

CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE  
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES  
PART 25. PSYCHOLOGISTS LICENSED BEHAVIORAL HEALTH  
PROFESSIONALS

**317:30-5-275. Eligible providers**

~~(a) Payment is made for compensable services to psychologists licensed in the state in which face to face services are delivered.~~ Licensed Behavioral Health Professional (LBHPs). LBHPs are defined as follows:

(1) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry practicing as described in OAC 317: 30-5-2.

(2) Practitioners with a license to practice in the state in which services are provided. The exemptions from licensure under 59 §1353(4) (Supp. 2000) and 5, 59 §1903(C) and (D) (Supp. 2000), 59 §1925.3 (B) (Supp. 2000) and (C), and 59 §1932 (C) (Supp.2000) and (D) do not apply to Outpatient Behavioral Health Services.

(A) Psychologist,

(B) Social Worker (clinical specialty only),

(C) Professional Counselor,

(D) Marriage and Family Therapist,

(E) Behavioral Practitioner, or

(F) Alcohol and Drug Counselor.

(3) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.

(4) A Physician Assistant who is licensed in good standing in this state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

~~Payment is also made to practitioners who have completed education requirements to begin an internship or a post-doctoral fellowship in an accredited clinical psychology academic training program and are under current board approved supervision toward licensure. Each psychologist must have a current contract with the Oklahoma Health Care Authority (OHCA).~~

(b) Psychologists employed in State and Federal Agencies, who are not permitted to engage in private practice, cannot

be reimbursed for services as an individually contracted provider.

~~(b)~~ **(c) Provisionally licensed practitioners.**

(1) Practitioners who have completed education requirements to begin an internship or a post-doctoral fellowship in an accredited clinical psychology academic training program and are under current board approved supervision toward licensure.

(2) LBHP candidates who are actively and regularly receiving a LBHP board approved supervision, or extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the licensing boards listed in 2 (A) through (F) above.

(3) In order for services provided by ~~clinical psychology interns completing required internships and post doctoral fellows completing required supervision for licensure~~ to be reimbursed, by practitioners in (1) and (2) above, the following conditions must be met:

(1) The licensed LBHP practitioner billing SoonerCare must have a letter on file covering the dates of services of the internship, ~~or~~ post doctoral fellowship, or LBHP board approved supervision;

(2) The psychology intern, ~~or post-doctoral~~ fellow, or LBHP candidate must be under the direct supervision of the licensed ~~psychologist~~ professional responsible for the member's care;

(3) The supervising licensed ~~psychologist~~ professional responsible for the member's care must:

(A) staff the member's case with the intern, ~~or~~ fellow, or LBHP candidate,

(B) actively direct the services,

(C) be available to the intern, ~~or~~ fellow, or LBHP candidate for in-person consultation while they are providing services,

(D) agree with the current plan for the member, and

(E) confirm that the service provided by the intern, ~~or~~ fellow, or LBHP candidate was appropriate; and

(4) The member's medical record must show that the requirements for reimbursement were met and the licensed ~~psychologist~~ professional responsible for the member's care has reviewed, countersigned, and dated the notes in the medical record at least every week so that it is documented that the licensed ~~psychologist~~ professional is responsible for the member's care.

**317:30-5-276. Coverage by category**

(a) ~~Adults.~~ There is no coverage for adults for services by a LBHP other than physicians psychologist. Children. Coverage for children includes the following services (all services require authorization by OHCA, or it's designated agent):

~~(b) Children.~~ Coverage for children includes the following:

(1) ~~Psychiatric Diagnostic Interview Examination (PDIE)~~ Bio-Psycho-Social Assessments. The interview and assessment is defined as a face-to-face interaction with the member. ~~Psychiatric diagnostic interview examination~~ Bio-Psycho-Social Assessments includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. Assessments for Children's Level of Care determination based on medical necessity following a specified assessment process as determined thru OHCA and its designated agent. Only one ~~PDIE~~ assessment is allowable per provider per member. If there has been a break in service over a six month period, or the assessment is conducted for the purpose of determining a child's need for inpatient psychiatric admission, then an additional unit can be ~~prior~~ authorized by OHCA, or their designated agent.

(2) Individual and/or Interactive psychotherapy in an outpatient setting including an office, ~~or~~ clinic, or other confidential setting. The services may be performed at the residence of the member if it is demonstrated that it is clinically beneficial, or if the member is unable to go to a clinic or office. Individual psychotherapy is defined as a one to one treatment using a widely accepted modality or treatment framework suited to the individual's age, developmental abilities and diagnosis. It may include specialized techniques such as biofeedback or hypnosis.

(3) Family Psychotherapy is performed in an outpatient setting limited to an office, clinic, or ~~member's residence~~ other confidential setting. Family therapy is a face-to-face interaction between a therapist and the patient/family to facilitate emotional, psychological or behavioral changes and promote communication and understanding. Family therapy must be provided for the benefit of a

~~SoonerCare eligible child~~ the member as a specifically identified component of an individual treatment plan.

(4) Group and/or Interactive Group psychotherapy in an outpatient setting must be performed in ~~the psychologist's~~ an office, clinic, or other confidential setting. Group therapy is a face to face interaction between a therapist and two or more unrelated patients (though there may be siblings in the same group, just not siblings only) to facilitate emotional, psychological, or behavioral changes. All group therapy records must indicate group size. Maximum total group size is eight adult (18 and over) individuals except when the individuals are residents of an ICF/MR where the maximum group size is six. For all children four years of age up to the age of 18, the total group size is limited to six patients. Group therapy must be provided for the benefit of a ~~SoonerCare eligible child four years of age or older~~ the member as a specifically identified component of an individual treatment plan. Multi-family group therapy size is limited to eight family units.

(5) Psychological, Developmental, Neuropsychological, Neurobehavioral Testing is clinically appropriate and allowable when an accurate diagnosis and determination of treatment needs is needed. Four hours/units of testing per patient (over the age of two), per provider is allowed without prior authorization every 12 months. In circumstances where it is determined that further testing is medically necessary, additional hours/units may be prior authorized by the OHCA or designated agent based upon medical necessity and consultation review. In circumstances where there is a clinical need for specialty testing, then more hours/units of testing can be authorized. Any testing performed for a child under three must be prior authorized. Testing units must be billed on the date the testing, interpretation, scoring, and/or reporting was performed and supported by documentation.

(6) Health and Behavior codes - behavioral health services are available only to chronically and severely medically ill children. The provision of these services are restricted to psychologist only.

(7) Crisis intervention services for the purpose of stabilization and hospitalization diversion as clinically appropriate.

~~(6)~~ (8) Payment for therapy services provided by a ~~psychologist~~ LBHP to any one member is limited to ~~five~~ eight sessions/units per month ~~without prior authorization.~~ ~~In circumstances where it is determined that further sessions/units are medically necessary, then more sessions/units can be prior authorized by the Oklahoma Health Care Authority or their designated agent.~~ All units/sessions must be authorized by the OHCA or its designated agent. A maximum of 12 sessions/units of therapy and testing services per day per provider are allowed. Case Management services are considered an integral component of the behavioral health services listed above.

~~(7)~~ (9) A child who is being treated in an acute inpatient setting can receive separate Psychological services as the inpatient per diem is for "non-physician" services only. Professional services by a psychologist is separately reimbursable from the inpatient case rate or per diem paid to the hospital for a child who has been admitted and being treated in an acute inpatient setting.

~~(8)~~ A child receiving Residential Behavioral Management in a foster home, also known as therapeutic foster care, or a child receiving Residential Behavioral Management in a group home, also known as therapeutic group home, may not receive individual, group or family counseling or psychological testing without prior authorization by the OHCA or its designated agent.

~~(e)~~ (b) **Home and Community Based Waiver Services for the Mentally Retarded.** All providers participating in the Home and Community Based Waiver Services for the mentally retarded program must have a separate contract with this Authority to provide services under this program. All services are specified in the individual's plan of care.

~~(d)~~ (c) **Individuals eligible for Part B of Medicare.** Payment is made utilizing the Medicaid allowable for comparable services.

### **317:30-5-278. Non-covered procedures**

The following procedures by ~~psychologists~~ LBHPs are not covered:

- (1) sensitivity training
- (2) encounter
- (3) workshops

- (4) sexual competency training
- (5) marathons or retreats for mental disorders
- (6) strictly education training
- (7) psychotherapy to persons under three years of age unless specifically approved by OHCA, or its designated agent.

**317:30-5-278.1. Documentation of records**

All ~~psychological~~ behavioral health services will be reflected by documentation in the patient records.

(1) All assessment, testing, and treatment services/units billed must include the following:

- (A) date;
- (B) start and stop time for each session/unit billed;
- (C) signature of the provider;
- (D) credentials of provider;
- (E) specific problem(s), goals and/or objectives addressed;
- (F) methods used to address problem(s), goals and objectives;
- (G) progress made toward goals and objectives;
- (H) patient response to the session or intervention; and
- (I) any new problem(s), goals and/or objectives identified during the session.

(2) For each Group psychotherapy session, a separate list of participants must be maintained.

(3) Psychological testing will be documented for each date of service performed which should include at a minimum, the objectives for testing, the tests administered, the results/conclusions and interpretation of the tests, and recommendations for treatment and/or care based on testing results and analysis.