pertaining to documentation, and case record review.

- Uniform guidelines for case record organization should be used by staff, so similar information will be found in the same place from case record to case record and can be quickly and easily accessed.
- Copies of completed release of information forms and consent forms must be filed in the case record.
- Copied or boilerplate language in documentation will not be reviewed and will cause denials.
- All documentation must be identified by its Medicaid and WVCHIP code and/or descriptor.
- Records must contain completed member identifying information. The member's individual plan of service must contain service goals and objectives which are derived from a comprehensive member assessment and must stipulate the planned service activities and how they will assist in goal attainment. The individual plan of service must also contain the date and start-and-stop times. Discharge reports must be filed upon case closure.
- Records must be legible. Illegible documentation and overlapping times will result in denials.
- Prior to the retrospective review all records requested must be presented to the reviewers completing the retrospective review.
- If requested the providers must provide copies of Medicaid and WVCHIP Members' records within one business day of the request.
- Provider must facilitate the records access that is requested as well as equipment that may need to be utilized to complete the Comprehensive Retrospective Review Process.
- A point of contact must be provided by the provider throughout the comprehensive retrospective review process.
- In addition to the documentation requirements described in this chapter, providers must comply with the documentation and maintenance of records requirements described in [Chapter 100](#).

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

[General Information](#), and [Chapter 300, Provider Participation Requirements](#) of the BMS Provider Manual.

- Documentation of the services provided in this manual must demonstrate only one staff person's time is billed for any specific activity provided to the member.
- The BMS Provider Manual standards apply to all services available through Telehealth unless otherwise described. Medicaid and WVCHIP will reimburse according to the fee schedule for services provided.
- Reimbursement is only available for certain audio-only services, no electronic mail message (e-mail), or facsimile transmission (fax) between a provider and a member.
- Services provided via Telehealth must align with requirements in [Chapter 519.17, Telehealth Services](#).
- Medicaid and WVCHIP will reimburse according to the fee schedule for services provided.
- All documentation must be identified by its Medicaid and WVCHIP service code and/or descriptor.

### 521.9 TELEHEALTH SERVICES

West Virginia Medicaid and WVCHIP encourage providers that have the capability to render services through Telehealth to allow easier access to services for Medicaid and WVCHIP members. Services provided through Telehealth must align with requirements in [Chapter 519.17, Telehealth Services](#).

### 521.10 DOCUMENTATION

The BMS recognizes that some providers use an electronic system to create and store documentation while other providers choose to use a hard copy-based system. When services require documentation, the BMS will accept both types of documentation. Each service code in this manual describes the required documentation. All requirements must be met no matter the modality of system choice. If the provider uses an electronic based system, a time-based stamp must be on documentation to ensure integrity of the document. The chosen system must be a certified Electronic Medical Record system with password protection.

As indicated in [Section 521.8, Other Administrative Requirements](#), documentation of services that includes boilerplate, non-specific, and/or non-individualized language is prohibited. All documentation must be identified by its Medicaid and WVCHIP code and/or descriptor. A date and time-based stamp with electronic signature must be on electronic documentation to ensure the integrity of the document.

### 521.11 ASSESSMENT SERVICES

Assessment services include evaluative services and standardized testing instruments applied by suitably trained staff and credentialed by the internal credentialing policies and procedures of the agency. Assessment services are designed to make determinations concerning the mental, physical, and functional status of the member. Those identified as being in the Foster Care system should receive assessment as rapidly as possible.

Assessment services must not be conducted if the assessment is not intended to provide behavioral health services, i.e., Section 1915(c) Waivers, or Evaluation and Management (E&M) codes, only.

#### 521.11.1 Psychiatric Diagnostic Evaluation (No Medical Services)

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

**Procedure Code:** 90791  
**Service Unit:** Event (completed evaluation)  
**Telehealth:** Available – refer to [Policy 519.17, Telehealth Services](#)  
**Service Limits:** Two events per calendar year  
**Prior Authorization:** Refer to Utilization Management Guidelines.

**Staff Credentials:** Must be performed by a West Virginia licensed Physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, or LPC.

**Definition:** An integrated bio-psychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and reviewing and ordering of diagnostic studies.

**Documentation:** Documentation must contain all the following and be completed in 15 calendar days from the date of service:

- Date of service
- Start-and-stop times
- Location of service
- Purpose of evaluation
- Signature with credentials
- Presenting problem
- History of Medicaid and WVCHIP members' presenting illness
- Intensity, duration and frequency of symptoms
- Current and past medication efficacy and compliance
- Psychiatric history up to present day and compliance
- SBIRT for individuals age of 10 and older
- Medical history related to behavioral health condition
- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Member's diagnosis per current Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) methodology
- Member's prognosis for treatment
- Rationale for prognosis
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

### 521.11.2 Psychiatric Diagnostic Evaluation (With Medical Services)

<b>Procedure Code:</b>	90792
<b>Service Unit:</b>	Event (completed evaluation)
<b>Telehealth:</b>	Available – refer to <a href="#">Policy 519.17, Telehealth Services</a>
<b>Service Limits:</b>	Two events per calendar year
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine or a physician extender.

**Definition:** An integrated bio-psychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and reviewing and ordering of diagnostic studies. This assessment includes a medical systems review.

**Documentation:** Documentation/Report must contain the following and be completed within 15 calendar days from the date of service:

- Date of service
- Start-and-stop times
- Location of service
- Purpose of evaluation
- Time spent (start/stop times)
- Physician's signature with credentials
- Presenting problem
- History of Medicaid and WVCHIP members' presenting illness
- Intensity, duration and frequency of symptoms
- Current and past medication efficacy and compliance
- Psychiatric history up to present day with treatment compliance
- SBIRT for individuals age of 10 and older
- Medical history related to behavioral health condition
- Medical systems review
- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Member's diagnosis per current DSM or ICD methodology
- Rationale for diagnosis
- Member's prognosis for treatment

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Rationale for prognosis
- Appropriate recommendations consistent with the findings of the evaluation

### 521.11.3 Mental Health Assessment by a Non-Physician

<b>Procedure Code:</b>	H0031 AJ
<b>Service Unit:</b>	Event
<b>Telehealth:</b>	Available – refer to <a href="#">Policy 519.17, Telehealth Services</a>
<b>Service Limits:</b>	Maximum of two per calendar year per member

**Staff Credentials:** Staff must have a minimum of a master's degree and be a licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, LCSW, LGSW, or LPC AJ modifier is required for billing. The AJ modifier may only be utilized in a physician practice.

**Definition:** Mental health assessment by non-physician is an initial or reassessment evaluation to determine the needs, strengths, functioning level(s), mental status and/or social history of a member. This code may also be used for special requests of the West Virginia DoHS for assessments, reports, and court testimony on adults or children for cases of suspected abuse or neglect. The administration and scoring of functional assessment instruments necessary to determine medical necessity and level of care are included in this service.

#### Approved Causes for Utilization:

1. Intake/Initial evaluation;
2. Alteration in level of care except for individuals being stepped down related to function of their behavioral health condition to a lesser level of care.
3. Critical treatment juncture, defined as: The occurrence of an unusual or significant event which has an impact on the process of treatment. A critical treatment juncture will result in a documented meeting between the provider and the member and/or designated legal representative (DLR) and may cause a revision of the plan of services;
4. Readmission upon occurrence of unusual or significant events that justify the re-initiation of treatment or that have had an impact on the individual's willingness to accept treatment;  
The provider may request authorization to conduct one global assessment per year to reaffirm medical necessity and the need for continued care/services.
5. No one under the age of three will have a H0031 conducted on them. The Medicaid and WVCHIP member under the age of the three should be referred to the Birth-to-Three program.

**Documentation for initial/intake (may include use of standardized screening tools) must contain the following and be completed within 15 calendar days from the date of service:**

- Demographic data (name, age, date of birth, etc.);
- Presenting problem(s) (must establish medical necessity for evaluation) including a description of frequency, duration, and intensity of presenting symptomatology that warrants admission;
- Impact of the current level of functioning (self-report and report of others present at interview), which may include as appropriate a description of activities of daily living, social skills, role functioning, concentration, persistence, and pace; for children, current behavioral and academic functioning;
- History of behavioral health and health treatment (recent and remote);
- History of any prior suicide/homicide attempts, high-risk behaviors, self-injurious behaviors, etc.;

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Medical problems and medications currently prescribed;
- Social history which may include family history as relevant, description of significant childhood events, arrests, educational background, current family structure, vocational history, financial status, marital history, domestic violence (familial and/or personal), substance abuse (familial and/or personal), military history if any;
- Analysis of available social support system at present;
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) for individuals age of 10 and older;
- Mental status examination - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Recommended treatment (initial);
- Diagnostic impression, (must be approved/signed by licensed clinical professional with diagnostic privileges in scope of practice);
- Place of evaluation, date of evaluation, start-and-stop times, signature and credentials of evaluator;
- Efficacy of and compliance with past treatment. (If past treatment is reported); and
- Past treatment history and medication compliance (If past treatment is reported).

### Documentation for reassessment must include:

- Date of last comprehensive assessment;
- Current demographic data;
- Reason for re-assessment, including description of current presenting problems (must document medical necessity for evaluation. If the re-evaluation is a global annual assessment, it must be labeled as such);
- Changes in situation, behavior, functioning since prior evaluation;
- Summary of treatment since prior evaluation including a description of treatment provided over the interval and response to treatment;
- Mental status examination- the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Insight and judgment
- Suggested amendments in treatment/intervention and/or recommendations for continued treatment or discharge;
- Specific rationale for any proposed amendment in diagnosis which must be analyzed and approved/signed by licensed clinical professional; and
- Place of evaluation, date of evaluation, start-and-stop times, signature and credentials of evaluator.

**Note: H0031-AJ, and 90791 or 90792** are not to be billed at the same initial intake or re-assessment unless the **H0031-AJ** is performed first, and the evaluator recommends more specific assessment by a medical or psychological professional for further evaluation of the need for medical or other specialty treatment. Documentation must justify need for further evaluation using **90791 or 90792**.

### 521.12 TESTING SERVICES

The following services are used for the testing of cognitive function of the central nervous system. The testing of cognitive processes, visual motor responses, and abstractive abilities is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate information that will be formulated into a report. The service report times include the face-to-face time with the patient and the time spent interpreting and preparing the report.

#### 521.12.1 Psychological Testing Evaluation Services by Professional

<b>Procedure Codes:</b>	96130 for the first hour of evaluation; 96131 must be used for each additional hour and may not be billed prior to 96130.
<b>Service Unit:</b>	60 minutes
<b>Telehealth:</b>	Not Available
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines
<b>Service Exclusions:</b>	Psychometrician/technician work; computer scoring or interpretation; and self-administered assessment

**Staff Credentials:** Must be performed by a West Virginia licensed psychologist or supervised psychologist who is supervised by Board-approved supervisor.

**Definition:** Psychological testing services, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s).

Evaluation by a psychologist including psychological testing with interpretation and report. Psychological testing includes, but is not limited to, standard psychodiagnostics assessment of personality, psychopathology, emotionality, and intellectual abilities. Academic assessment and assessment required to determine the needs, strengths, functioning level(s), mental status, and/or social history of an individual are also included. Documentation requires scoring and interpretation of testing and a written report including findings and recommendations. This code is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously interpreted, completed and reported technician and computer-administered tests.

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

**Note:** Interpretation and report of technician and computer-based tests may not be completed using this service. It is intended for the integration of previously interpreted and reported technician and computer-based tests.

**Documentation:** Documentation/report must contain the following and be completed in 15 calendar days from the date of service:

- Date and location of service
- Purpose of evaluation (i.e., substantiates the medically necessary purpose for psychological testing)
- Time spent (start/stop times for each administered test)
- Signature with credentials
- Documentation that the Medicaid and WVCHIP member was present for the evaluation
- Results (scores and category) of the administered tests/evaluations
- Interpretation & analysis of evaluations
- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Rendering of the Medicaid and WVCHIP member's diagnosis within the current DSM or ICD methodology
- Recommendations consistent with the findings of the administered tests/evaluations

### ***521.12.1.1 Psychological or Neuropsychological Test Administration and Scoring***

<b>Procedure Code:</b>	96136 for the first 30 minutes; 96137 may be used for additional units needed.
<b>Service Unit:</b>	30 minutes
<b>Telehealth:</b>	Not Available
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines
<b>Payment Limits:</b>	96137 must not be billed prior to 96136.
<b>Service Exclusions:</b>	Psychometrician/technician work; computer scoring or interpretation; and self-administered assessment

**Staff Credentials:** Must be performed by a West Virginia licensed psychologist or supervised psychologist who is supervised by Board-approved supervisor.

**Definition:** Psychological or neuropsychological test administration and scoring conducted by psychologists. This includes two or more tests, conducted using any method, for the first 30 minutes of the test administration and scoring process.

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

**Documentation:** Documentation/report must contain the following and be completed in 15 calendar days from the date of service:

- Date and location of service
- Purpose of evaluation (i.e., verifies the medically necessary purpose for psychological testing)
- Time spent (start/stop times for each administered test)
- Signature with credentials
- Documentation that the Medicaid and WVCHIP member was present for the evaluation
- Results (scores and category) of the administered tests/evaluations
- Interpretation and analysis of evaluations
- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Rendering of the Medicaid and WVCHIP member's diagnosis within the current DSM or ICD Methodology
- Recommendations consistent with the findings of the administered tests/evaluations

### 521.12.2 Developmental Testing: Limited

<b>Procedure Code:</b>	96110
<b>Service Unit:</b>	Event (completed interpretation and report)
<b>Telehealth:</b>	Not Available
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines
<b>Payment Limits:</b>	This service cannot be billed if psychological testing evaluation service procedure codes 96130 and/or 96131 have been billed in the last six months. Procedure codes 96110 and 96112 should not be billed concurrently.
<b>Service Exclusions:</b>	Psychometrician/technician work; computer scoring or interpretation; and self-administered assessment

**Staff Credentials:** Must be performed by a West Virginia licensed psychologist or supervised psychologist who is supervised by Board-approved supervisor.

**Definition:** This is limited to developmental testing (e.g., Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report.

**Documentation:** Documentation/report must contain the following and be completed in 15 calendar days from the date of service:

- Date and location of service

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Purpose of evaluation (i.e., substantiates the medically necessary purpose for developmental: limited testing)
- Time spent (start/stop times for each administered test)
- Signature with credentials
- Documentation that the Medicaid and WVCHIP member was present for the evaluation
- Results (scores and category) of the administered tests/evaluations
- Interpretation and analysis of evaluations
- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Rendering of the Medicaid and WVCHIP member's diagnosis within the current DSM or ICD methodology
- Recommendations consistent with the findings of the administered tests/evaluations

### 521.12.3 Developmental Testing: Extended

**Procedure Code:** 96112, 96113

**Service Unit:** Event (completed interpretation and report). 96112 must be billed for the first hour; 96113 may be billed for an additional 30 minutes as needed.

**Telehealth:** Not Available

**Prior Authorization:** Refer to Utilization Management Guidelines

**Payment Limits:** This service cannot be billed if psychological testing procedure codes 96130 and/or 96131 have been billed in the last six months. Procedure codes and 96110 and 96112 should not be billed concurrently.

**Service Exclusions:** Psychometrician/technician work; computer scoring or interpretation; and self-administered assessment

**Staff Credentials:** Must be performed by a West Virginia licensed psychologist or supervised psychologist who is supervised by a Board-approved supervisor.

**Definition:** Developmental testing, (includes assessment of motor language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.

**Documentation:** Documentation/report must contain the following and be completed in 15 calendar days from the date of service:

- Date and location of service
- Purpose of evaluation (i.e., substantiates the medically necessary purpose for developmental testing)

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Time spent (start/stop times for each administered test)
- Signature with credentials
- Documentation that the Medicaid and WVCHIP member was present for the evaluation
- Results (scores and category) of the administered tests/evaluations
- Interpretation and analysis of evaluations
- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Rendering of the Medicaid and WVCHIP member's diagnosis within the current DSM or ICD Methodology
- Recommendations consistent with the findings of the administered tests/evaluations

### 521.12.4 Neurobehavioral Status Exam

<b>Procedure Code:</b>	96116 must be used for the first hour; 96121 may be used for each additional hour.
<b>Service Unit:</b>	Per hour (completed interpretation and report)
<b>Telehealth:</b>	Not Available
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines
<b>Payment Limits:</b>	This service cannot be billed in conjunction with other testing evaluation services.

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, or supervised psychologist who is supervised by a Board-approved supervisor.

**Definition:** Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist or physician's time, both face-to face time with the patient, and time interpreting test results and preparing the report.

**Documentation:** Documentation/report must contain the following and be completed in 15 calendar days from the date of service:

- Date and location of service
- Purpose of evaluation (i.e., substantiates the medically necessary purpose for a Neurobehavioral Status exam)
- Time spent (start/stop times for each administered test)
- Signature with credentials
- Documentation that the Medicaid and WVCHIP member was present for the evaluation

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Results (scores and category) of the administered tests/evaluations
- Interpretation and analysis of evaluations
- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Rendering of the Medicaid and WVCHIP member's diagnosis within the current DSM or ICD Methodology
- Recommendations consistent with the findings of the administered tests/evaluations

### 521.12.5 Neuropsychological Testing Evaluation by Professional

<b>Procedure Code:</b>	96132 must be used for the first hour; 96133 may be used for each additional hour.
<b>Service Unit:</b>	Per hour
<b>Telehealth:</b>	Not Available
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines
<b>Payment Limits:</b>	This service cannot be billed in conjunction with other testing evaluation services.
<b>Service Exclusions:</b>	Psychometrician/technician work; computer scoring or interpretation; and self-administered assessment

**Staff Credentials:** Must be performed by a West Virginia licensed Physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, or supervised psychologist who is supervised by a Board-approved supervisor.

**Definition:** A nationally accredited or standardized neuropsychological battery or test, per hour of the psychologist's or physician's time, both face-to-face times administering tests to the patient and time interpreting these test results and preparing the report.

**Documentation:** Documentation/report must contain the following and be completed in 15 calendar days from the date of service:

- Date and location of service
- Purpose of evaluation (i.e., substantiates the medically necessary purpose for neuropsychological testing)
- Time spent (start/stop times for each administered test)
- Signature with credentials
- Documentation that the Medicaid and WVCHIP member was present for the evaluation
- Results (scores and category) of the administered tests/evaluations
- Interpretation and analysis of evaluations

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Mental status exam - the mental status exam must include the following elements:
  - Appearance
  - Behavior
  - Attitude
  - Level of consciousness
  - Orientation
  - Speech
  - Mood and affect
  - Thought process/form and thought content
  - Suicidality and homicidality
  - Insight and judgment
- Rendering of the Medicaid and WVCHIP member's diagnosis within the current DSM or ICD methodology
- Recommendations consistent with the findings of the administered tests/evaluations

### 521.12.6 Psychological or Neuropsychological Test Administration by Computer

<b>Procedure Code:</b>	96146
<b>Service Unit:</b>	Event (completed interpretation and report)
<b>Telehealth:</b>	Not Available
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines
<b>Payment Limits:</b>	This service cannot be billed in conjunction with other testing evaluation services.
<b>Service Exclusions:</b>	Psychometrician/technician work and self-administered assessment

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, or supervised psychologist who is supervised by a Board-approved supervisor.

**Definition:** A nationally accredited or standardized neuropsychological battery or test, administered by a computer, with interpretation and report completed by provider.

**Documentation:** Documentation/report must contain the following and be completed in 15 calendar days from the date of service:

- Date and location of service
- Purpose of evaluation (i.e., substantiates the medically necessary purpose for psychological testing)
- Time spent (start/stop times for each administered test)
- Signature with credentials
- Documentation that the Medicaid and WVCHIP member was present for the evaluation
- Results (computer generated results) of the administered tests/evaluations

### 521.13 PSYCHOTHERAPY

Psychotherapy is the treatment of mental illness and behavioral disturbances in which the provider through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

change maladaptive patterns of behavior, and encourage personality growth and development. The psychotherapy codes 90832, 90834, and 90837 include ongoing assessment and adjustment of psychotherapeutic interventions and may include the involvement of family member(s) or others in the treatment process.

Psychotherapy times are face-to-face with patient and/or family member. The patient must be present for all or some of the service. In reporting, choose the code closest to the actual time (i.e., 16-37 minutes for 90832, 38-52 minutes for 90834, and 53 or more minutes for 90837).

Psychotherapy documentation must indicate how often the service is to be provided and must follow an identifiable therapeutic strategy. Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement. Additionally, progress notes must include the following components:

- Date of service
- Place of service
- Start/stop times
- Signature with credentials
- Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs
- Symptoms and functioning of the member
- Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change
- Member's response to the intervention and/or treatment
- Plan for continued therapy
- Group therapy notes must also include group topic

### 521.13.1 Individual Psychotherapy

**Procedure Code:** 90832  
**Modifier Availability:** AJ (See requirements below)  
**Service Unit:** 1 unit = 16-37 minutes  
**Telehealth:** Available – refer to [Policy 519.17, Telehealth Services](#)  
**Prior Authorization:** Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, LPC, LCSW, or LGSW.

**AJ Modifier:** Required when service is rendered by a supervised psychologist, LCSW, or LGSW who is supervised by a Board-approved supervisor, LICSW, LPC, or licensed psychologist, if not able to practice independently. The AJ modifier may be used in a physician practice only.

Refer to [CSR 69-12](#) 7.5.4 for requirements for any unlicensed or uncertified staff.

**Procedure Code:** 90833 billed with appropriate E&M Code  
**Service Unit:** One unit = 16-37 minutes  
**Telehealth:** Available – refer to [Policy 519.17, Telehealth Services](#)

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

**Prior Authorization:** Refer to Utilization Management Guidelines  
**Payment Limits:** This service must be billed in conjunction with an appropriate E&M code.  
**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine or a physician extender.

**Procedure Code:** 90834  
**Modifier Availability:** AJ (See requirements below)  
**Service Unit:** 1 unit = 38-52 minutes  
**Telehealth:** Available – refer to [Policy 519.17, Telehealth Services](#)  
**Prior Authorization:** Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, LPC, LCSW, or LGSW.

**AJ Modifier:** Required when service is rendered by licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, LPC, LCSW, or LGSW, if not independently enrolled and may be used in a physician practice only.

**Procedure Code:** 90836 billed with appropriate E&M Code  
**Service Unit:** One unit = 38-52 minutes  
**Telehealth:** Available – refer to [Policy 519.17, Telehealth Services](#)  
**Prior Authorization:** Refer to Utilization Management Guidelines  
**Payment Limits:** This service must be billed in conjunction with an appropriate E&M code.

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine or a physician extender.

**Procedure Code:** 90837  
**Service Unit:** 1 unit = 53 or more minutes  
**Telehealth:** Available – refer to 519.17  
**Prior Authorization:** Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved Supervisor, LICSW, or LPC.

**Documentation:** Psychotherapy documentation must indicate how often the service is to be provided and must follow an identifiable therapeutic strategy. Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement. Additionally, progress notes must include the following components:

- Date of service
- Place of service
- Start-and-stop times
- Signature with credentials
- Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Symptoms and functioning of the member
- Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change
- Member's response to the intervention and/or treatment
- Plan for continued therapy

### 521.13.2 Individual Psychotherapy Biofeedback

**Procedure Code:** 90875  
**Service Unit:** One unit = 30 minutes  
**Telehealth:** Not Available

**Procedure Code:** 90876  
**Service Unit:** One unit = 45 minutes  
**Telehealth:** Not Available

**Prior Authorization:** Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine or a physician extender.

**Definition:** Face-to-face structured intervention by a physician or physician extender to improve an individual's cognitive processing, reduce psychiatric symptoms, reverse or change maladaptive patterns of behavior and/or improve functional abilities. This includes individual psychophysiological therapy incorporating biofeedback training by any modality with psychotherapy to provide therapeutic change in an outpatient setting.

**Documentation:** Psychotherapy documentation must indicate how often the service is to be provided and must follow an identifiable therapeutic strategy. Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement. Additionally, progress notes must include the following components:

- Date of service
- Place of service
- Start/stop times
- Signature with credentials
- Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs
- Symptoms and functioning of the member
- Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change
- Member's response to the intervention and/or treatment
- Plan for continued therapy

### 521.13.3 Group Psychotherapy (other than of a multiple-family group)

**Procedure Code:** 90853

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

**Modifier Availability:** AJ (see requirements below)  
**Service Unit:** 1 unit (45-60 minutes)  
**Telehealth:** Available – refer to [Policy 519.17, Telehealth Services](#)  
**Service Limits:** Maximum limit of 12 individuals in a group setting regardless of payer source  
**Prior Authorization:** Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, LPC, LCSW, or LGSW.

**AJ Modifier:** Required when service is rendered by licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, LPC, LCSW, or LGSW, if not independently enrolled and may be used in a physician practice only for LGSW and LCSW.

**Definition:** The psychotherapy codes 90832, 90834, 90837, and 90853 include ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family member(s) or others in the treatment process.

**Documentation:** Psychotherapy documentation must indicate how often the service is to be provided and must follow an identifiable therapeutic strategy. Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement. Additionally, progress notes must include the following components:

- Date of service
- Place of service
- Start/stop times
- Signature with credentials
- Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs
- Symptoms and functioning of the member
- Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change
- Member's response to the intervention and/or treatment
- Plan for continued therapy
- Group therapy notes must also include group topic
- Family therapy notes must demonstrate the focus on family dynamics

### 521.13.4 Medication Assisted Treatment Guidelines

Refer to [Chapter 519.22, Mental Health Counseling and Substance Abuse Treatment](#).

### 521.13.5 Psychotherapy for Crisis

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

immediate attention to patient in high distress. Codes 90839 and 90840 are used to report the total duration of time face-to-face with the patient and/or family spent by the provider providing psychotherapy for the crisis, even if the time spent on that date is not continuous. For any given period spent providing psychotherapy for crisis state, the provider must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same time. The member must be present for all or some of the services. Do not report with 90791.

**Procedure Code:** 90839  
**Service Unit:** 60 Minutes  
**Telehealth:** Unavailable

**Procedure Code:** 90840  
**Service Unit:** Add on code for each additional 30 minutes of psychotherapy for crisis, used in conjunction with 90839  
**Telehealth:** Unavailable  
**Prior Authorization:** Refer to Utilization Management Guidelines

### Service Exclusions:

- Response to a domestic violence situation
- Admission to a hospital
- Admission to a Crisis Stabilization Unit
- Time waiting for transportation or the transportation itself
- Removal of a minor or an incapacitated adult from an abusive or neglectful household
- Completion of certification for involuntary commitment

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, or LPC.

**Documentation:** Psychotherapy documentation must indicate how often the service is to be provided and must follow an identifiable therapeutic strategy. Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement. Additionally, progress notes must include the following components:

- Date of service
- Place of service
- Start/stop times
- Signature with credentials
- Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs
- Symptoms and functioning of the member
- Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for crisis de-escalation
- Member's response to the intervention and/or treatment
- Plan for continued therapy

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

In addition to the base psychotherapy documentation requirements, the documentation for psychotherapy for crisis must also include a safety plan and mental status exam. The mental status exam must include the following elements:

- Appearance
- Behavior
- Attitude
- Level of consciousness
- Orientation
- Speech
- Mood and affect
- Thought process/form and thought content
- Suicidality and homicidality
- Insight and judgment

### 521.13.6 Family Psychotherapy (without the patient present)

<b>Procedure Code:</b>	90846
<b>Service Unit:</b>	45-50 minutes
<b>Telehealth:</b>	Available – refer to <a href="#">Policy 519.17, Telehealth Services</a>
<b>Prior Authorization:</b>	Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, or LPC.

**Definition:** This code is specific to family psychotherapy without the patient present in the therapeutic session.

**Documentation:** Psychotherapy documentation must indicate how often the service is to be provided and must follow an identifiable therapeutic strategy. Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement. Additionally, progress notes must include the following components:

- Date of service
- Place of service
- Start/stop times
- Signature with credentials
- Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs
- Symptoms and functioning of the member
- Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change
- Member's response to the intervention and/or treatment
- Plan for continued therapy

### 521.13.7 Family Psychotherapy (with the patient present)

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

**Procedure Code:** 90847  
**Modifier Availability:** AJ  
**Service Unit:** 45-50 minutes  
**Telehealth:** Available – refer to [Policy 519.17, Telehealth Services](#)  
**Prior Authorization:** Refer to Utilization Management Guidelines

**Staff Credentials:** Must be performed by a West Virginia licensed physician in good standing with the West Virginia Board of Medicine, physician extender, West Virginia licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, or LPC.

**AJ Modifier:** Required when service is rendered by licensed psychologist, supervised psychologist who is supervised by a Board-approved supervisor, LICSW, LPC, LCSW, or LGSW, if not independently enrolled.

[Refer to CSR 69-12 for additional supervision requirements.](#)

**Definition:** This code is specific to family psychotherapy with the patient present in the therapeutic session. All expectations and requirements for this service are equal to the individual psychotherapy code.

**Documentation:** Psychotherapy documentation must indicate how often the service is to be provided and must follow an identifiable therapeutic strategy. Member compliance with treatment and other information must be shared with the physician or physician extender as per the Coordination of Care Agreement. Additionally, progress notes must include the following components:

- Date of service
- Place of service
- Start/stop times
- Signature with credentials
- Reason/purpose for the service and relationship of the service to the member's identified mental health treatment needs
- Symptoms and functioning of the member
- Therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change
- Member's response to the intervention and/or treatment
- Plan for continued therapy

---

### 521.14 SERVICE LIMITATIONS

Service limitations governing the provision of all West Virginia Medicaid and WVCHIP services will apply, refer to [Chapter 100, General Information](#) of the BMS Provider Manual.

---

### -521.15 SERVICE EXCLUSIONS

In addition to the exclusions listed in [Chapter 100, General Information](#), the BMS will not pay for the following services, including but not limited to:

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

- Individual and group psychotherapy services for beneficiaries with a diagnosis of dementia which has progressed to a severe cognitive deficit.
- Individual and group psychotherapy services for beneficiaries with a diagnosis of severe and profound intellectual disability.
- Group psychotherapy services which only consist of activities such as socialization, music therapy, recreational activities, art classes, excursions, dining together, sensory stimulation, cognitive stimulation, motion therapy, and non-directional play therapy.
- Services provided a supervised psychologist in a “satellite” office, which is not the primary site of the practice, and the Board-approved supervising psychologist is not available for direct face-to-face supervision.
- Telephone consultations.
- Meeting with the Medicaid and WVCHIP member or Medicaid and WVCHIP member’s family for the sole purpose of reviewing evaluation and/or results.
- Missed appointments including, but not limited to, canceled appointments and appointments not kept.
- Services not meeting the definition of medical necessity.
- A copy of the psychological report when the Bureau paid for the original service.
- Experimental services or drugs.
- Services rendered outside the scope of a provider’s license.
- Any activity provided for the purpose of leisure or recreation.
- Services completed by an employee other than those approved by West Virginia Medicaid and WVCHIP to provide services to its members.
- If a facility is reimbursed for behavioral health outpatient services, the professional cannot be reimbursed separately.
- Services provided by Supervised Psychologists are limited to the extent that billing for these services is restricted to four individual supervised psychologists per Medicaid and WVCHIP enrolled licensed board-approved supervising psychologist.
- Family psychotherapy services when the service constitutes taking a history or documenting evaluation and management services.
- Unlisted psychiatric/psychological services are subject to review and pricing. The completed reports must be attached to the claim form and submitted for consideration to the Bureau.
- Developmental testing (extended assessment) when psychological testing has been billed.
- Hypnotherapy.
- Neurobehavioral Status Exam when psychological testing, developmental testing (limited or extended) and neuropsychological testing battery have been billed.
- Marriage counseling.
- Non-directional play therapy.

### 521.16 PRIOR AUTHORIZATION

Prior authorization requirements governing the provision of all West Virginia Medicaid and WVCHIP services will apply, refer to [Chapter 300, Provider Participation Requirements](#) of the BMS Provider Manual.

### 521.17 DOCUMENTATION AND RECORD RETENTION REQUIREMENTS

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

Documentation and record retention requirements governing the provision of all West Virginia Medicaid and WVCHIP services will apply pursuant to [Chapter 100, General Information](#) and [Chapter 300, Provider Participation Requirements](#) of the BMS Provider Manual.

Providers must comply, at a minimum, with the following documentation requirements:

- Providers must maintain a specific record for all services received for each West Virginia Medicaid and WVCHIP eligible member including, but not limited to name, address, birth date, identification number, and pertinent diagnostic information.
- Signature and credentials of staff providing the service, designation of what service was provided, documentation of services provided, the dates the services were provided, and the actual time spent providing the service by listing the start/stop times as required by service.
- All required documentation must be maintained for at least five years in the provider's file subject to review by authorized BMS personnel. In the event of a dispute concerning a service provided, documentation must be maintained until the end of the dispute or five years, whichever is greater.
- Failure to maintain all required documentation may result in the disallowance and recovery by the BMS of any amounts paid to the provider for which the required documentation is not maintained and not provided to the BMS upon request.
- Providers must also comply with the specific documentation requirements for the program or service procedure, as described in this chapter.

### 521.18 BILLING PROCEDURES

Claims from providers must be submitted on the BMS designated form or electronically transmitted to the BMS fiscal agent and must include all information required by BMS to process the claim for payment:

- The amount billed to the BMS must represent the provider's usual and customary charge for the services delivered.
- Claims must be accurately completed with required information.
- By signing the BMS Provider Enrollment Agreement, providers certify that all information listed on claims for reimbursement from Medicaid and WVCHIP is true, accurate, and complete. Therefore, claims may be endorsed with computer-generated, manual, or stamped signatures.
- Claim must be filed on a timely basis, i.e., filed within 12 months from date of service, and a separate claim must be completed for each individual member.

### GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid and WVCHIP services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

**Abuse and Neglect:** As defined in [West Virginia State §49-1-3](#)

**Behavioral Health Condition:** A mental illness, behavioral disorder, and/or substance use disorder which necessitates therapeutic treatment.

**Child Advocacy Centers:** Child advocacy centers (or CACs) provide services to children in West Virginia per [WV State Code §49-3-101](#).

## CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

**Coordination of Care:** Sharing information between relevant parties to plan, arrange, implement, and monitor provision of services to a Medicaid and WVCHIP Member.

**Day Report Center:** As governed under [West Virginia State Code §62-11C-1](#) are responsible for carrying out the dual purpose of imposing sanctions on and providing services to offenders.

**Foster Child:** The West Virginia Department of Health and Human Resources defines a foster child as a child receiving 24-hour substitute care while placed away from his or her parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, and pre-adoptive homes.

**Legal Representative:** Parent of a minor child, conservator, legal guardian (full or limited), health care surrogate, medical power of attorney, power of attorney, representative payee, or other individual authorized to make certain decisions on behalf of a member and operating within the scope of his/her authority.

**Licensed Certified Social Worker:** An individual who has obtained Level C status as defined by the West Virginia Board of Social Work and by [West Virginia State Code §30-30-11](#).

**Licensed Graduate Social Worker:** An individual who has obtained Level B status as defined by the West Virginia Board of Social Work and by [West Virginia State Code §30-30-13](#).

**Licensed Independent Clinical Social Worker:** An individual who has obtained Level D status as defined by the West Virginia Board of Social Work and by [West Virginia State Code §30-30-9](#).

**Licensed Professional Counselor:** An individual who as has obtained full licensure as defined by the West Virginia Board of Examiners in Counseling and by [West Virginia State Code §30-31-8](#).

**Licensed Psychologist:** A psychologist who has completed the requirements for licensure that have been established by the West Virginia Board of Examiners of Psychologist and is in current good standing with the board.

**Physician:** As defined in [West Virginia State Code §30-3-10](#), an individual who has been issued a license to practice medicine in the State of West Virginia by the West Virginia Board of Medicine and is in good standing with the board; or an individual licensed by the West Virginia Board of Osteopathy in accordance with [West Virginia State Code §30-30-14](#).

**Physician Extender:** A medical professional including an advanced practice registered nurse or a physician's assistant functioning within his or her legal scope of practice.

**Plan of Correction (POC):** A template form that will list the quality deficiencies that were identified during a retrospective review of a behavioral health outpatient practice.

**Supervised Psychologist:** An individual with a completed master's degree and whose status is a "Board-Approved Supervised Psychologist" as defined and granted by the West Virginia Board of Examiners of Psychologists and cited in this Board's current requirements for licensure.

**CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES**

**Utilization Management Contractor (UMC):** The contracted agent of the BMS.

**CHANGE LOG**

REPLACE	TITLE	EFFECTIVE DATE
Chapter 521	Psychological Services	April 1, 2015
Chapter 521	Behavioral Health Outpatient Services	January 15, 2018
Chapter 521	<p>Behavioral Health Outpatient Services</p> <p>The following changes were made with this update:</p> <p>521.3.1 Enrollment Requirements: Staff Qualifications - updated Staff enrollment requirements</p> <p>521.4 Fingerprint-Based Background Checks – removed duplicative policy to refer to Chapter 700, West Virginia Clearance for Access: Registry &amp; Employment Screening (WVCARES).</p> <p>521.6 Provider Reviews - section updated with most recent information</p> <p>521.8 Other Administrative Requirements – section updated to include additional requirements</p> <p>521.9 Telehealth Services – removed duplicative policy to refer to 519.17</p> <p>521.10 Documentation – updated section to include additional requirements related to electronic documentation</p> <p>521.11 Assessment services – updated language in subsections so that documentation expectations align.</p>	TBD

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid and WVCHIP policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

CHAPTER 521 BEHAVIORAL HEALTH OUTPATIENT SERVICES

	<p>521.12 Testing Services – updated to align policy with latest service titles and applicable coding. Added test scoring and administration.</p> <p>521.15 Service Exclusions – updated to include additional exclusions</p>	
--	---	--

DRAFT

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid and WVCHIP policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.