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POLICIES AND PROCEDURES

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PROGRAM DESCRIPTION

OVERVIEW

Psychological services are treatment services that involve the application of recognized principles, methods, and procedures for understanding, predicting, and alleviating psychological, emotional, and behavioral disorders and distress. Psychological services include the following:

- The diagnosis and treatment of mental and nervous disorders
- The administration and interpretation of tests of intellectual ability, personality, emotions, motivations, and other aspects of experience and behavior relevant to the disturbance and/or adjustment function
- Face-to-face interaction with the client for the purpose of addressing and correcting the identified problems underlying the client's distress and/or dysfunction
- Interaction with the family, with or without the client present, focusing on family functioning and reducing family conflict such that the identified problems of the patient are managed, reduced, or resolved
- Face-to-face interactions between a psychologist and a group of clients that allow the psychologist to address the needs of several clients at the same time and mobilize group support for the clients
- Consultation services

Medicaid reimbursement is available for psychological services rendered to Medicaid-eligible beneficiaries under the age of 21.

To receive Medicaid reimbursement for these services, providers must meet the program requirements in this manual.

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PROVIDER QUALIFICATIONS

Provider Participation Criteria

In addition to the conditions for participation in the Medicaid program outlined in Section 1, a psychologist must meet all of the following requirements in order to become eligible to provide Medicaid-reimbursable psychological services:

- Hold a Ph.D. or Psy.D. from an accredited college or university
- Hold a valid and current license with a specialty in Clinical, Counseling, or School Psychology as approved by the South Carolina Board of Examiners in Psychology
- Be enrolled as a South Carolina Medicaid provider

Billing Requirements

An enrolled psychologist must agree to bill Medicaid the usual and customary charge — that is, the fee normally charged to private-pay clients for the same service during the same period of time. Medicaid will pay the lower of either the psychologist's usual and customary charge or the statewide maximum charge allowable by Medicaid for the particular service rendered.

Group Enrollment

Psychologists who are incorporated sole practitioners or members of a psychological group, professional association, rehabilitation facility, or other organization should enroll their employing entity with Medicaid as a group provider of psychological services and receive a Medicaid Group Provider ID number. Each member of the group wishing to render Medicaid-reimbursable services under this program must also enroll individually. Entering the Medicaid Group Provider ID number on the Medicaid billing form (CMS-1500) will ensure that payment is made to the group rather than to the individual psychologist. For specific billing instructions, see Section 3.

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Services Rendered under the Supervision of a Psychologist

Medicaid reimbursement may be sought for services rendered under the direct supervision of a psychologist licensed to practice in South Carolina. For Medicaid billing purposes, direct supervision means that the supervising psychologist must be present at the site of service and be immediately available/accessible when the services being billed are provided. The supervising psychologist is responsible for all services rendered, fees charged, and reimbursement received. The supervising psychologist must co-sign all session notes to indicate that he or she accepts responsibility for the service rendered. In addition, the following conditions must be met:

- The supervising psychologist must be enrolled as a Medicaid provider for participation in the program for Psychological Services for Children Under 21 and must bill Medicaid.
- Medicaid services must be provided in accordance with Medicaid standards and requirements as described in the Medicaid Provider Manual for Psychological Services for Children Under 21.
- No more than three full-time supervisees may be in the employ of any one supervising licensed psychologist.
- Supervision must be provided in accordance with standards and requirements as established by the South Carolina Board of Examiners in Psychology (SCBEP).
- SCBEP's "Report of Supervised Persons" must be completed by the supervising psychologist and submitted to SCBEP both prior to the initiation of the supervision and when the supervisor's license is renewed. Providers must have this report available and accessible for review.

SCBEP Guidelines and Supervision of Unlicensed Service Providers

SCBEP maintains a set of Guidelines for Employment or Supervision of Unlicensed Persons Providing Psychological Services. The following requirements are cited directly from SCBEP guidelines. According to these regulations, every unlicensed service provider must be under the direct and continuing administrative and professional supervision of a psychologist licensed by SCBEP. The supervising psychologist shall be licensed for the practice of psychology and have adequate training,

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SCBEP Guidelines and Supervision of Unlicensed Service Providers (Cont'd.)

knowledge, and skill to render competently any psychological service which his/her supervisee undertakes. The supervising psychologist shall supervise the provision of psychological services only in the specialty area(s) in which he/she is licensed by SCBEP.

The unlicensed service provider must have background, training, and experience appropriate to the functions performed. The licensed supervising psychologist is responsible, subject to SCBEP review, for determining the adequacy of preparation of the unlicensed service provider and the designation of his/her title in accordance with the Code of Laws of South Carolina.

The supervising licensed psychologist must register the following information and any other information deemed necessary by SCBEP with SCBEP at the time of initiation of supervision, prior to service delivery, and at the time of annual license review:

- The name of the unlicensed person rendering the psychological services
- The nature of the psychological services rendered
- The qualifying academic training and experience of the unlicensed person
- The nature of the continuing supervision provided by the licensed psychologist

A copy of this information must also be provided to SCDHHS, Division of Family Services, PO Box 8206, Columbia, SC 29202, at time of initiation of supervision and prior to service delivery and annually, or when supervisees change.

Under SCBEP guidelines, the following specific conditions must also be met:

- The licensed psychologist must be vested with administrative control over the functioning of the unlicensed person in order to maintain ultimate responsibility for the welfare of every client. When the employer is other than the licensed psychologist, the licensed psychologist must have direct input into administrative matters.
- The unlicensed employee shall work in the same physical setting as the supervising psychologist,

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*SCBEP Guidelines and
Supervision of Unlicensed
Service Providers (Cont'd.)*

- unless other individual arrangements have been approved, in advance, by SCBEP.
- Work assignments shall be commensurate with the skills of the unlicensed person. All procedures shall be planned in consultation with the supervising psychologist.
 - The licensed psychologist shall have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan effective service delivery procedures. The progress of the work shall be monitored through such means as will insure that full legal and professional responsibility can be accepted by the supervising psychologist for all services rendered. Supervising psychologists shall also be available for emergency consultation and intervention.
 - Public announcement of services and fees and contact with the lay or professional community shall be offered only in the name of the supervising licensed psychologist. The title of the unlicensed person must clearly indicate his/her supervised status.
 - Users of the unlicensed person's services shall be informed of his/her status and shall be given specific information as to his/her qualifications and functions.
 - Clients shall be informed of the possibility of periodic meetings with the supervising psychologist at their, the service provider's, or the supervising psychologist's request.
 - Setting and receipt of payment shall remain the sole domain of the employing agency or supervising psychologist.
 - The supervising psychologist shall establish and maintain a level of supervisory contact consistent with established professional standards and be fully accountable in the event that professional, ethical, or legal issues are raised.
 - No more than the equivalent of three (3) full-time supervisees may be registered for any one supervising licensed psychologist.

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Job Description for Unlicensed Service Providers

It is recognized that the variability in the preparation for practice of all personnel will require individually tailored supervision. The range and content of supervision will have to be arranged between the individual supervising psychologist and the unlicensed person. A detailed job description in which functions are designated at varying levels of difficulty, requiring increased levels of training, skill and experience should be available. The job description shall be made available to SCBEP and to clients upon request. It should conform to the following guidelines:

- Employment of a person who provides psychological services and who is not licensed by SCBEP requires the supervision of a licensed psychologist.
- The licensed psychologist may not be in the employ of his/her supervisee.
- The supervising psychologist is responsible for the planning, course and outcome of the psychological services performed by the supervisee. The conduct of supervision shall ensure the professional, ethical and legal protection of the client and of the unlicensed person.
- An ongoing record of supervision shall be maintained which details the types of activities in which the unlicensed person is engaged, the level of competence in each activity and the outcome of all procedures.
- All written reports and communications shall be reviewed, approved and countersigned as by the supervising licensed psychologist.

Further Information on Unlicensed Service Providers

To obtain copies of the SCBEP requirements or to ask questions regarding supervision, call (803) 896-4664, write, or e-mail:

South Carolina Board of Examiners in Psychology
Post Office Box 11329
Columbia, SC 29211-1329
<http://www.llr.state.sc.us/pol/psychology>

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BENEFICIARY REQUIREMENTS

Medical Necessity and Eligibility for Services

Reimbursement for psychological services is available to Medicaid-enrolled psychologists for services provided to Medicaid-eligible clients under 21 years of age. Services must be medically necessary and clients must be referred for treatment by an Authorized Referral Entity. Currently, Authorized Referral Entities are the Department of Social Services (DSS), the Department of Mental Health (DMH), the Department of Juvenile Justice (DJJ), the Department of Education (DOE), the Department of Disabilities and Special Needs (DDSN), the Department of Health and Environmental Control (DHEC), and the Continuum of Care for Emotionally Disturbed Children (COC).

In order for a provider to receive Medicaid reimbursement for psychological services, the client must be referred by an Authorized Referral Entity. However, a psychologist may occasionally be visited by a Medicaid-eligible client who has **not** been referred by an Authorized Referral Entity. In such cases, the psychologist may treat the client as a private pay client or refer the client to the local mental health center, alcohol and drug treatment center, or other appropriate treatment facilities. If the psychologist treats the client as a private pay client, the client must be given notice of his or her right to be referred to other services that are paid for by Medicaid. The client has the freedom to choose any of these treatment options.

Providers are strongly encouraged to verify current eligibility status prior to service delivery. Gaps in Medicaid eligibility may result in a referred client being ineligible for Medicaid coverage at the time of treatment. Eligibility may be verified by calling the Interactive Voice Response System at (888) 809-3040. Eligibility verification can also be obtained from authorized vendors, or via the South Carolina Medicaid Web-based Claims Submission Tool.

Medically Necessary services use recognized principles, methods, and procedures for understanding, predicting, and alleviating psychological, emotional, and behavioral disorders and distress. Medicaid will only pay for a service that is medically necessary and is a covered service as

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Medical Necessity and Eligibility for Services (Cont'd.)

outlined in this manual. All of the following conditions must be met:

- The service must be consistent with the diagnosis and treatment of the client's condition.
- The service must be in accordance with the standards of good practice.
- The service must be required for reasons other than the convenience of the client or the psychologist.
- The client must be referred by an Authorized Referral Entity.
- The original copy of the Referral Form/ Authorization for Psychological Services (DHHS Form 252) must be filed in client's chart.

Medical Necessity

Medical necessity is defined as the need for treatment services that are necessary in order to diagnose, treat, cure, or prevent an illness, or which may reasonably be expected to relieve pain, improve and preserve health, or be essential to life.

A child must meet specific medical necessity criteria in order to be eligible for psychological services. A physician or other Licensed Practitioner of the Healing Arts must establish that the child meets the eligibility criteria for a particular service before the child is referred for treatment.

Licensed Practitioners of the Healing Arts

The following professionals are considered Licensed Practitioners of the Healing Arts:

- Physician
- Licensed Psychologist
- Registered Nurse with a Master's Degree in Psychiatric Nursing
- Advanced Practice Registered Nurse with Certification in Psychiatric Nursing
- Advanced Practice Registered Nurse
- Licensed Independent Social Worker
- Licensed Master Social Worker
- Licensed Physician's Assistant
- Licensed Professional Counselor

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Licensed Practitioners of the Healing Arts (Cont'd.)

- Licensed Marriage and Family Therapist

Note: These persons must be licensed to practice in the state in which they are employed and must not exceed their licensed scope of practice under state law.

The Referral Form/Authorization for Psychological Services (DHHS 252) must be signed by a physician or other Licensed Practitioner of the Healing Arts.

Referral Form/Authorization for Psychological Services (DHHS 252)

Referral for services is achieved through the proper completion of a referral form (the Authorization for Psychological Services — Form 252) by an Authorized Referral Entity. When referring a client to a psychologist for services, the Authorized Referral Entity will provide the psychologist with the original copy of the referral form. The form will provide the information necessary for billing of services. An example of a referral form can be found in the Forms section.

The form will provide the psychologist with information including but not limited to the following:

- The client's name and Medicaid ID number
- The individual psychologist's Medicaid Provider ID or NPI. (Group provider numbers do not appear on referral forms.)
- The Prior Authorization number
- The name of the Authorized Referral Entity
- The name/signature of the Licensed Practitioner of the Healing Arts or Physician
- The authorization (beginning) date and the expiration (ending) date establishing the period during which services are authorized to be provided and are billable to Medicaid. (Services may only be provided within the authorized timeframe. Services may not be provided longer than is medically necessary.)
- The type(s) of service(s) authorized (Psychological Testing/Evaluation and/or Psychological Counseling)

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Referral Form/Authorization for Psychological Services (DHHS 252) (Cont'd.)

A referral form that includes an authorization for psychological counseling entitles the provider to determine whether individual, family, or group counseling is appropriate.

Note: Consultation is not included on the referral form; however, the psychologist must have a referral for testing, evaluation, and/or counseling in order to bill for consultation.

CLINICAL RECORDS

Treatment Planning

In order to seek reimbursement for individual, family, or group counseling, the psychologist must develop and maintain a treatment plan that outlines short- and long-term goals as well as the recommended scope, frequency, and duration of treatment. The treatment plan must be developed, completed, and signed with title and date prior to billing for counseling services.

Components of the Treatment Plan

The treatment plan serves as a comprehensive plan of care outlining the service delivery that will address the specific strengths and needs of the client. The treatment plan must be individualized and specify problems to be addressed. The treatment plan must address the following:

- Goals and objectives of treatment
- Types of interventions
- Planned frequency of service delivery
- Criteria for achievement
- Estimated duration of treatment
- Long-term or discharge goals

The long-term goal should match the long-term goal of the referring agency. **The treatment plan must contain the signature and title of the psychologist and the date signed.**

The treatment plan should be reviewed and updated according to the beneficiary's progress. If the provider determines during treatment that additional services are required, these services should be added to the treatment plan. A new treatment plan must be developed every 12 months. If services are discontinued, the psychologist must

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Components of the Treatment Plan (Cont'd.)

indicate the reason for discontinuing treatment on the treatment plan.

Please refer to the documentation format example in the Forms section.

Clinical Service Notes

All psychological services must be documented in clinical service notes and filed in the client's clinical record. The purpose of these notes is to record the nature of the client's treatment and progress. The documentation for individual, family, and group counseling shall address the following items in order to provide a pertinent clinical description, to ensure that the service conforms to the service description, and to authenticate the charges:

- The specific objective from the treatment plan toward which the session is focused
- The structured activities of the client in the session. These activities shall be within the session content specified previously.
- The client's response to the intervention/treatment
- The specific intervention employed by the provider
- The client's progress or lack of progress made in treatment
- Recommendation and future plans for working with the client

Medicaid requires that psychologists attest to the accuracy of the diagnoses, treatment modalities, and claims submitted for all Medicaid clients.

The following requirements must be met in order for a provider to be in compliance with Medicaid documentation policy for Psychological Services for Children Under 21. Providers should review each requirement listed below to ensure that services are not left vulnerable to the recoupment of funds in the event of a Medicaid audit.

- All services paid for by Medicaid must be deemed medically necessary by an Authorized Referral Entity through the completion of a Referral Form/Authorization for Psychological Services (Form 252). (See the Forms section for a sample.)

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Clinical Service Notes (Cont'd.)

- Each Referral Form must contain the psychologist's name and Medicaid Provider Identification Number.
- Each Referral Form must contain authorization for a specific client, specific dates of service, and specific services to be rendered. If an incomplete referral is received, please contact the agency representative referenced on the referral form.
- The original (white) copy of the Referral Form should be kept in **each** Medicaid client's record. A separate file should be maintained for each Medicaid client.
- A session note should be included and properly dated for each date of service billed to Medicaid.
- Each session note should be individualized to the referred client.
- Each session note must be signed or initialed by the psychologist. If initials are used, a signature sheet must be included in each client's record indicating the psychologist's signature and initials. If someone other than the psychologist was responsible for delivering the service, that person must co-sign the note.
- For those clients receiving counseling services, a written and complete treatment plan must be included in each individual client record.
- The record should indicate whether the session occurred face-to-face with the referred client, or with a family member/significant other or group. If the session is not face-to-face with the client, documentation should support that the focus of the session remained relevant to the referred client(s), and should include the client's relation to any persons present during the session.
- Counseling session notes should appropriately indicate whether the counseling was individual, family, or group.
- Documentation for siblings should remain separate.
- One of the following must be documented: the

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Clinical Service Notes (Cont'd.)

starting and ending time or the length of time.

- Documentation must be legible and abbreviations decipherable. If abbreviations are used, the provider must maintain a list of abbreviations and their meanings. This list must be made available to DHHS.

Error Correction

Medical records are legal documents. Staff should be extremely cautious in making alterations to the records. In the event that errors are made, adhere to the following guidelines:

- Draw one line through the error, and write “error,” “ER,” “mistaken entry,” or “ME” to the side of the error in parenthesis. Enter the correction, sign or initial, and date it.
- Errors cannot be totally marked through; the information in error must remain legible.
- No correction fluid may be used.

Late Entries

Late entries (entries to provide additional documentation to supplement entries previously written) may be necessary at times to handle omissions in the documentation. Late entries should be rarely used, and then only used to correct a genuine error of omission or to add new information that was not discovered until a later date. Whenever late entries are made, adhere to the following guidelines:

- Identify the new entry as a “late entry.”
- Enter the current date and time.
- Identify or refer to the date and incident for which late entry is written.
- If the late entry is used to document an omission, validate the source of additional information as much as possible.
- When using late entries, document as soon as possible.

Coordination and Notification

There must be evidence in the record of coordination between the provider and the referring agency case manager regarding treatment planning for the client, monitoring, and follow-up. Interim progress reports should be provided to the referring agency as warranted to support

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Coordination and Notification (Cont'd.)

the ongoing medical necessity of the services rendered. At the expiration of the period of service authorized on the Form 252, the psychologist should provide the authorizing agency with a statement describing the services rendered, outcomes achieved, and any recommendation for continued or additional services. These reports are not separately reimbursable but considered part of the client's overall care.

Documentation Formats

To assist providers in meeting the Medicaid documentation requirements and to help ensure that documentation is not vulnerable to recoupment in a post-payment review, sample documentation formats have been developed. Examples are provided in the Forms section. Providers are not required to use the example formats, and the formats are not meant to imply that they capture all of the components of service delivery that may occur during a specific testing or counseling session. These formats are intended as a guide to identify key areas of required documentation.

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COVERED SERVICES

Psychological Testing/Evaluation

Psychological testing and evaluation are used to evaluate a beneficiary's mental status and therapeutic needs. Testing and evaluation services include psychodiagnostic assessment of personality, psychopathology, emotionality, and intellectual abilities (*e.g.*, WAIS-R, Rorschach, MMPI).

Testing and evaluation must involve face-to-face interaction between the psychologist and the client for the purpose of evaluating the client's intellectual, emotional, and behavioral status. Evaluation may consist of diagnostic interviews, testing, interpretation, assessments, and written reports. Testing may include measures of intellectual and cognitive abilities, neuropsychological status, attitudes, emotions, motivations, and personality characteristics, as well as use of other non-experimental methods of evaluation.

A documentation format example can be found in the Forms section. Assessments performed by unlicensed supervisees are not separately reimbursable.

Individual Counseling

Individual counseling is used to manage, reduce, or resolve identified problems of the client. Individual counseling services include but are not limited to psychotherapy and insight-oriented, behavior-modifying, and/or supportive counseling.

Individual counseling must consist of face-to-face interaction between the psychologist and the client for the purpose of identifying and correcting the emotional conflicts, personality disturbances, and other deficits underlying the client's distress and/or dysfunction. Individual counseling involves the application of recognized psychological principles, methods, and procedures for facilitating effective functioning during the developmental process.

Please refer to the documentation format example in the Forms section.

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Family Psychotherapy

Family psychotherapy is intended to enhance family functioning and reduce family conflict such that the identified problems of the client are managed, reduced, or resolved. When appropriate, family psychotherapy is also used to promote reunification of the client with his or her family as well as strengthen and empower the family unit.

Family psychotherapy is face-to-face interaction between the psychologist and the client and/or immediate or extended family unit. It can occur either with or without the beneficiary present, but must be directly related to the beneficiary's treatment. Family psychotherapy should strive to strengthen, preserve, and enhance the family unit, keeping families together by aiding in the reunification of the client with his or her family unit. Such aid involves assisting, supporting, and strengthening the family's ability to meet the needs of the client. If the child is living out of the home, family psychotherapy provides aid in the reunification process at the time of admission to the placement and aid in the transition back into the home close to time of discharge. If a provider has two or more clients in family psychotherapy, only one client can be billed per session. For example, when two siblings are in a family psychotherapy session, the provider is to choose which client to bill for Medicaid reimbursement.

Family psychotherapy assists in diffusing family crises, evaluating the nature of the dysfunction, and providing the necessary interventions to reduce the likelihood of a recurrence. The service provider assists the client's family in developing appropriate parenting skills and resources that will increase their ability to successfully care for and protect their child.

Please refer to the documentation format example in the Forms section.

Group Counseling

Group counseling is used to improve the client's functioning in a specific problem area by teaching specific skills and utilizing a network of client interaction. This service classification **does not apply** to family groups.

Group counseling involves face-to-face interactions between a psychologist and a group of clients directed toward the restoration, enhancement, or prevention of deterioration of a specific problem. Group counseling

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PROGRAM SERVICES

Group Counseling (Cont'd.)

allows the psychologist to address the needs of several clients at the same time and mobilizes group support for the clients. The group counseling process provides commonality of client therapy experience and utilizes a network of client interaction under the guidance of a psychologist.

Further group counseling guidelines are as follows:

- Groups are limited to a maximum of five clients per session.
- Groups are limited to clients between the ages of 8 and 21.
- Groups are limited to four units per day.
- Group sessions must be structured toward a specific problem area and addressed through a structured, manualized treatment program (*e.g.*, anger management, social competence, depression, sexual abuse). Billable group sessions cannot be “chat sessions” or general support groups.
- An individual treatment plan must be developed mutually with the identified client and shall include specific goals and interventions. For more information, please refer to “Treatment Planning” earlier in this section.

Consultation

Consultation shall only include telephone or face-to-face contact by a psychologist to the family, school, or another health care provider to interpret or explain the results of psychological testing and/or evaluations related to the care and treatment of the client. The psychologist is expected to render an opinion or receive an opinion and/or advice. The psychologist should document the recommended course of action.

While consultation is not included on the Referral Form 252, the psychologist must have received authorization for testing/evaluation and/or counseling in order to bill for consultation.

Reimbursement for consultation may be sought only for dates of service that fall within the period authorized on the client’s Referral Form 252.

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Consultation (Cont'd.)

When consulting with a school, agency, or other health care provider regarding a client, the provider should inform the parents/caregivers, when appropriate, and/or invite them to participate.

The number of units of service shall be documented and must clearly demonstrate services rendered and include specific descriptions of the consultation service provided. Please refer to the consultation note in the Forms section as a guide.

Non-Billable Consultation Services

No other consultation services are Medicaid reimbursable. Some examples of such non-billable services are:

- Court appearances
- Supervision/staffing
- Interagency staffing
- Mileage/driving time
- Completing/amending a Medicaid billing form
- Any contact on behalf of a non-referred Medicaid client
- Telephone contact related to office procedures or appointment time
- Consultation for clients who are not involved in an ongoing assessment or treatment
- Consultation performed by persons supervised by the psychologist

NON-COVERED SERVICES

The following services are **not** reimbursable by Medicaid **under this program**:

- Report preparation and completion
- Services provided to Medicaid-eligible clients who do **not** fall within the population served by this program with the exception of services provided to Medicaid eligibles who are also Qualified Medicare Beneficiaries (QMBs).

For this population, Medicaid will reimburse the Medicare cost sharing for services that are covered by Medicare without regard to whether the service is covered by SC Medicaid.

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NON-COVERED SERVICES (CONT'D.)

Reimbursement for these services will be consistent with the SC State Medicaid Plan. Please refer to Section 3 of this manual for instructions regarding billing procedures for dually eligible beneficiaries.

Please refer to the Medicaid Interactive Voice Response System (IVRS) and the Medicaid Web-Based Claims Submission Tool, in Section 1 of this manual for instructions on how to access beneficiary information, including QMB status.

- Services of an experimental, research, or unproven nature, or services in excess of those deemed medically necessary
- Biofeedback
- Hypnotherapy
- Sensitivity Training
- Encounter groups or workshops
- Parenting classes
- Cancelled appointments or appointments not kept
- Court testimony

This list may not include all non-covered services. Please contact your Medicaid program manager if you have questions regarding the types of services covered under this program or otherwise covered by Medicaid.

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