

# Outpatient Therapy by Licensed Practitioners

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4036

Recent review date: 12/2024

Next review date: 4/2026

Policy contains: Outpatient therapy; licensed practitioner; telehealth.

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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Licensed Practitioner Outpatient Therapy includes:

- Outpatient psychotherapy (individual, family, and group);
- Psychotherapy for crisis;
- Psychoanalysis;
- Electroconvulsive therapy;
- Biofeedback;
- Hypnotherapy;
- Screening, assessment, examination, and testing;
- Diagnostic evaluation;
- Medication management.

## Provider Qualifications

Licensed mental health practitioners are licensed individuals who are in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts, and the practitioner's professional license. Licensed mental health practitioners include the following individuals:

- A licensed mental health professional (LMHP) is an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently:
  - Medical psychologists;
  - Licensed psychologists;
  - Licensed clinical social workers (LCSWs);
  - Licensed professional counselors (LPCs);
  - Licensed marriage and family therapists (LMFTs);
  - Licensed addiction counselors (LACs); and
  - Advanced practice registered nurses (APRNs).

The following provisionally licensed professionals may render outpatient therapy:

- Provisionally licensed professional counselors (PLPCs);
- Provisionally licensed marriage and family therapists (PLMFTs);
- Licensed master social workers (LMSWs).

Provisionally Licensed Professional Counselors (PLPCs), Provisionally Licensed Marriage and Family Therapists (PLMFTs) or Licensed Master Social Workers (LMSWs) delivering MCR services must be under regularly scheduled supervision in accordance with requirements established by the practitioner's professional licensing board. Proof of the board approved supervision must be held by provider employing these provisionally licensed staff.

LACs, who provide addiction services, must demonstrate competency, as defined by LDH, State law, Addictive Disorders Practice Act, and regulations. LACs are not permitted to diagnose under their scope of practice under State law. LACs providing addiction and/or behavioral health services must adhere to their scope of practice license.

APRNs shall have a valid, current, and unrestricted advanced practice registered nurse license, as a nurse practitioner or clinical nurse specialist, issued by the Louisiana State Board of Nursing. APRNs must be nurse practitioner specialists in adult psychiatric and mental health, and family psychiatric and mental health, or certified nurse specialists in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health and child-adolescent mental health and may practice to the extent that services are within the APRN's scope of practice.

Physician must be a psychiatrist or physician's assistant working under protocol of a psychiatrist.

NOTE: Psychiatrists are covered under the physician section of the Louisiana Medicaid State Plan. However, psychiatrists often are employed by agencies that employ other licensed practitioners. For ease of reference, psychiatrist codes often billed under agencies are included in this section of the provider manual. However, psychiatrists may bill any codes under the physician section of the Louisiana Medicaid State Plan for which they may be qualified. Note that prior authorization or authorization beyond an initial authorization level of benefit is not a required CMS element for psychiatrist services under the Louisiana Medicaid State Plan; however, AmeriHealth Caritas may choose to require prior authorization for psychiatrist services or may prior authorize psychiatrist services beyond an initial authorization level of benefit at their option.

In general, the following provider types and specialties may bill these codes according to the scope of practice outlined under State Law. The specific provider types and specialties are permitted to bill each code as noted in the Specialized Behavioral Health Fee Schedule.

## Allowed Provider Types and Specialties

- PT 77 Mental Health Rehab PS 78 MHR
- PT 74 Mental Health Clinic PS 70 Clinic / Group
- PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group
- PT 38 School Based Health Center PS 70 Clinic/Group
- PT 31 Psychologist PS
  - 6A Psychologist - Clinical
  - 6B Psychologist – Counseling
  - 6C Psychologist - School
  - 6D Psychologist - Developmental
  - 6E Psychologist - Non-declared
  - 6F Psychologist – Other
  - 6G Psychologist – Medical
- PT 73 Social Worker (Licensed/Clinical) PS 73 Social Worker
  - 73 Licensed Clinical Social Worker (LCSW); and
  - LL Lower Level – Licensed Master Social Worker (LMSW).
- PT AK Licensed Professional Counselor (LPC) PS 8E LPC
  - 8E CSoC/Behavioral Health – LPC; and
  - LL Lower Level – Provisionally Licensed Professional Counselor (PLPC).
- PT AH Licensed Marriage & Family Therapists (LMFT) PS 8E
  - 8E CSoC/Behavioral Health – LMFT; and
  - LL Lower Level – Provisionally Licensed Marriage and Family Therapist (PLMFT).
- PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health
- PT 20 Psychiatrist PS
  - 26 Psychiatry
  - 2W Addiction Specialist
- PT 78 Nurse Practitioner (APRN) PS 26
- PT 93 Clinical Nurse Specialist (APRN) PS 26
- PT 94 Physician Assistant PS 26

## Eligibility Criteria

All Medicaid-eligible children and adults who meet medical necessity criteria.

## Limitations/Exclusions

Providers cannot provide services or supervision under this section if they are a provider who is excluded from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act. In addition, they may not be debarred, suspended, or otherwise excluded from participating in procurement activities under the State and federal laws, regulations, and policies, including the federal Acquisition Regulation, Executive Order No. 12549 and Executive Order No. 12549. In addition, providers who are an affiliate, as defined in the federal Acquisition Regulation, of a person excluded, debarred, suspended, or otherwise excluded under State and federal laws, regulations and policies may not participate.

All services must be authorized. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery.

Service providers that offer addiction services must demonstrate competency, as defined by LDH, State law (RS 37:3386 et seq.) and regulations. Anyone providing addiction or behavioral health services must be adhering to their scope of practice license.

Individuals who reside in an institution (inpatient hospital setting) or secure settings (jails and prisons) are not permitted to receive rehabilitation services. Visits to intermediate care facilities for the intellectually disabled are not covered. All LMHP services provided while a person is a resident of an institute for mental disease (IMD), such as a free-standing psychiatric hospital or psychiatric residential treatment facility, are the content of the institutional service and not otherwise separately reimbursable by Medicaid.

## **Billing**

LMSWs, PLPCs and PLMFTs may not directly bill for services provided to an AmeriHealth Caritas member. LMSWs, PLPCs and PLMFTs may be the rendering provider on a claim when in accordance with Title 46 and their individual practice acts.

## **Allowed Mode(s) of Delivery**

- Individual;
- Family;
- Group;
- On-site;
- Off-site; and
- Tele-video.

## **Additional Service Criteria**

Services provided to children and youth must include communication and coordination with the family and/or legal guardian, as well as the primary care physician (PCP). Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth's treatment record.

Psychological testing must be prior authorized by AmeriHealth Caritas Louisiana.

## **Telehealth**

Telemedicine/telehealth is the use of a telecommunications system to render healthcare services when a physician or licensed practitioner and a member are not in the same location. Telehealth does NOT include the use of text, e-mail, or facsimile (fax) for the delivery of healthcare services.

The originating site means the location of the member at the time the telehealth services are provided. There is no restriction on the originating site and it can include, but is not limited to, a healthcare facility, school, or the member's home. Distant site means the site at which the physician or other licensed practitioner is located at the time the telehealth services are provided. Assessments, evaluations, individual psychotherapy, family  
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psychotherapy, and medication management services may be provided via telecommunication technology when the following criteria are met:

- The telecommunication system must be secure, ensure member confidentiality, and be compliant with the requirements of the Health Insurance Portability and Accountability Act (HIPAA);
- The services provided are within the practitioner's telehealth scope of practice as dictated by the respective professional licensing board and accepted standards of clinical practice;
- The member's record includes informed consent for services provided through the use of telehealth;
- Services provided using telehealth must be identified on claims submission using by appending the modifier "95" to the applicable procedure code and indicating the correct place of service, either POS 02 (other than home) or 10 (home). Both the correct POS and the 95 modifier must be present on the claim to receive reimbursement;
- Assessments and evaluations conducted through telehealth should include synchronous, interactive, real-time electronic communication comprising both audio and visual elements unless clinically appropriate and based on member consent;
- Providers must deliver in-person services when telehealth is not clinically appropriate or when the member requests in-person services;
- Group psychotherapy is only allowed via telehealth when utilized for Dialectical Behavioral Therapy (DBT) and must include synchronous, interactive, real-time electronic communication comprising of both audio and visual elements.

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## References

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Louisiana Department of Health. 2017. Behavioral Health Services Provider Manual. Outpatient Therapy by a Licensed Practitioner. Chapter 2, Section 2.3. Issued 10/1/2025.

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## Policy updates

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Initial review date: 3/1/2021

11/1/2022: Policy updated.

12/2024: Policy references. Coverage updated.