Psychological and Counseling Assessment and Treatment Services
as referenced in: Division of Health Benefits Policy 10 C

Evaluation in the following psychological/counseling areas are eligible for Medicaid cost recovery:

3.8 Psychological and Counseling Services

This service may consist of psychological testing, clinical observation and counseling services as appropriate for chronological or developmental age for one or more of the following areas of functioning:

a. Cognitive
b. Emotional and personality;
c. Adaptive behavior;
d. Behavior; and/or
e. Perceptual or visual motor.

For psychological/counseling services, the following provider types and licensing entities apply:

Provider:	Licensing Entity:
a. Licensed Psychologist (LP)	NC Psychology Board
b. Licensed Psychological Associate (LPA)	NC Psychology Board
c. Licensed Professional Counselor (LPC)	NC Board of Licensed Professional Counselors
d. Licensed Professional Counselor Associate (LPCA)	NC Board of Licensed Professional Counselors
e. Licensed Clinical Social Worker (LCSW)	NC Social Work Certification and Licensure Board
f. Licensed Clinical Social Worker Associate (LCSWA)	NC Social Work Certification and Licensure Board
g. School Psychologist (SP)	NC State Board of Education/Department of Public Instruction

Evaluation Services are defined in section 3.9.3 of Policy 10C:

3.9.3 Evaluation services

*Evaluation Services are the administration of an evaluation protocol, **involving testing and clinical observation** as appropriate for chronological or developmental age, which results in the generation of a written evaluation report. This protocol **can consist of interviews with parent(s), legal guardian(s), other family member(s), other service providers, and teachers to collect assessment data from inventories, surveys, and questionnaires**.*

Treatment Services are defined in section 3.11 of Policy 10C:

3.11 Treatment Services

a. Treatment services are the **medically necessary**:
   1. therapeutic PT, OT, ST, and audiology procedures, modalities, methods and interventions, that occur after the initial evaluation has been completed;
   2. Nursing services directly related to a written plan of care (POC) based on an order from a licensed MD, DPM, DO, PA, NP or CNM; and
   3. Psychological and counseling services.

b. Treatment services must address the observed needs of the beneficiary, must be performed by the qualified service provider, and must adhere to ALL the following requirements:

1. A verbal order or a signed and dated written order must be obtained for services prior to the start of services. All verbal orders must:
    A. contain the date and signature of the person receiving the order;
    B. be recorded in the beneficiary's record; and
    C. be countersigned by the physician within 60 calendar days.
2. All verbal orders are valid up to 12 calendar months from the documented date of **receipt**. All written orders are valid up to 12 calendar months from the date of the physician's signature;
3. Backdating is not allowed;
4. All services must be provided according to a treatment plan that meets the requirements in **Subsection 3.10**;
5. Service providers shall review and renew or revise treatment plans and goals no less often than every 12 calendar months;
6. For a Local Education Agency (LEA), the prior approval process is deemed met by the IEP, IFSP, IHP, BIP or 504 Plan processes. An LEA provider shall review, renew and revise the IEP, IFSP, IHP, BIP or 504 Plan annually along with and obtaining a dated physician order with signature. The IEP, IFSP, IHP, BIP or 504 Plan requirement of parent notification must occur at regular intervals throughout the year as stipulated by NC Department of Public Instruction. Such notification must detail how progress is sufficient to enable the child to achieve the IEP, IFSP, IHP, BIP or 504 Plan goals by the end of the school year; and
7. Faxed orders and faxed signatures are permissible and serve the same purposes for documentation as an original signature on an original form or order sheet. Electronic signatures and printed dates are acceptable. Providers using electronic signatures shall maintain policies regarding the use of electronic documentation addressing the security of records and the unique signature, sanctions against improper or unauthorized use, and reconstruction of records in the event of a system breakdown; and Stamped signatures are not permitted.

Limitations or Requirements are delineated in Section 5.2 of Policy 10C:

5.2 Limitations or Requirements

Each evaluation code can be billed only once in a six-month period unless there is a change in the beneficiary's medical condition. Medical necessity criteria outlined in Section 3.0 of this policy must be met. ***Except where permitted by covered Psychological and Counseling Services Assessment procedure codes[1]****, evaluation services do not include interpretive conferences, educational placement or care planning meetings, mass or individual screenings aimed at selecting beneficiaries who may have special needs. Time spent for preparation, report writing, processing of claims, documentation regarding billing or service provision, and travel is not billable to Medicaid or to any other payment source, since it is a part of the evaluation process which was considered in the determination of the rate per unit of service. All treatment services shall be provided as outlined in an IEP, IFSP, IHP, BIP or 504 Plan. Occupational therapy and physical therapy services can be provided in a group setting with a maximum total number (that is both non-eligible and Medicaid-eligible beneficiaries) of three children per group. Speech-language services can be provided in a group setting with a maximum total number (that is both non-eligible and Medicaid eligible beneficiaries) of four children per group. Treatment services do not include* ***consultation activities, specific objectives involving English as a second language or a treatment plan primarily dealing with maintenance or monitoring activities. Time spent for preparation, processing of claims, documentation or service provision, and travel is not billable to Medicaid or to any other payment source, since it is a part of the treatment process which was considered in the determination of the rate per unit of service.***

[1] To determine where permitted by covered Psychological and Counseling Services Assessment procedure codes, providers are referred to APA's 2019 Psychological and Neuropsychological Testing CPT® Codes & Descriptions, accessible at https://www.apaservices.org/practice/reimbursement/health-codes/testing/codes-descriptions.pdf

Code(s) - **Attachment A: Claims-Related Information in Policy 10 C:**

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided*. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code. The unit of service is determined by the CPT code used. Event codes may only be billed one unit a day by the same specialty.*

Psychological and Counseling Services Assessment

CPT Code	Unit of Service
96130	(1 unit = first hour)
96131	(1 unit = each additional hour); must be used with 96130
96136	(1 unit = first 30 minutes)
96137	(1 unit = each additional 30 minutes); must be used with 96136
96110	(1 unit = event)
96112	(1 unit = first hour)
96113	(1 unit = each additional 30 minutes); must be used with 96112
96116	(1 unit = first hour)
96121	(1 unit = each additional hour); must be used with 96116
96132	(1 unit = first hour)
96133	(1 unit = each additional hour); must be used with 96132
90791	(1 unit = 1 hour)

Psychological and Counseling Services Treatment

CPT Code	Unit of Service
90832	1 unit = 23 – 37 minutes
90834	1 unit = 38 – 52 minutes
90837	1 unit = 53 – 67 minutes
90847	1 unit = 1 visit
90853	1 unit = 1 visit

According to the LEA Fee Schedule, the following rates apply to the associated CPT Codes:

Psychological and Counseling Assessment Services:

Code			Description	Facility Fee	Non-Facility Fee	Last Updated
96110			developmental testing; limited (eg, developmental screening test ii, early	8.75	8.75	
96112			Developmental test administration by qualified health care professionsl with interpretation and report, first 60 minutes	106.25	108.56	1/1/2019
96113			Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes	106.25	108.56	1/1/2019
96116			neurobehavioral status exam (clinical assessment of thinking, reasoning	75.11	79.14	
96121			Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes	73.37	89.24	1/1/2019
96125			standardized cognitive performance testing (eg, ross information processing	63.96	75.81	
96130			Psychological testing evaluation by qualified health care professional, first 60 minutes	71.10	71.38	1/1/2019
96131			Psychological testing evaluation by qualified health care professional, additional 60 minutes	71.10	71.38	1/1/2019
96132			Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	73.37	89.24	1/1/2019
96133			Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	73.37	89.24	1/1/2019
96136			Psychological or neuropsychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	71.10	71.38	1/1/2019
96137			Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	71.10	71.38	1/1/2019

Psychological and Counseling Treatment Services:

Code			Description	Facility Fee	Non-Facility Fee	Last Updated
90832			psychotherapy, 30 minutes	40.15	50.67	
90834			psychotherapy, 45 minutes	60.29	65.81	
90837			psychotherapy, 60 minutes	90.91	96.44	
90847			family psychotheraphy including patient, 50 minutes	83.74	88.78	
90853			group psychotherapy (other than of a multiple-family group)	24.65	26.09	

American Psychological Association resources:

Crosswalk for 2019 Psychological Testing and Evaluation CPT® Codes:
https://www.apaservices.org/practice/reimbursement/health-codes/testing/psychological-testing.pdf

Testing Codes FAQs 2019:
https://www.apaservices.org/practice/reimbursement/health-codes/testing-code-faq.pdf

Updated Guidance on Billing and Coding:
https://www.apaservices.org/practice/reimbursement/health-codes/testing/bill-multiple-days-providers

Up to code: Testing code changes are here:
https://www.apaservices.org/practice/reimbursement/health-codes/testing/changes