

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