

TOC required

203.270 Physician's Role in Behavioral Health Services

9-1-201-1-
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Medicaid covers behavioral health services when furnished by qualified providers to eligible Medicaid beneficiaries. A primary care physician referral is required for some behavioral health services when provided outside the physician's office.

For additional information about services that may not require PCP referral, refer to Section 172.100 of this manual.

205.100 Physician's "Direct Supervision" in the Provision of Behavioral Health Counseling Psychotherapy Services

10-13-03

The psychotherapy counseling procedures covered under the Physician Program are allowed as a covered service when provided by the physician or by a qualified practitioner authorized by State licensure to provide psychotherapy services them. For additional information about qualified practitioners who can provide counseling services, refer to Section II of the Counseling Services Medicaid Provider Manual.

When a practitioner other than a physician provides the services, the practitioner must be under the "direct supervision" of the physician in the clinic that is billing for the services. For the purpose of psychotherapy counseling services only, the term "direct supervision" means the following:

A. The person who is performing the covered service must be either of the following:

1. A paid employee of the physician who is billing the Medicaid Program. A W-4 must be on file in the physician's office; or
2. A subcontractor of the physician who is billing the Medicaid Program. A contract between the physician and the subcontractor must be on file in the physician's office.

And

3. The paid employee or subcontractor must be enrolled with Arkansas Medicaid as a performing provider in a program that allows them to provide counseling services.

B. The physician must monitor and be responsible for the quality of work performed by the employee or subcontractor under his/her "direct supervision". The physician must be immediately available to provide give assistance and direction throughout the time the service is being performed.

C. Psychological testing is not covered, except as defined in the Arkansas Medicaid Diagnostic and Evaluation manual.

Refer to Section 292.740 of this manual for more information.

248.000 Psychotherapy and Psychological Testing

10-13-03

The Arkansas Medicaid Program's policy regarding psychology services and psychotherapy is:

A. Psychotherapy is reimbursable to a physician when provided by a physician or under the physician's "direct supervision." Refer to Section 205.100 and Section 202.740 of this manual.

B. Psychological testing is not covered, except in a certified community mental health center or in the psychology program for beneficiaries in the Child Health Services (EPSDT) Program when services are provided by a psychologist who is enrolled in the Medicaid Program.

292.740 Psychotherapy Counseling Services

40-13-031-
1-23

The **psychotherapy counseling procedures** covered under the Physician Program are allowed as a covered service when provided by the physician or when provided by a qualified practitioner who by State licensure is authorized to provide **psychotherapy services** them. When a practitioner other than the physician provides the services, the services must be under the direct supervision of the physician billing for the service. For the purposes of **psychotherapy services** only, the term "direct supervision" means the following:

A. The person who is performing the service must be: (1) a paid employee of the physician (the physician who is billing the Medicaid Program). A W-4 Form must be on file in the physician's office or (2) a subcontractor of the physician (the physician who is billing the Medicaid Program). A contract between the physician and the subcontractor must be on file in the physician's office and

B. The physician must monitor and be responsible for the quality of work performed by the employee or subcontractor under his "direct supervision." The physician must be immediately available to provide assistance and direction throughout the time the service is being performed.

Psychotherapy Counseling Services must be provided by a physician rendering psychotherapy or qualified performing provider in his/her the physician's office, or the outpatient hospital or the nursing home. **Psychotherapy Counseling** codes may not be billed in conjunction with an office visit, outpatient hospital visit, or inpatient psychiatric facility visit and may not be billed when services are performed in a community mental health clinics Medicaid Behavioral Health Counseling Services at another enrolled Arkansas Medicaid provider type site. Only one (1) **psychotherapy counseling** visit per day is allowed in the physician's office, the outpatient hospital, or nursing home. **Psychotherapy Counseling Services** provided and billed by a physician's office are defined in the Arkansas Medicaid Counseling Services provider manual. The rules set forth in the Counseling Services manual will apply. Any additional services provided by a psychiatrist enrolled in the physician's program will count against the sixteen (16) visits per State Fiscal Year physician benefit limit. Record Review is not covered.

292.741 Behavioral Health Screen Individual Medical Psychotherapy

7-1-071-1-
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The appropriate CPT procedure codes must be used when billing for individual medical psychotherapy. The appropriate National Place of Service code must be entered in Field 24B in the CMS-1500 claim format. A physician, physician's assistant, or advanced nurse practitioner may administer a Brief emotional/behavioral assessment screening to a client along with an office visit. The allowable screening is up to two (2) units per visit and is allowable up to four (4) times per state fiscal year without prior authorization. An extension of benefits may be requested if additional screening is medically necessary. If a client is under the age of eighteen (18), and the parent/legal guardian appears depressed, he or she can be screened as well, and the screening billed under the minor's Medicaid number. The provider cannot prescribe meds for the parent under the child's Medicaid number. A parent/legal guardian session will count towards the four (4) counseling screening limit. The physician must have the capacity to treat or refer the parent/guardian for further treatment if the screening results indicate a need, regardless of payor source.

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292.742 Family/Group Psychotherapy

2-1-22

The following psychotherapy procedure codes are payable by the Arkansas Medicaid Program for family/group psychotherapy:

[View or print the procedure codes for Physician/Independent Lab/CRNA/Radiation Therapy Center services.](#)

Procedure codes are payable when the place of service is the beneficiary's home, the physician's office, a hospital or a nursing home. Procedure code is payable only when the patient is present during the treatment. Procedure codes are payable when the patient is not present; however, the patient may be present during the session, when appropriate.