



*North Carolina*  
**State Health Plan**

for Teachers and State Employees and  
NC Health Choice for Children

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www.shpnc.org

**OUTPATIENT PSYCHOTHERAPY  
POLICY NUMBER: ME0650**

**Definition:**

Outpatient psychotherapy is the treatment of psychiatric or chemical dependency disorders through scheduled therapeutic visits between the therapist and the patient. Outpatient behavioral health psychotherapy services may be provided in an office, clinic or other locations appropriate to the provision of psychotherapy. The focus of outpatient psychotherapy treatment is to improve or maintain an individual's ability to function as well as alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc). For children and adolescents, active family involvement and/or family therapy are expected unless contraindicated. The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment. A goal-oriented treatment focus, measurable outcomes, and a specific, realistic discharge plan must be developed as part of the initial assessment and outpatient treatment planning process; the discharge plan must be evaluated and revised as necessary as treatment continues.

Episodic outpatient therapy is often sufficient for most individuals seeking outpatient treatment services, including those with more serious and persistent behavioral health conditions. Pharmacotherapy, plus ongoing, intermittent treatment by a licensed mental health professional (e.g. once or twice per month) may be necessary to maintain certain individuals' optimum functioning in order to ameliorate significant, often debilitating, symptoms and to prevent the need for more intensive treatment at higher levels of care.

**Coverage:**

1. The following providers are covered for outpatient psychotherapy for the initial 26 unmanaged office visits and for the subsequent pre-certified office visits beyond 26, and all outpatient services provided in a clinic or facility setting:

- A. LICENSED PSYCHIATRISTS

A psychiatrist licensed as an M.D. or D.O. in the state in which he or she performs any service covered by the Plan, who has completed a psychiatric residency approved by the American Council of Graduate Medical Education.

B. LICENSED DOCTORS OF PSYCHOLOGY

A doctor of psychology who is licensed in the state in which he or she performs any services covered under the Plan. He or she will have a doctorate degree in psychology and at least two years clinical experience in a recognized health setting or has met the standards of the National Register of Health Service Provider in Psychology.

C. CLINICAL SOCIAL WORKERS

A clinical social worker who is certified or licensed as a clinical social worker in the state in which he or she performs any service covered by the Plan.

D. PSYCHIATRIC NURSES

1. A psychiatric nurse, who is duly licensed as a Registered Nurse in the state in which he or she performs any service covered by the Plan, and who is certified as a clinical specialist in psychiatric mental-health nursing (Advanced Practice Registered Nurse A.P.R.N.).

2. Any other psychiatric nurse, duly licensed as a Registered Nurse in the state in which he or she performs any services covered by the Plan, and who is employed and directly supervised by an eligible doctor (as identified in A & B above). Direction and supervision must include the initial evaluation of the patient by the eligible doctor and regular supervision conferences between the doctor and the employee. (Employment is interpreted to mean a salaried W-2 employer/employee relationship, not a per-case consultant contractual arrangement.)

E. LICENSED PSYCHOLOGICAL ASSOCIATES

An associate with a masters' degree in psychology, licensed as a psychological associate in the state in which he or she performs any services covered by the Plan.

F. CERTIFIED FEE-BASED PRACTICING PASTORAL COUNSELOR

A Certified Fee-based Practicing Pastoral Counselor in the state in which he or she performs any service covered by the Plan.

G. LICENSED PROFESSIONAL COUNSELOR

A Licensed Professional Counselor in the state in which he or she performs any services covered under the Plan.

H. LICENSED MARRIAGE AND FAMILY THERAPIST

A marriage and family therapist who is licensed as a marriage and family therapist in the state in which he or she performs any service covered by the Plan.

I. **LICENSED PHYSICIAN ASSISTANT**

A Licensed Physician Assistant employed and directly supervised by a licensed psychiatrist in the state in which he or she performs any service covered by the Plan. (Employment is interpreted to mean a salaried W-2 employer/employee relationship, not a per-case consultant contractual arrangement.)

J.. **PHYSICIANS AND CERTIFIED PROFESSIONALS**

A physician licensed in the state in which services are provided. A certified professional with training and experience in the care and treatment of mental health who is employed and directly supervised by such physicians. (Employment is interpreted to mean a salaried W-2 employer/employee relationship, not a per-case consultant contractual arrangement.) Certified professionals of mental health care and treatment are limited to the above-mentioned providers in this section, A through I.

2. Outpatient treatment of chemical dependency is covered under outpatient psychotherapy. All eligible providers listed in 1 (coverage) may provide outpatient chemical dependency services with appropriate substance abuse training and experience in the field of alcohol and other drug abuse as determined by the mental health case manager are authorized to provide treatment for chemical dependency in an outpatient setting. In addition, the following providers are also eligible to provide outpatient chemical dependency treatment only:

A. **LICENSED PHYSICIANS**

A physician licensed as an M.D. in the state in which he or she performs any service covered by the Plan, who is certified in substance abuse by the American Society of Addiction Medicine (ASAM).

B. **CERTIFIED SUBSTANCE ABUSE PROFESSIONALS**

A substance abuse professional who is certified or licensed by the state in which he or she performs any service covered under the plan. Employment and direct supervision must be in accordance with Article 5 C of Chapter 90 in the NC General Statutes.

C. **CERTIFIED SUBSTANCE ABUSE COUNSELORS**

A substance abuse counselor who is certified by the state in which he or she performs any service covered by the Plan, and who is employed and directly supervised by such physicians, psychologists, or psychiatrists as specified in 1A, 1B, or 2A above).

D. **PHYSICIANS AND CERTIFIED PROFESSIONALS**

A physician licensed in the state in which services are provided. A certified professional with training and experience in the care and treatment of chemical dependency who is employed and directly supervised by such physicians. (Employment is interpreted to mean a salaried W-2 employer/employee relationship, not a per-case consultant contractual arrangement.)

Certified professionals of chemical dependency care and treatment are limited to the providers listed above in number 1 A through J and number 2 B.

E. OTHERS AS APPROVED BY THE MENTAL HEALTH CASE MANAGER

In the absence of meeting one of the criteria above, the Mental Health Case Manager could consider, on a case-by-case basis, a provider who supplies:

1. Evidence of graduate education in the diagnosis and treatment of chemical dependency, and
  2. Supervised work experience in the diagnosis and treatment of chemical dependency (with supervision by an appropriately credentialed provider), and
  3. Substantive past and current continuing education in the diagnosis and treatment of chemical dependency commensurate with one's profession.
3. Outpatient chemical dependency treatment must be consistent with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.
  4. Behavioral health services for individuals who are deaf or hard of hearing may be authorized as in-network to signing or non-signing clinicians, as appropriate, based upon service recommendations from the N.C. Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS). Requests for such services may be made through the Mental Health Case Manager who will contact DMH/DD/SAS for specific referral options.
  5. All benefits for outpatient care are subject to the case management requirements for 26 unmanaged office visits and for the subsequent pre-certified office visits beyond the initial 26, and all outpatient services provided in a clinic or facility setting within the Plan Year. See Medical Policy AD0430 Mental Health and Chemical Dependency Case Management.
  6. Medication management visits appropriately billed as 90862 do not require pre-certification and are not counted toward the initial 26 visits allowed without case management. However, when 90862 is billed with a chemical dependency diagnosis, the visit will then count toward the 26 unmanaged visits.
  7. The outpatient psychiatric and chemical dependency benefit is a combined benefit. All claims for office visits submitted to the Claims Processor are applied to the single benefit of 26 unmanaged visits regardless of the diagnosis.
  8. The 26 unmanaged office visits may also include payment within certain limits for early identification and treatment services. Such services are identified on the claim form submitted to the Claims Processor as a deferred diagnostic code or a V-code, according to the following guidelines:
    - a. No more than 6 visits total may be billed and paid with a deferred diagnosis and/or V-code.
    - b. A maximum of two visits may be billed and paid with a deferred diagnosis code (799.90) and, the remainder of the 6 visits must be billed and paid with a V-code.
    - c. Providers of early intervention services must meet the same credentialing requirements as outlined in this policy above (see Coverage, number 1A through I).

- d. Subsequent visits beyond the 6 visits must be billed with an Axis I diagnosis other than a V-code in order to be eligible for payment and meet pre-certification requirements when beyond the 26 unmanaged visits.

**Approval:**

1. Pre-certification is not required for the first 26 office visits within each Plan Year.
2. Pre-certification is always required when the outpatient service is rendered in a clinic or facility setting. The provider must submit an Outpatient Request Form 2 (ORF2) to the Mental Health Case Manager prior to providing services.
3. The provider is responsible for submitting an Outpatient Request Form 2 (ORF2) to the Mental Health Case Manager prior to the 26<sup>th</sup> office visit. In the event that the provider does not have an ORF2, the patient or provider may call 1-800-367-6143 to request the form be sent to the provider.
4. For the purposes of approval, certification and licensure are considered to be equivalent in the event that states other than North Carolina have certification instead of licensure or have licensure instead of certification.

**Limitations and Exclusions:**

1. For a list of non-covered services, please refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management, for additional limitations and exclusions.
2. See <http://www.shpnc.org> for a complete listing of medical policies.
3. Providers who do not meet the requirements as outlined above are not covered. (See Coverage section of this policy.)
4. Psychiatric diagnostic interview, 90801, is limited to one per provider per Plan Year. Each 90801 counts toward the 26 unmanaged office visits; otherwise, pre-certification by the Mental Health Case Manager is required.
5. Psychological testing will count toward the 26 office visit threshold and require approval if rendered after the 26th visit or anytime it is rendered in a clinic or facility setting. This service should only be utilized as an adjunct to outpatient mental health treatment:
6. The member is responsible for keeping track of the number of outpatient mental health and chemical dependency visits received each Plan year.
7. Educational or achievement testing for the sole purposes of resolving educational performance questions is not covered. Psychological testing for conditions classified solely as a learning disability is not covered. (See AH0725, Psychological Testing Limitations and Exclusions, 4.)

**Authority:**

N.C. G.S. 135-44.4

N.C. G.S. 135-45.1

N.C. G.S. 135-45.9

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