

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Developmental Disabilities (BHDD) Division</p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p> <p>Date effective: January 1, 2024 October 1, 2025</p>
<p>Policy Number: 425</p>	<p>Subject: Mental Health (MH) Outpatient (OP) Therapy</p>

Definition

MH Outpatient (OP) Therapy services include individual, family, and group psychotherapy in which diagnosis, assessment/reassessment, psychotherapy psychotherapeutic interventions, and related services are provided as outlined in the American Medical Association's Common Procedural Terminology (CPT) manual. MH OP therapy is formal treatment in which the provider establishes a professional relationship with the member and, through therapeutic communication and techniques, attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, facilitate coping mechanisms, and/or encourage personality growth and development. It is an integral part of an active individualized treatment plan, which is directly related to an individual's identified condition/diagnoses.

Medical Necessity Criteria

The member must have any mental health diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis.

Provider Requirements

MH OP Therapy may be provided by a master's level licensed mental health professional. Licensure candidates may provide MH OP Therapy when employed by a licensed Mental Health Center or a practice setting as described in ARM 37.85.213 (3).

Service Requirements

- (1) Group therapy services may not have more than 16 members participating in the group.
- (2) Services must be based on a current comprehensive **biopsychosocial** assessment and included as an intervention in the member's individualized treatment plan (ITP), as described in this manual.
- (3) MH OP is not a bundled service and must be billed using the appropriate outpatient therapy codes.
- (4) MH OP does not include services provided prior to completion of a biopsychosocial assessment and development of a formal treatment recommendation, including early intervention or brief therapeutic interventions.

Utilization Management

- (1) Prior authorization is not required.
- (2) Continued stay reviews are not required.
- (3) The provider must document in the file of the member that the member meets the medical necessity criteria.