

BEHAVIORAL HEALTH SERVICES 10/2013

Individuals approved as vendors of licensed behavioral health services for DARS customers must submit an application for approval to Patricia Goodall, Ed.S., DARS Central Office (application materials are in the DARS Forms Cabinet under "Publications" on the left side of DARS' home page at www.vadars.org and then under "Forms & Files"). If an applicant meets state and agency requirements, the vendorship request will be approved. Vendors are asked periodically to submit specific information or updated applications to DARS for monitoring purposes.

Eligible providers of Behavioral Health Services for DARS include the following licensed professionals: Clinical Psychologists, Psychiatrists and other Physicians; and Allied Behavioral Health Clinicians (i.e., licensed school psychologists, licensed professional counselors, licensed clinical social workers, licensed physicians assistants, and licensed nurse practitioners). Therapeutic Behavior Services are provided by licensed Board Certified Behavior Analysts, Board Certified Assistant Behavior Analysts, and endorsed Positive Behavior Support Facilitators.

*Prior to authorization of services, agency staff should assure an individual's Virginia licensure is current and that s/he is in good standing with the respective regulatory board(s) of the Department of Health Professionals (DHP). Information on current licensure, probationary status, etc. is on the DHP website at <http://www.dhp.virginia.gov> under "License Lookup" on left. To check on the endorsement status of a Positive Behavior Support Facilitator (PBSF), contact Patti Goodall at 800/552-5019 or Patti.Goodall@dars.virginia.gov.

A vendor providing licensed behavioral health services for DARS customers must adhere to the agency's standards for such providers (as described in the vendorship application materials) and must agree to accept the agency's established fees for services. Fees are based on CPT codes with a unit cost: in most cases, a unit is equal to one hour of direct service to an individual. The fees listed indicate the maximum allowable reimbursement, with any exceptions noted; actual reimbursement amounts depend on the number of units of service authorized and provided.

→ Note that "**Northern Virginia rates**" have been established and should be used when services are provided in the City of Alexandria and the counties of Arlington and Fairfax **only**. When authorizing services to these vendors, use the five-digit CPT code followed by an "N" (e.g., CPT 90791N, Diagnostic Evaluation), as included in this section.

Fees will be paid to vendors as indicated below upon receipt of an invoice. Invoices should generally be submitted monthly, accompanied by an evaluation / assessment report, treatment plan, and/or brief therapy progress notes (outlining individual's attendance, goals, and progress).

NOTE: "Add-on codes" are **always** performed **in addition to** the primary service or procedure and are **never** reported as a "**stand alone code.**"

CPT CODES, PROCEDURES, UNITS, AND FEES

CPT Code 90791, Diagnostic Evaluation (formerly 90801, Diagnostic Interview)
AWARE Service Category: Medical/ Mental Health Treatment
AWARE Procedure Category: Specialist Examinations

Description: *Diagnostic Evaluation* is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. Used for diagnostic assessment(s) or reassessment(s), if required, and do not include psychotherapeutic services. Typically, the Diagnostic Evaluation report should include diagnosis, limitations, and prognosis; the report may also include recommendations for further assessment and/or treatment or rehabilitation needs.

If complicating factors exist (e.g., an interpreter is needed), the diagnostic evaluation may include interactive complexity services; in that situation, use the "add-on" code 90785, Interactive complexity (see below) in conjunction with 90791. Psychotherapy services, including for crisis, may not be reported on the same day as a Diagnostic Evaluation.

Fees:

90791 Clinical Psychologists and Psychiatrists \$149 per unit (90791N, \$166); Allied Behavioral Health Clinicians \$124 per unit (90791N, \$138).

A follow-up session may be authorized for review of findings with the rehabilitation counselor, consumer, and other significant parties under Individual Psychotherapy / Clinical Counseling (**90832, 90834, 90837**).

CPT Code 90785 Diagnostic Evaluation, interactive complexity (formerly 90802, Diagnostic Interview, interactive complexity)

AWARE Service Category: Medical/ Mental Health Treatment
AWARE Procedure Category: Specialist Examinations

➔ ADD-ON CODE! (This is designated an "add-on code"- it should only be used in conjunction with CPT 90791 - it is never used as a "stand alone code.")

Description: *Diagnostic Evaluation with Interactive Complexity* refers to specific communication factors that complicate the delivery of the Diagnostic Evaluation. Common factors include more difficult communication with young and verbally undeveloped or impaired individuals. These are often individuals who have third parties involved such as parents / guardians / other family members, interpreters, language translators, agencies, court officers, or schools. The clinician may use play equipment, physical devices, language / speech interpreter, or other mechanisms of communication. This code may be used when providing services for a person who is deaf, hard of hearing, deafblind, or requires a language interpreter.

Fees:

90785 One Unit of Service: Clinical Psychologists and Psychiatrists \$5; Other Allied Behavioral Health Clinicians \$5.

CPT code 96101 Psychological Testing, per hour of the clinician's time
CPT code 96102 Psychological Testing, per hour of the technician's time

Description: *Psychological Testing* involves psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology. Psychological testing may be administered face-to-face by a technician as long as a qualified health care professional interprets the test results and prepares the written report. The licensed health care professional must conduct a face-to-face clinical interview and determine the appropriate test(s) to be used in an evaluation. The total number of units of testing typically does not exceed five (5); additional units must be approved by a supervisor.

Fees:

96101 Psychological Testing: Clinical Psychologists \$82 per unit (96101N, \$89); Allied Behavioral Health Clinicians \$62 per unit (96101N, \$67)

96102 Psychological Testing: Technician \$85 per unit (96102N, \$101)

A follow-up session may be authorized for review of findings with the rehabilitation counselor, consumer, and other significant parties under Individual Psychotherapy / Clinical Counseling (90832, 90834, 90837).

CPT code 96116: Neurobehavioral Status Exam

Description: *Neurobehavioral Status Exam* is the clinical screening / assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem-solving, and visual spatial abilities. The per unit rate includes the psychologist's time, both face-to-face time with the consumer and time interpreting test results and preparing the report. This service is used for screening of neurocognitive deficits or when comprehensive testing is not indicated. The Neurobehavioral Status Exam is appropriate for the assessment of individuals who have had a recent comprehensive evaluation, a history of mild brain injury, and/or reports of subjective cognitive complaints. The report should include diagnosis, limitations, prognosis, and treatment/rehabilitation needs.

Includes a Diagnostic Evaluation (90791) with one unit of Neuropsychological Status Exam (96116).

Fees:

96116 Neurobehavioral Status Exam: Licensed Clinical Psychologists: \$88 per unit (96116N, \$97).

A follow-up session may be authorized for review of findings with rehabilitation counselor, consumer, and other significant parties under Individual Psychotherapy / Clinical Counseling (90832, 90834, 90837).

CPT Code 96118: Neuropsychological Testing: Licensed Clinician (formerly *Neuropsychological Assessment Battery: Licensed Clinician*)

CPT Code 96119: Neuropsychological Testing: Technician (formerly *Neuropsychological Assessment Battery: Technician*)

Description: *Neuropsychological Testing* is used with individuals who have a history of acquired brain injury, disorder, or disease and there is no recent evaluation on record. This service involves a comprehensive assessment of attention, sensory perception, language, memory, intelligence, and deductive reasoning. This code should not be used for suspected learning disability or attention deficit issues. Neuropsychological Testing is used to determine diagnosis, limitations, prognosis, and treatment/rehabilitation needs.

Neuropsychological testing may be *administered* face-to-face by a technician as long as a qualified health care professional *interprets the test results and prepares the written report*. The licensed health care professional must conduct a face-to-face clinical interview and determine the appropriate test to be used in the evaluation.

Includes a Diagnostic Evaluation (**90791**) with up to seven (7) units of Neuropsychological Testing (**96118, 96119**).

A follow-up session may be authorized for review of findings with the rehabilitation counselor, consumers, and other significant parties under Individual Psychotherapy / Clinical Counseling (**90832, 90834, 90837**).

Fees:

96118 Licensed Clinical Psychologists \$91 per unit (96118N, \$100);

96119 Technicians \$73 per unit (96119N, \$86).

CPT Code 90832: Individual Psychotherapy / Clinical Counseling, 30 minutes

(formerly 90804, Individual Psychotherapy / Clinical Counseling)

CPT Code 90834: Individual Psychotherapy / Clinical Counseling, 45 minutes

(formerly 90806, Individual Psychotherapy / Clinical Counseling)

CPT Code 90837: Individual Psychotherapy / Clinical Counseling, 60 minutes

(formerly 90808, Individual Psychotherapy / Clinical Counseling)

AWARE Service Category: Medical/ Mental Health Treatment

AWARE Procedure Category: Psychological Services

Description: *Individual Psychotherapy/Clinical Counseling* may be authorized for individuals who are experiencing emotional or interpersonal problems that affect employability or independent functioning. Individual Psychotherapy / Clinical Counseling refers to the provision of insight oriented, behavior modifying and supportive psychotherapy/clinical counseling. This service includes ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family members or other support persons, but does not include group psychotherapy or support groups.

May authorize up to twenty-seven (27) units of services. Clinician must submit a treatment plan to the DARS rehabilitation counselor following the first ten (10) sessions before an additional seventeen (17) sessions may be authorized. Authorization for more than twenty-seven (27) sessions must be approved by the supervisor. Consultation is available from the agency's Director of Psychology Services or designee.

A Diagnostic Evaluation (**90791**) should be completed by the clinician prior to starting therapy. This procedure code may also be used to conduct a follow-up session for review of diagnostic and assessment results with the rehabilitation counselor, consumer, and other significant parties.

Fees:

90832, 30 minutes Licensed Clinical Psychologists \$62 (90832N, \$69); Allied Behavioral Health Clinicians: \$49 (90832N, \$55).

90834, 45 minutes Licensed Clinical Psychologists \$80 (90834N, \$87); Allied Behavioral Health Clinicians: \$63 (90834N, \$69).

90837, 60 minutes Licensed Clinical Psychologists \$117 (90837N, \$127); Allied Behavioral Health Clinicians: \$92 (90837N, \$100).

CPT 90833, Individual Psychotherapy / Clinical Counseling (with medical evaluation and management service), 30 minutes

CPT 90836, Individual Psychotherapy / Clinical Counseling (with medical evaluation and management service), 45 minutes

CPT 90838, Individual Psychotherapy / Clinical Counseling (with medical evaluation and management service), 60 minutes

AWARE Service Category: Medical/ Mental Health Treatment

AWARE Procedure Category: Psychological Services

→ ADD-ON CODE! (This is designated as an "add-on code" - it should be used only in conjunction with existing CPT Codes 99201-99204; 99211-99214: Medical Evaluation and Management (see the General and Specialty Medical Services section of the DARS Services Reference Manual).

Description: Some individuals receive psychotherapy *only* (90832, 90834, 90837, above); others receive psychotherapy **and** medical evaluation and management (E/M) services (90833, 90836, 90838) on the same day by the same physician or other qualified health care professional. To report both E/M **and** psychotherapy on the same day, the two services must be significant and separately identifiable. These services are reported by using specific psychotherapy codes (90832, 90834, 90837, above), as well as the specific "add-on codes" for psychotherapy when performed on the same day with medical evaluation and management services (90833, 90836, 90838). [For example, an individual might see a psychiatrist who provides both individual psychotherapy / clinical counseling and a medical evaluation and management service on the same day. In that case, two codes should be reported: 90833 for a 30-minute psychotherapy session (\$41) and 99201 for a ten minute evaluation/management session (\$43), for a total cost of \$84.]

Fees:

90833, 30 minutes Psychiatrists / Clinical Psychologists \$41 (90833N, \$45); Allied Behavioral Health Clinicians \$32 (90833N, \$36)

90836, 45 minutes Psychiatrists / Clinical Psychologists \$67 (90836N, \$72); Allied Behavioral Health Clinicians \$53 (90833N, \$57)

90838, 60 minutes Psychiatrists / Clinical Psychologists \$108 (90838N, \$117); Allied Behavioral Health Clinicians \$85 (90833N, \$92)

CPT code 90853: Group Psychotherapy/Group Clinical Counseling

Description: *Group Psychotherapy/Group Clinical Counseling* services are provided to individuals experiencing emotional or interpersonal problems that affect employability or independent functioning. Group Psychotherapy/Group Clinical Counseling should not be used if an individual is receiving individual or family therapy, unless approved by the supervisor. Consultation regarding the appropriateness of this service for an individual is available from the agency's Director of Psychology Services or designee. (Note that this does not include participation in a peer-run support group.)

The treating clinician must submit a treatment plan to the DARS rehabilitation counselor following the first ten (10) sessions before additional sessions will be approved. Authorization for a total of more than twenty-seven (27) sessions must be approved by the supervisor. Consultation is available from the agency's Director of Psychology Services or designee.

Includes a Diagnostic Evaluation (90791) with up to twenty-seven (27) units of Group Psychotherapy/Group Clinical Counseling (90853).

Fees:

90853 Group Psychotherapy/Group Clinical Counseling: Clinical Psychologists \$24 per unit (90853N, \$26); Allied Behavioral Health Clinicians \$19 per unit (90853N, \$21)

CPT Code 90785 Diagnostic Evaluation, interactive complexity (formerly 90802, Diagnostic Interview, interactive complexity)

AWARE Service Category: Medical/ Mental Health Treatment

AWARE Procedure Category: Specialist Examinations

➔ **ADD-ON CODE!** (This is designated an "add-on code"- it should only be used in conjunction with CPT 90853 - it is never used as a "stand alone code.")

Description: *Diagnostic Evaluation with Interactive Complexity* refers to specific communication factors that complicate the delivery of the Diagnostic Evaluation. Common factors include more difficult communication with young and verbally undeveloped or impaired individuals. These are often individuals who have third parties involved such as parents / guardians / other family members, interpreters, language translators, agencies, court officers, or schools. The clinician may use play equipment, physical devices, language / speech interpreter, or other mechanisms of communication. This code may be used when providing services for a person who is deaf, hard of hearing, deafblind, or requires a language interpreter.

Fees:

90785 Clinical Psychologists and Psychiatrists \$5 per unit; Other Allied Behavioral Health Clinicians \$5 per unit.

CPT Code 90885: Evaluation of Records or Reports

Description: *Evaluation of Records or Reports* involves a review of an individual's mental health records, psychiatric reports, psychological assessments, and other accumulated data for behavioral and mental health diagnostic and rehabilitation planning purposes. The vendor is expected to provide a brief consultative report as part of this service. Counselors who purchase this service should assure that a vendor is qualified to interpret the specific reports, assessments, and other data contained in a record (i.e., the vendor has the appropriate credentials and training).

Fees:

90885 Licensed Clinical Psychologists, Psychiatrists, and Physicians \$29 per unit (90885N, \$32); Allied Behavioral Health Clinicians \$23 per unit (90885N, \$25). (Note that for this code, one unit is equal to 15 minutes.)

HCPCS Code H2019: Therapeutic Behavioral Services.

Description: *Therapeutic Behavioral Services* refers to behavioral treatment and intervention, specifically **Applied Behavior Analysis (ABA)** and/or **Positive Behavior Support (PBS)**, provided in community settings for individuals who need comprehensive, specialized supports to address challenging behaviors. ABA and PBS are clinically proven approaches to reducing or eliminating behaviors which interfere with employment and independent living. The overall goal of Therapeutic Behavioral Services is to improve an individual's quality of life and ability to function successfully in the workplace and other community settings. *For additional information and guidance on the appropriate use of this Procedure Code, including Standards of Conduct, please go to the DARS Forms Cabinet and look under Behavioral Health / Psychological Services.*

Therapeutic Behavioral Services typically include the following:

- *Intake Assessment* to determine service needs as well as the feasibility of using either Applied Behavior Analysis or Positive Behavior Support.

- Comprehensive *Functional Behavior Assessment* to identify target behaviors and assess the need for modifications and adjustments in an individual's community environments (home, work, recreation, etc.).
- Written *Behavior Support Plan*, with ongoing evaluation and revisions.
- Development and facilitation of a *Behavior Support Team*, as appropriate and if a team is not already in place.
- *Training* for the individual, support team members, and relevant service providers in behavioral approaches that increase positive/adaptive behaviors and enhance an individual's ability to function independently and successfully in community settings.

The agency will initially authorize up to 30 hours for a *Functional Behavior Assessment* and development of a *Behavior Support Plan*. The vendor should conduct an intake assessment to determine, prior to instituting a Functional Behavioral Assessment, the service needs of an individual and the feasibility of using an Applied Behavior Analysis or Positive Behavior Support approach. The vendor must submit the results of the *Functional Behavior Assessment*, along with the written *Behavior Support Plan*, when submitting an invoice for payment. The *Behavior Support Plan* should include the number of hours requested for authorization of services as well as a schedule of service delivery (i.e., frequency and duration of intervention hours). Authorization of hours of Therapeutic Behavioral Services (beyond the initial 30 hours) will be provided based on approval of the *Behavior Support Plan*, not to exceed 100 hours. Requests for more than 100 units of service should be approved by the supervisor.

Qualified Providers:

A list of approved vendors of this service is available on the DARS website, in the Forms Cabinet under Behavioral Health / Psychological Services. Individuals who have the following qualifications and whose vendorship applications have been approved are authorized providers of Therapeutic Behavioral Services for DARS:

- **Board Certified Behavior Analyst® (BCBA®):** The Board Certified Behavior Analyst (BCBA) is an independent practitioner who also may work as an employee or independent contractor for an organization. The BCBA conducts descriptive and systematic (e.g., analogue) behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises behavior analytic interventions. BCBA's supervise the work of Board Certified Assistant Behavior Analysts and others who implement behavior analytic interventions.
- **Board Certified Assistant Behavior Analyst® (BCaBA®):** The Board Certified Assistant Behavior Analysis (BCaBA) conducts descriptive behavioral assessments and is able to interpret the results and design ethical and effective behavior analytic interventions for clients. The BCaBA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA. Governmental entities, third-party insurance plans, and others utilizing BCaBAs must require this.
- **Endorsement as a Positive Behavior Support (PBS) Facilitator:** A Positive Behavior Support (PBS) Facilitator is an independent practitioner who may also work as an employee or independent contractor for an organization. In Virginia, endorsement of PBS Facilitators is done through The Partnership for People with Disabilities located at Virginia Commonwealth University.

Fees:**H2019 Therapeutic Behavioral Services \$73 per unit (H2019N, \$86)**

Requests for additional information should be directed to Patricia Goodall, Ed.S., at Patti.Goodall@dars.virginia.gov or 800/552-5019.

HCPCS Code H2020: Job Coach-Enabled Positive Behavioral Supports

Description: *Job Coach-Enabled Positive Behavioral Supports* refers to on-site behavioral support provided by a DARS approved Job Coach under the recommendation and guidance of a Positive Behavior Support Facilitator (PBSF) or a Board Certified Behavior Analyst (BCBA). The purpose of Job Coach-Enabled Positive Behavioral Supports is to implement face-to-face on-site interventions *in the workplace* to reduce or eliminate client behaviors which interfere with employment. Services provided under Job Coach-Enabled Positive Behavioral Supports typically include the following:

- Training for the individual, co-workers, and supervisors in behavioral approaches that increase positive/adaptive behaviors and enhance an individual's ability to function independently and successfully in the workplace;
- Data collection to track impact of proposed interventions;
- Report writing; and
- Participation in team meetings with behavior specialist and other members.

The services to be provided through Job Coach-Enabled Positive Behavioral Supports must be included as part of an individual's written behavior support plan. The plan must describe the nature of the support provided by the job coach, estimated hours per month needed, and the role of the behavior specialist (i.e., PBSF or BCBA) in monitoring progress. Subsequent requests must include a report from the behavior specialist with an update on monthly activities, description of consumer progress and challenges to be addressed; number of hours used to date; and requests for additional hours (requests for more than 25 hours of support must be approved by a supervisor).

✦ This procedure code is approved only for ESO vendors (i.e., Choice Group Inc., Didlake, PRS Inc., and VCU) participating in the VCU Autism Spectrum Disorders (ASD) Career Links Grant and the WWRC Autism Speaks Grant.

Fees:**H2020 Job Coach-Enabled Positive Behavioral Supports:**

- VCU \$48.87 per unit
- The Choice Group Inc. Central Rate \$62.57 per unit
- The Choice Group Inc. NOVA rate \$65.97per unit
- Didlake Inc. NOVA rate \$69.44 per unit
- PRS Inc. NOVA rate \$74.36 per unit

X1150: Broken Appointment

Description: *Broken Appointment* is a missed appointment or cancellation of an appointment less than 24 hours before the scheduled time. Vendors should make an effort to confirm appointments with DARS customers at least a day in advance.

Fee:**X1150 Broken Appointment \$30**

