

Clinical Policy: Outpatient Therapy by Licensed Practitioners

Reference Number: LA.CP.BH.502c

Date of Last Revision: 09/24

Coding Implications

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Licensed practitioner outpatient therapy includes:

- 1) Outpatient psychotherapy (individual, family and group);
- 2) Psychotherapy for crisis;
- 3) Psychoanalysis;
- 4) Electroconvulsive therapy;
- 5) Biofeedback;
- 6) Hypnotherapy;
- 7) Screening, assessment, examination, and testing;
- 8) Diagnostic evaluation; and
- 9) Medication management;

I. Eligibility Criteria:

- A. All Medicaid-eligible children and adults who meet medical necessity as established by InterQual® criteria.

II. Limitations/Exclusions

- A. Providers cannot provide services or supervision under this section if they are a provider who is excluded from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act.
- B. In addition, they may not be debarred, suspended or otherwise excluded from participating in procurement activities under the State and federal laws, regulations and policies, including the federal Acquisition Regulation, and Executive Order No.12549.
- C. In addition, providers who are an affiliate, as defined in the federal Acquisition Regulation, of a person excluded, debarred, suspended or otherwise excluded under State and federal laws, regulations and policies may not participate.
- D. Service providers that offer addiction services must demonstrate competency, as defined by LDH, State law (La. R.S. 37:3386, *et seq.*) and regulations. Anyone providing addiction or behavioral health services must be adhering to their scope of practice license.
- E. Individuals who reside in an institution (inpatient hospital setting) or secured settings such as jails and prisons, are not permitted to receive rehabilitation services.
- F. Visits to intermediate care facilities for the intellectually disabled are not covered.
- G. All LMHP services provided while a person is a resident of an institute for mental disease (IMD), such as a free-standing psychiatric hospital or psychiatric residential treatment facility, are the content of the institutional service and not otherwise separately reimbursable by Louisiana Healthcare Connections.

III. Provider Qualifications

- A. Licensed mental health practitioners are licensed individuals who are in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. Licensed mental health practitioners include the following individuals:
- 1) Licensed mental health professionals (LMHP) who are licensed in the State of Louisiana to diagnose and treat mental illness or substance use disorders. An LMHP includes the following individuals who are licensed to practice independently:
 - a. Medical psychologists;
 - b. Licensed psychologists;
 - c. Licensed clinical social workers (LCSWs);
 - d. Licensed professional counselors (LPCs);
 - e. Licensed marriage and family therapists (LMFTs);
 - f. Licensed addiction counselors (LACs); and
 - g. Advanced practice registered nurses (APRNs).
 - 2) Provisionally licensed professional counselors (PLPCs);
 - 3) Provisionally licensed marriage and family therapists (PLMFTs); and
 - 4) Licensed master social workers (LMSWs).

IV. Allowed Provider Types and Specialties

- A. PT 77 Mental Health Rehab PS 78 MHR;
- B. PT 74 Mental Health Clinic PS 70 Clinic / Group;
- C. PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group;
- D. PT 38 School Based Health Center PS 70 Clinic/Group;
- E. PT 31 Psychologist PS:
- 1) 6A Psychologist – Clinical;
 - 2) 6B Psychologist – Counseling;
 - 3) 6C Psychologist – School;
 - 4) 6D Psychologist – Developmental;
 - 5) 6E Psychologist - Non-declared;
 - 6) 6F Psychologist – Other; and
 - 7) 6G Psychologist – Medical.
- F. PT 73 Social Worker (Licensed/Clinical) PS 73 Social Worker;
- 1) 73 Licensed Clinical Social Worker (LCSW); and
 - 2) LL Lower Level – Licensed Master Social Worker (LMSW).
- G. PT AK Licensed Professional Counselor (LPC) PS:
- 1) 8E CSoC/Behavioral Health – LPC; and
 - 2) LL Lower Level – Provisionally Licensed Professional Counselor (PLPC).
- H. PT AH Licensed Marriage & Family Therapists (LMFT) PS:
- 1) 8E CSoC/Behavioral Health – LMFT; and
 - 2) LL Lower Level – Provisionally Licensed Marriage and Family Therapist (PLMFT).

- I. PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health;
- J. PT 20 Psychiatrist PS:
 - 1) 26 Psychiatry; and
 - 2) 2W Addiction Specialist.
- K. PT 78 Nurse Practitioner (APRN) PS 26;
- L. PT 93 Clinical Nurse Specialist (APRN) PS 26; and
- M. PT 94 Physician Assistant PS 26.

V. Billing

- A. LMSWs, PLPCs and PLMFTs may not directly bill for services provided to a Medicaid enrollee. LMSWs, PLPCs and PLMFTs may be the rendering provider on a claim when in accordance with Title 46 and their individual practice acts.

VI. Allowed Mode(s) of Delivery

- A. Individual;
- B. Family;
- C. Group;
- D. On-site;
- E. Off-site; and
- F. Tele-video.

VII. Additional Service Criteria

- A. Services provided to children and youth must include communication and coordination with the family and/or legal guardian, as well as the primary care physician (PCP). Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth's treatment record.
- B. Electroconvulsive therapy and Screening, assessment, examination, and testing require prior authorization.
- C. The following services require prior authorization after 24 visits in a calendar year:
 - 1) Outpatient psychotherapy (individual, family and group);
 - 2) Psychoanalysis;
 - 3) Biofeedback; and
 - 4) Hypnotherapy;

VIII. Telehealth

- A. Telemedicine/telehealth is the use of a telecommunications system to render healthcare services when a physician or licensed practitioner and a member are not in the same location. Telehealth does NOT include the use of text, e-mail, or facsimile (fax) for the delivery of healthcare services.
- B. The originating site means the location of the member at the time the telehealth services are provided. There is no restriction on the originating site and it can include, but is not limited to, a healthcare facility, school, or the member's home. Distant site means the

site at which the physician or other licensed practitioner is located at the time the telehealth services are provided. Assessments, evaluations, individual psychotherapy, family psychotherapy, and medication management services may be provided via telecommunication technology when the following criteria is met:

- 1) The telecommunication system must be secure, ensure member confidentiality, and be compliant with the requirements of the Health Insurance Portability and Accountability Act (HIPAA);
- 2) The services provided are within the practitioner's telehealth scope of practice as dictated by the respective professional licensing board and accepted standards of clinical practice;
- 3) The member's record includes informed consent for services provided through the use of telehealth;
- 4) Services provided using telehealth must be identified on claims submission using by appending the modifier "95" to the applicable procedure code and indicating the correct place of service, either POS 02 (other than home) or 10 (home). Both the correct POS and the 95 modifier must be present on the claim to receive reimbursement;
- 5) Assessments and evaluations conducted through telehealth should include synchronous, interactive, real-time electronic communication comprising both audio and visual elements unless clinically appropriate and based on member consent;
- 6) Providers must deliver in-person services when telehealth is not clinically appropriate or when the member requests in-person services;
- 7) Group psychotherapy is only allowed via telehealth when utilized for Dialectical Behavioral Therapy (DBT) and must include synchronous, interactive, real-time electronic communication comprising of both audio and visual elements.

Background

LPCs may render or offer prevention, assessment, diagnosis, and treatment, which includes psychotherapy of mental, emotional, behavioral, and/or addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, which is consistent with their professional training as prescribed by La. R.S. 37:1101 *et seq.* LPCs shall not engage in the practice of psychology or prescribe, either orally or in writing, distribute, dispense, or administer any medications. If intellectual, personality, developmental, or neuropsychological tests are deemed necessary, the licensed professional counselor shall make an appropriate referral. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103).

PLPCs shall have a valid, current and unrestricted license issued by the Louisiana Board of Professional Counselors. PLPCs shall deliver services in accordance with the current, applicable scope of practice and must be actively engaged in supervision as required by their respective licensing board. (Reference: Louisiana Mental Health Counselor Licensing Act, La R.S. 37:1101 *et seq.*)

LMFTs may render professional marriage and family therapy and psychotherapy services limited to prevention, assessment, diagnosis, and treatment of mental, emotional, behavioral, relational,

and addiction disorders to individuals, couples and families, singly or in groups that is consistent with their professional training as prescribed by La. R.S. 37:1101 *et seq.* LMFTs shall not engage in the practice of psychology or prescribe, either orally or in writing, distribute, dispense, or administer any medications. If intellectual, personality, developmental, or neuropsychological tests are deemed necessary, the licensed marriage and family therapist shall make an appropriate referral. (Reference: Louisiana Mental Health Counselor Licensing Act; Section 1103). All treatment is restricted to marriage and family therapy issues.

PLMFTs shall have a valid, current and unrestricted license issued by the Louisiana Board of Professional Counselors. PLMFTs shall deliver services in accordance with the current, applicable scope of practice and must be actively engaged in supervision as required by their respective licensing board. (Reference: Louisiana Mental Health Counselor Licensing Act, La R.S. 37:1101 *et seq.*)

LMSWs shall have a valid, current and unrestricted license issued by the Louisiana Board of Social Worker Examiners. LMSWs shall deliver services in accordance with the current, applicable scope of practice and must be actively engaged in supervision as required by their respective licensing board. (Reference: Louisiana Social Work Practice Act, La R.S. 37:2701 *et seq.*)

LACs, who provide addiction services, must demonstrate competency, as defined by LDH, State law, Addictive Disorders Practice Act and regulations. LACs are not permitted to diagnose under their scope of practice under State law. LACs providing addiction and/or behavioral health services must adhere to their scope of practice license.

APRNs shall have a valid, current and unrestricted advanced practice registered nurse license, as a nurse practitioner or clinical nurse specialist, issued by the Louisiana State Board of Nursing. APRNs must be nurse practitioner specialists in adult psychiatric and mental health, and family psychiatric and mental health, or certified nurse specialists in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health and child-adolescent mental health and may practice to the extent that services are within the APRN's scope of practice.

Physician must be a psychiatrist or physician's assistant working under protocol of a psychiatrist.

In general, the following Medicaid Enterprise Systems (MES) provider types and specialties may bill these codes according to the scope of practice outlined under State Law. The specific provider types and specialties are permitted to bill each code as noted in the Medicaid Specialized Behavioral Health Fee Schedule.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of

professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
N/A	

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
New Policy	09/24	3/24/25	4/24/25

References

1. LDH Behavioral Health Services Provider Manual 2.3 Outpatient Services. Outpatient Therapy by Licensed Practitioners. Issued 10/01/24 Replaced 5/13/24.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to

recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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