



# MONTANA HEALTHCARE PROGRAMS NOTICE

July 17, 2020

**FQHC, Home Support Services, Licensed Professional Counselor, Mental Health Centers, Mid-Levels, Partial Hospitalization Program, PRTF, Physicians, Psychologist, RHC, School-Based Services, Social Worker, Targeted Case Management – Mental Health, Therapeutic Foster Home, and Therapeutic Group Home Providers**

**Effective March 1, 2020**

## **Reminder – Outpatient Psychotherapy Limits**

This notice serves to remind mental health providers billing for youth outpatient psychotherapy of the updated limits effective March 1, 2020. The limit has been increased from 10 sessions to 24 sessions. Currently, claims post a remark that the 10-session outpatient psychotherapy limit has been reached. However, claims will not be denied for reaching the 10-session limit and will be processed. Montana DPHHS will be updating the remark on remittance advices to stating a member has reached the 24-session limit.

Please see below for further requirements.

### **For the first 24 patient sessions per state fiscal year:**

The youth must have a recognized mental health diagnosis.

Outpatient therapy services that **do not** count towards the 24 sessions are as follows:

- (a) Psychiatric Diagnostic or evaluative interview procedures;
- (b) Group psychotherapy;
- (c) Outpatient psychotherapy with medication evaluation and management services;
- (d) Pharmacological or medication management services;
- (e) Central nervous system assessments/tests or psychological testing performed by a physician or psychologists;
- (f) Outpatient therapy services provided as part of the CSCT service; and
- (g) Psychotherapy crisis codes.

**For sessions in excess of 24 per state fiscal year, youth must meet the SED criteria as described in this manual and all of the following:**

- (a) A family driven Individualized Treatment Plan (ITP) has been formulated on admission that identifies strength-based achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the treatment. The response of the youth to treatment has been regularly documented, and revisions in the ITP are consistent with the clinical needs of the youth.
- (b) The youth and family, if applicable, have demonstrated investment in the therapeutic alliance and have agreed to the goals/objectives of the ITP.
- (c) Progress toward treatment goals has occurred as evidenced by measurable reduction of symptoms or behaviors that indicate continued responsiveness to treatment.

- (d) A discharge plan has been formulated and regularly reviewed and revised. It must identify specific target dates for achieving specific goals and defines criteria for conclusion of treatment.

Review all applicable [Administrative Rules of Montana](#) on the Secretary of State's website and the [Children's Mental Health Bureau Medicaid Services Provider Manual](#) for complete language pertaining to outpatient psychotherapy for youth and Serious Emotional Disturbance (SED) diagnosis and functional impairment requirements.

To better assist providers in determining if a youth qualifies for Medicaid-eligible mental health services, the Children's Mental Health Bureau has posted the [Montana Scale for Children/Adolescents with Serious Emotional Disturbance \(SED\) Checklist](#) on our website. This tool aligns with the requirements found in our manual (please link above). The use of this tool is optional.

## **Contact Information**

Children's Mental Health Bureau at (406) 444-4545

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)