

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

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

~~Payment is made to psychologists with a license to practice in the state where the service is performed or to practitioners who have completed education requirements and are under current board approved supervision to become licensed, as set forth in this section.~~

(1) **Adults.** There is no coverage for adults for services by a psychologist.

(2) **Children.** Coverage for children includes the following:

(A) Psychiatric Diagnostic Interview Examination (PDIE). The interview and assessment is defined as a face-to-face interaction with the client member. Psychiatric diagnostic interview examination 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. Only one PDIE is allowable per provider ~~unless there has been a break in service over a six month period.~~ If there has been a break in service over a six month period, then an additional unit can be prior authorized by OHCA, or their designated agent.

(B) Individual and/or Interactive psychotherapy in an outpatient setting including an office or clinic. The services may be performed at the residence of the recipient member if it is demonstrated that it is clinically beneficial, or if the client 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. ~~It is a service personally rendered to an individual by a licensed psychologist.~~

(C) Family Psychotherapy is performed in an outpatient setting limited to an office, clinic, or client member=s residence. 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 ~~Medicaid~~ SoonerCare eligible child as a specifically identified component of an individual treatment plan.

(D) Group and/or Interactive Group psychotherapy in an

outpatient setting must be performed in the psychologist's 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 patients. Group therapy must be provided for the benefit of a Medicaid SoonerCare eligible child four years of age or older as a specifically identified component of an individual treatment plan. ~~Group therapy is billed per session. No more than one per patient session is allowed per day.~~

(E) Psychological, Developmental, Neuropsychological, Neurobehavioral Testing is clinically appropriate and allowable ~~utilized~~ when an accurate diagnosis and determination of treatment needs is needed ~~cannot be made otherwise~~. Four hours/units of testing per patient (over the age of two), per provider is allowed without prior authorization every 12 months ~~each calendar year~~. In circumstances where it is determined that further testing is medically necessary, ~~an additional four~~ 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 ~~actual~~ testing, interpretation, scoring, and/or reporting ~~is~~ was performed and supported by documentation.

(F) Payment for therapy services provided by a psychologist to any one member is limited to ~~four~~ five sessions/units encounters per month without prior authorization. ~~An encounter is defined as one hour of individual therapy, one hour of family therapy, or one group therapy session. The four encounters can be any combination of the treatment options.~~ 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. A maximum of ~~8 hours~~ 12 sessions/units of therapy and testing services per day per provider are allowed. ~~A child who is being treated in an acute or residential inpatient setting can receive separate Psychological services as the inpatient per diem is for "non-physician" services only. 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 unless prior authorized by the OHCA or its designated agent.~~

(G) A child who is being treated in an acute inpatient setting can receive separate Psychological services as the inpatient per diem is for Anon-physician@ services only.

(H) 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.

(3) **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.

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

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

All psychological services ~~must~~ 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 ~~timed treatment~~ 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 ~~by report~~ 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.