

Understanding Billing Restrictions for Behavioral Health Providers

November 2016

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KEY FINDINGS

Balancing the disequilibrium between the demand for mental health and substance use disorder services and the supply of qualified behavioral health professionals compels an examination of the billing and reimbursement practices and payer policies impacting behavioral health service access. One strategy to enhance workforce capacity is to ensure that behavioral health professionals can receive reimbursement for common procedures in behavioral health, especially when those services fall well within their expertise and scope of practice.

This study investigated the use of current procedural terminology (CPT) codes by psychiatrists, clinical psychologists, licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists for service reimbursement across three payer types: Medicare, Medicaid, and private insurance providers. Across Medicaid and Medicare, almost all relevant CPT codes could be used by providers to bill for authorized services unless the service is outside the provider’s scope of work. In cases where codes are disallowed by provider type, other codes may be used to provide similar or more targeted services.

In the current climate of provider shortages, it is important to leverage the existing workforce and reinforce high-quality service through recognition in reimbursement. While these findings suggest that the behavioral health professionals in this study are generally recognized as approved providers, further research into the actual payment rates is recommended in order to enrich these data. Misalignment of reimbursement with value of care can act as a disincentive toward high-quality, coordinated care. With the healthcare system’s move toward integrated and coordinated value-based contracting, the barriers to reimbursement referenced in this report may be organically addressed as payers acknowledge the value of non-licensed professionals, team-based care, and other approaches that drive down healthcare costs and result in higher quality and better client experiences.

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BACKGROUND

Millions of Americans are affected by mental health and/or substance use disorders (SUD), equating to nearly 1 in 5 Americans living with a behavioral health condition in a given year.¹ Additionally, approximately 1 in 25 adults experience a serious mental illness that substantially interferes with or limits one or more major life activities.² Meanwhile, the Health Resources and Services Administration (HRSA) reports that more 7,800 mental health professionals are needed to address the lack of behavioral health services in the nearly 3,700 workforce shortage areas throughout the country.³ Inadequate access to behavioral health services has the potential to cause great personal and economic challenges.

Since the 1970s efforts have been made to deal with the workforce issues regarding mental and substance use disorders, but a 2006 Institute of Medicine (IOM) report notes that most initiatives have not been sustained long enough or been comprehensive enough to remedy the problems.⁴ In 2013 the Substance Abuse and Mental Health Services Administration (SAMHSA) reported to Congress that, “recruitment and retention efforts are hampered by inadequate compensation, which discourages many from entering the field”.³

The payment, reimbursement, and billing issues around behavioral health are substantial. Psychiatry was not considered insurable until 30 years ago, and limitations exist related to reimbursement for psychotherapy. In March of 2010 the Affordable Care Act (ACA) was signed into law, and this in conjunction with the Mental Health Parity and Addiction Equality Act (MHPAEA) of 2008 has expanded behavioral health benefits to approximately 60 million Americans.⁵

Both the ACA and MHPAEA require health insurers and group health plans to provide the same level of benefits for behavioral health services that they do for primary care services. This increase in coverage leads to a discussion around the capacity of the behavioral health workforce to provide services to newly covered individuals. Research into the size and scope of the available behavioral health workforce is complemented by an understanding of the opportunities and barriers that exist related to reimbursement. In the United States, there are three major payers that reimburse for behavioral health services: Medicare, Medicaid and commercial health insurers.

Medicaid is the single largest payer for mental health services and plays a significant role in financing substance use disorder services.⁶ States have Medicaid medical assistance plans that outline eligibility and covered services, as well as provide guidelines for how States reimburse for services. States have

significant flexibility within the Medicaid program to provide behavioral health services within their delivery system, whereas Medicare reimbursement policies are standard from state to state because it is a national program.

Current procedural terminology (CPT) codes are used to report medical, surgical, and diagnostic procedures and services to payers. This system offers providers across the country a uniform process for coding medical services to streamline reporting. The American Medical Association (AMA) maintains the current guidelines for CPT codes, and updates the codes as necessary. The Centers for Medicare & Medicaid Services (CMS) also developed a set of medical reporting codes. The Healthcare Common Procedure Coding System (HCPCS) codes are based upon CPT codes. Coders use HCPCS codes to report medical procedures to Medicare, Medicaid, and several other third-party payers. HCPCS codes are divided into three levels: Level I is identical to CPT codes; Level II codes represent non-physician services; and Level III codes represent services that are not included in HCPCS Levels I and II. Level III codes were developed by state Medicaid agencies, Medicare contractors, and private insurers. They are typically used locally and are not nationally recognized. Both HCPCS and CPT codes have guidelines for use, which outline the eligible providers that can bill for a specific service. Due to the variability of HCPCS codes across jurisdictions this research focuses on CPT codes, which are analogous to Level I HCPCS codes.

One strategy to enhance access to behavioral health services is to ensure that behavioral health professionals can receive reimbursement for common procedures, especially when those services fall well within their scope of practice. For this study, the National Council for Behavioral Health (National Council) identified several common CPT codes and investigated the reimbursement policies associated with these codes. This research will enhance our understanding of the behavioral health workforce by documenting on a state by state level which types of behavioral health practitioners can be reimbursed for what kinds of services, and which services are allowable under the state scope of practice but restricted due to reimbursement policy. This report examines the extent to which behavioral health professionals are recognized as reimbursable providers for common billing codes that fall within their scopes of practice.

METHODS

The National Council identified eight CPT codes that are the commonly used by behavioral health organizations, and are representative of the broadest scopes of practice for mental health and SUD providers (i.e., behavioral health providers):

Table 1. Current Procedural Terminology Codes Used in Study

90791	Psychiatric Diagnosis Evaluation without Medical Services
90792	Psychiatric Diagnosis Evaluation with Medical Services
90832	Psychotherapy, 30 Minutes
90846/7	Family or Couples Psychotherapy with/without Patient
90839	Psychotherapy for Crisis
90853	Group Psychotherapy
90863	Pharmacological Management

To investigate both the impact of behavioral health organizations' billing and reimbursement practices, and restrictions enforced by various payers, the National Council conducted a state by state analysis of regulations for each identified CPT code for Medicaid and Medicare. Sources included the official Medicare website, internet-based Medicaid billing manuals, billing worksheets from the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) website, and documents obtained during outreach to state Medicaid

offices. Data was first obtained from the SAMHSA-HRSA CIHS billing worksheets produced in 2012. To address any changes that may have been made to state Medicaid plans or CPT codes, researchers also followed up individually with each state Medicaid office to obtain information from the most recently available Medicaid billing manual.

*Behavioral Health Providers
Included in this Study:*

1. Psychiatrist
2. Clinical Psychologist
3. Licensed Clinical Social Workers (LCSWs)
4. Licensed professional counselors (LPCs)
5. Licensed marriage and family therapists (LMFTs)

Regulations were analyzed for the following five types of behavioral health care providers: psychiatrists, clinical psychologists, licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists, which were selected for inclusion based on the information highlighted in the literature and reimbursement policies. Reimbursement restrictions were noted as it related to setting, required supervision, and allowable number of encounters/services, among others. Two health care settings were included in this research: community health centers and community mental health centers.

Ten states (Arizona, Georgia, Indiana, Kansas, Louisiana, New Hampshire, Ohio, Oregon, Washington, and Wisconsin) were selected for more in-depth research. The selection process intentionally identified a diverse geographic and political sample, which is representative of the broad diversity of America's payer landscape. This included ensuring that both Medicaid expansion and non-expansion states were

represented. Researchers attempted to collect data from 6 commercial insurance providers (i.e., private insurance companies) in selected states through online research and telephone survey.

To corroborate and illuminate these findings further, the National Council conducted key informant interviews with leaders from 12 organizations across six of the ten states selected for further research. Interview themes included utilization of the common behavioral health focused billing codes. Respondents were asked to describe their organization in terms of geographic location, size of population served, and provider breakdown. The interview protocol went through each CPT code of interest and asked questions about utilization, eligible providers, and barriers.

Key informant interviewees were based in Georgia (2), Louisiana (1), Washington (3), Indiana (3), Arizona (1), and New Hampshire (2), and were recruited from the National Council's network of more than 2,800 community behavioral health organizations. Interview protocols were developed in collaboration with the Behavioral Health Workforce Research Center at the University of Michigan School of Public Health. This study was reviewed by the Institutional Review Board at the University of Michigan and deemed exempt from ongoing review.

RESULTS

The findings of this study show that psychiatrists, clinical psychologists, and licensed clinical social workers are recognized as core behavioral health professionals by both Medicare and Medicaid. In the majority of states, most of the five types of behavioral health care providers selected for this research were recognized for Medicaid reimbursement by the codes under consideration. Per Medicare policies, psychiatrists, clinical psychologists, and licensed clinical social workers could be reimbursed for all eight of the CPT codes of interest. However, unlike the majority of Medicaid plans, licensed marriage and family therapists and licensed professional counselors cannot be reimbursed by Medicare. Full analyses on Medicare and state-by-state Medicaid findings appear in the [Appendix](#).

Analysis of Payers: Medicare and Medicaid

Psychiatrists, clinical psychologists, and licensed clinical social workers are recognized by Medicare to provide behavioral health services. All three of these providers can bill to all the codes in question with the exception of CPT code 90792 (psychiatric evaluation with medical services), which is reserved for medical providers, and as such only psychiatrists are eligible.

While Medicare billing process and procedures are consistent nationwide, Medicaid benefits vary from state to state. This can be seen most apparently with CPT code 90792 (psychiatric evaluation with medical services). Across all 50 states and the District of Columbia, psychiatrists can be reimbursed for 90792 (psychiatric evaluation with medical services), however the regulations for clinical psychologists and licensed clinical social workers vary from state to state and also from setting to setting based on scope of practice and local Medicaid policies.

The most variability among eligible provider types within Medicaid occurred with codes 90846 and 90847 (family or couples therapy with/ without patient). California, Illinois, South Dakota, and Texas did not reimburse for 90846 at all, while South Carolina and Wyoming allowed only clinical psychologists or psychiatrists to be reimbursed. A state Medicaid plan not recognizing 90846 does not mean they do not cover the service; rather, it may be covered by a specific local HCPCS code. Whereas South Dakota, and Texas did not recognize 90846 they did recognize 90847 for some providers. In South Dakota psychiatrists, clinical psychologists, and licensed clinical social workers, and in Texas licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists were eligible to be reimbursed.

Clinical psychologists, a ubiquitous behavioral health provider, are ineligible for 90791 (Psychiatric Diagnosis Evaluation without Medical Services) in the following states: Alaska, California, Iowa, Michigan, Massachusetts, North Dakota, Ohio, Virginia, and Vermont. In all of these states 90791 was covered by a psychiatrist or other medical provider.

Florida and Mississippi both used H-2011 (HCPCS Code) instead of 90839 (psychotherapy for crisis) to reimburse for psychotherapy for crisis. The use of this H code could be due to a better reimbursement rate, or the avoidance of pre-authorizations for providing crisis services. This finding was corroborated by an interviewee in Louisiana where providers opted to use the H code to avoid the preauthorization necessary 90839 (psychotherapy for crisis).

Other notable exceptions at the state level were found for Pennsylvania, South Carolina, South Dakota, West Virginia, and Wyoming; all of which excluded licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists from most or all of the listed billing codes. In Missouri, licensed clinical social workers and licensed professional counselors were restricted to serving clients under the age of 21 for all but 90846 (family or couples therapy with patient). Additionally, 90863

(pharmacological management) is only used in Louisiana and New Mexico by clinical psychologists who have prescribing rights when done in conjunction with psychotherapy.

Analysis by Service and Billing Code

Service Setting Variability within Medicaid

The codes 90791, 90792, and 90832 were selected for further study into service setting because they are the most commonly used CPT codes out of the eight selected for this study. It is important to understand the variability between service settings when related to billing restrictions, as behavioral health consumers may access services in either a primary care or specialty care location. Community health centers, for the purpose of this research, were analogous to federally qualified health centers. Community health centers either directly or indirectly provide primary health services and related services to residents of a defined geographic area that is underserved. There is no standard definition for a community behavioral health organization, however they are typically described as organizations that provide behavioral health services to underserved communities.

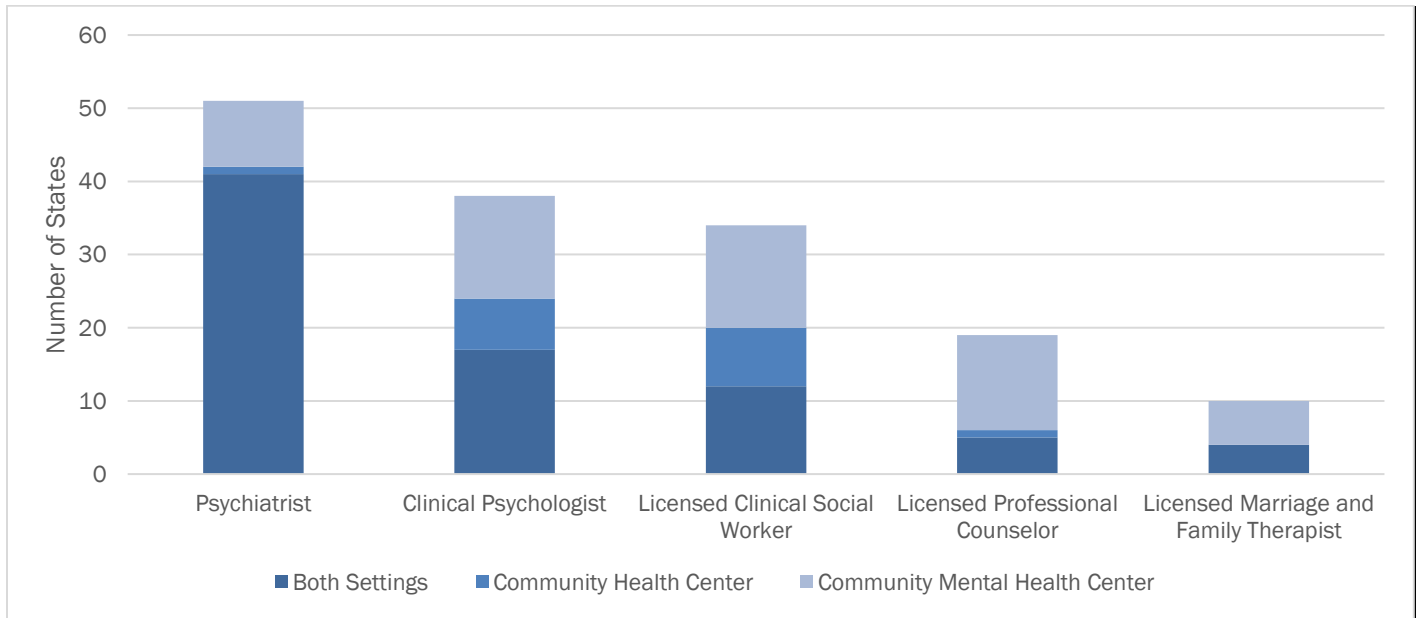
Psychiatric Diagnosis Evaluation without Medical Services

It was common for psychiatrists to be eligible for reimbursement across both settings (41 states), however more community mental health centers than community health centers allowed these providers to be reimbursed (9 vs. 1, respectively). Community mental health centers were more likely to allow clinical psychologists and licensed clinical social workers to bill code 90791- psychiatric evaluation without medical services- as opposed to community health centers where only select states allowed clinical psychologists to be reimbursed (Figure 1). Licensed professional counselors and licensed marriage and family therapists were not recognized by many state Medicaid plans for reimbursement, however where they were eligible for reimbursement it was usually at a community mental health center (Figure 1).

Psychiatric Diagnosis Evaluation with Medical Services

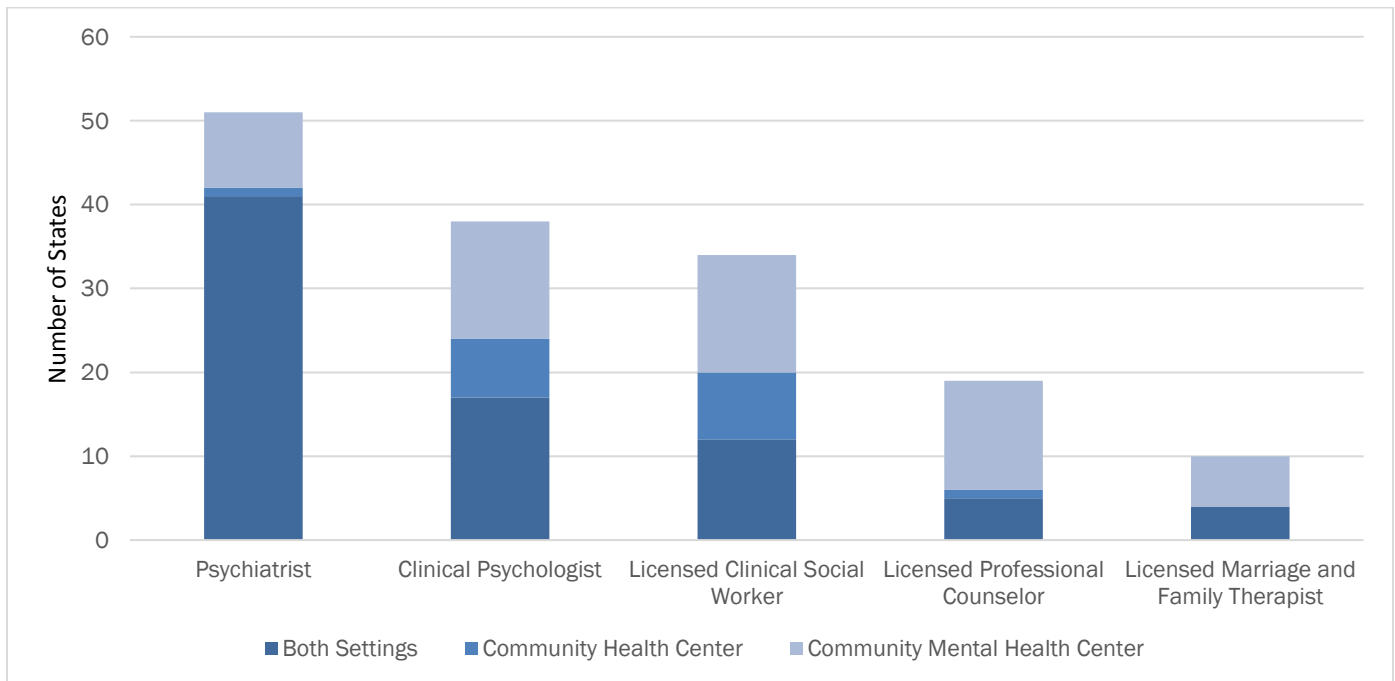
Across all 50 states and the District of Columbia psychiatrists were eligible under 90792, psychiatric diagnosis evaluation with medical services (Figure 2). This is important to note, as 90792 involves medical services and is typically reserved for providers with a medical degree. In some states, non-medical providers are able to utilize 90792 by providing described services outside of the medical care. In other cases, states defer to 90791 as the primary diagnostic code without medical services. Several states recognized clinical psychologists, and even a few recognized licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists (Figure 2).

Figure 1. Medicaid Eligible Provider Types for Psychiatric Diagnosis Evaluation without Medical Services across Service Settings



Note: Refers to CPT Code 90791

Figure 2. Medicaid Eligible Provider Types for Psychiatric Diagnosis Evaluation with Medical Services across Service Settings

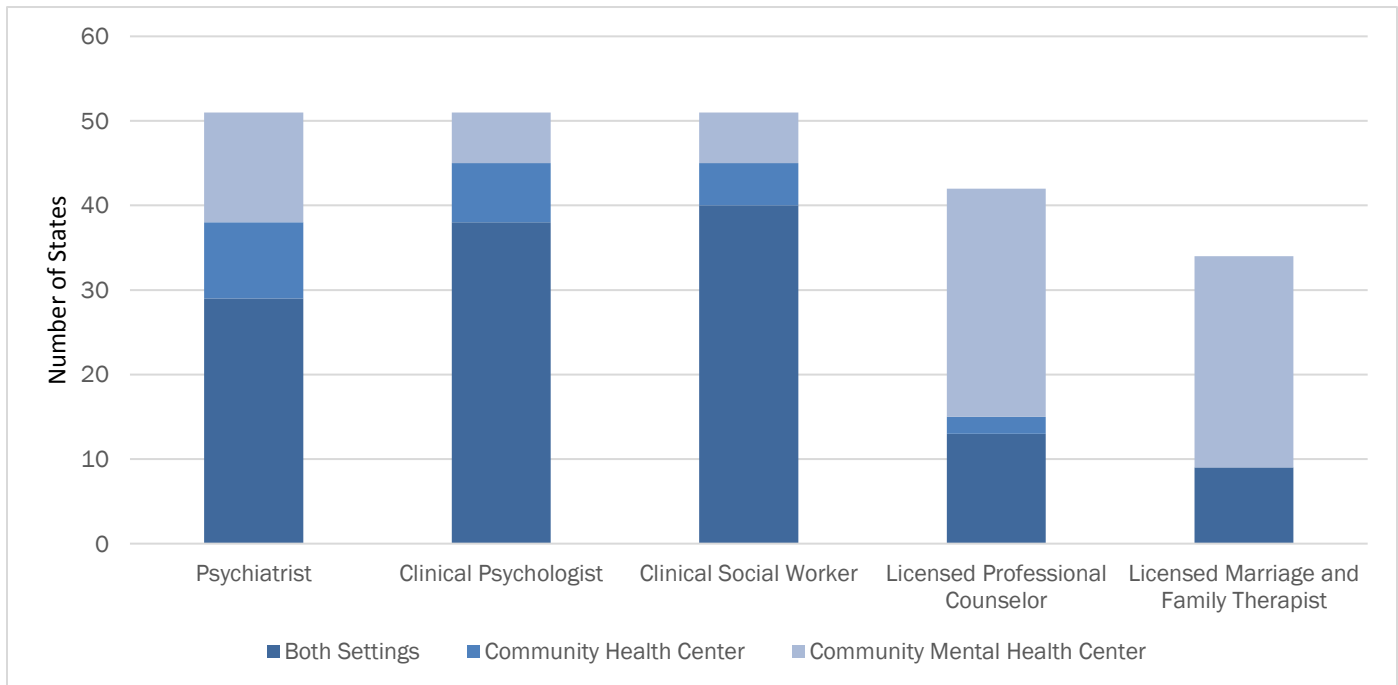


Note: Refers to CPT Code 90792

Psychotherapy, 30 Minutes

Psychotherapy is a common behavioral health procedure, and as such is covered in some capacity by all 50 states and the District of Columbia by at least one provider type (CPT code 90832). It is most common for licensed psychologists and licensed clinical social workers to be recognized and eligible to provide this service, however all five of the providers of interest were recognized by some state Medicaid plans.

Figure 3. Medicaid Eligible Provider Types for Psychotherapy (30 minutes) across Service Settings

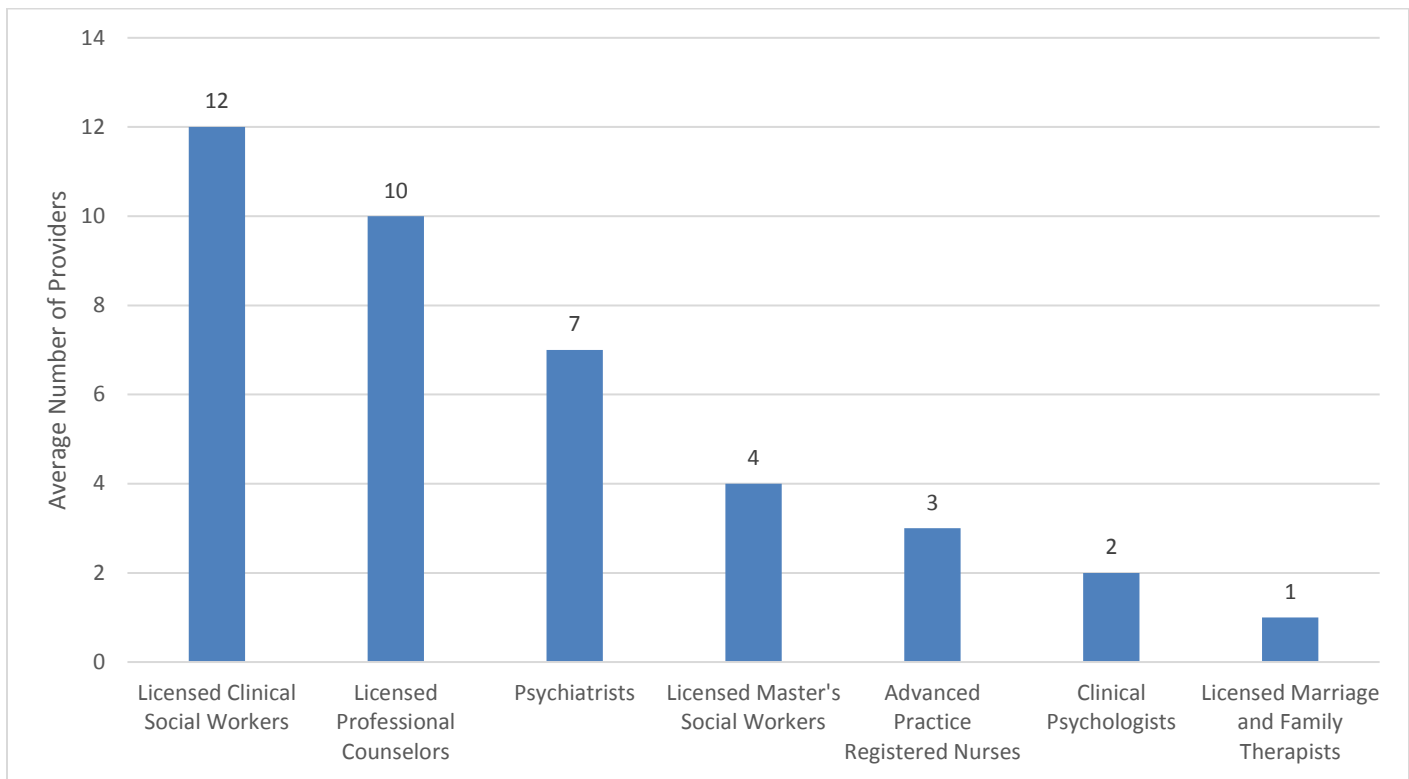


Note: Refers to CPT Code 90832

Key Informant Interview Findings

Interviewees were asked a series of demographic questions about their clinic, including average provider break-down, payer break-down, and size of client population. A majority of the clinic directors interviewed noted that the most abundant providers were licensed clinical social workers, followed by licensed professional counselors (Figure 4). On average, they served about 2,500 clients annually. Only two interviewees noted that their clinic had multiple locations. All interviewees noted the reliance on licensed master’s social workers and advanced practice registered nurses as key providers of behavioral health services. For the purpose of this research, we did not specifically investigate these two professions, however this would be an important topic for further research.

Figure 4. Average Number of Providers at Interview Sites by Occupation (n=12)



They were then asked individually about each CPT code and any restrictions or barrier that may make the use of that code difficult. The interviews corroborated the information discovered during the grey literature search for each of the states of interest. The five types of behavioral health care providers of interest to this research were able to fully practice within their scope of practice, and were not limited by CPT code restrictions. This research demonstrates that core behavioral health providers (psychiatrists, clinical psychologists, and licensed clinical social workers) are able to practice according to their scope of practice and are not limited by reimbursement policies. Licensed professional counselors and licensed marriage and family therapists are less uniformly recognized on a state by state basis, but this may be due to varying allowable services according to each state scope of practice.

Key informants also noted two additional providers, licensed master’s social workers, and advanced practice registered nurses, as key behavioral health providers within their organizations. These providers were excluded from the scope of this research, but are an integral component of a holistic and stratified workforce. Across jurisdictions, it was noted by key informants that advanced practice registered nurses could perform some medical tasks that are outside the scope of practice for licensed professional counselors or licensed clinical social workers. Additionally, licensed master’s social workers can support a care team without having the clinical designation.

CONCLUSIONS AND POLICY CONSIDERATIONS

This study found a few cases where billing restrictions limited scopes of practice of the selected providers. For example, California, Illinois, South Dakota, and Texas did not reimburse for 90846 (family and couples therapy with patient), however this type of service falls within scope of practice for a marriage and family therapists in these states. A similar restriction occurs in Texas for 90847 (family and couples therapy without patient present), where licensed marriage and family therapists are not eligible for reimbursement.

Another example of billing restrictions that limit scopes of practice occurred with 90791 (psychiatric diagnosis without medical services). Ten states omitted clinical psychologists from providing this service, however per the state scope of practice this type of activity is allowed. The codes 90791 and 90792 were recently introduced in 2013, and replaced 90801 and 90802. These old codes (90801 and 90802) were used by all mental health clinicians, even if nonmedical providers could not provide the medical work that was described in the codes.⁷ The restrictions of 90791 could be due to states modifying their Medicaid policies to reflect the updated CPT codes.

Commercial insurance information was difficult to obtain. Information about covered services and CPT codes was considered proprietary and was not readily available. In lieu of accessing the coverage and reimbursement information from selected commercial health plans researchers instead looked at benchmark plans. The Affordable Care Act requires non-grandfathered health plans in the individual and small group markets to cover essential health benefits (EHB).⁶ Across all 50 states, behavioral health services were covered under benchmark plans.

The research presented in this report reflects a structured review of Medicare and Medicaid policies on a state by state basis for eight common CPT codes and five ubiquitous behavioral health providers, however there are a few limitations. This research only focused on licensed providers with a professional degree. Additional research into unlicensed providers and paraprofessionals would provide a more holistic view of potential billing and reimbursement barriers that limit scopes of practice and would enhance these data. State Medicaid plans are variable, and a state may not recognize a specific CPT code even though the service is covered. Investigating a larger array of codes, and the utilization of HCPCS codes would provide additional information on potential limits to scopes of practice for these providers.

In the current climate of provider shortages, it is more important than ever to leverage the existing workforce and reinforce high-quality service through recognition in reimbursement. While the findings

suggest that the five behavioral health professionals included in this study are generally recognized as approved providers by Medicare and Medicaid, further research into the actual payment rates is recommended in order to enrich these data. Additional information on reimbursement rates would allow researchers to better understand why a CPT code may or may not be used to its full potential by eligible providers because potential misalignment of reimbursement with value of care can act as a disincentive toward high-quality, coordinated care.

In communities facing behavioral health shortage and access issues, licensed clinical social workers, licensed professional counselors, and licensed marriage and family therapists are important contributors to the behavioral health workforce. Licensed professional counselors and licensed marriage and family therapists are identified as key professionals by states and the federal government, but are inaccessible for clients relying on Medicare. Further, variation in Medicaid billing practices within states have the potential to hinder full expression of scopes of practice, and thus, access to quality services. The qualitative interviews demonstrated that advanced practice registered nurses and licensed master's social workers may also be critical profession types for the behavioral health workforce.

With the healthcare system's move toward integrated and coordinated value-based contracting, the barriers to reimbursement referenced in this research may be organically addressed as payers acknowledge the value of reimbursing non-licensed professionals and team-based care in an effort to drive down healthcare costs and provide a stronger quality and client experience. Best practices at the state level should recognize behavioral health care providers across stratified levels of care, with reasonable and realistic reimbursement rates. Further, alignment across states can provide a platform for widespread payment reform and broader system change for continued improvement of care delivery and parity.



This work is funded through HRSA Cooperative Agreement U81HP29300: Health Workforce Research Centers Program.

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APPENDIX

CPT Code Eligibility for Medicare and Medicaid by Provider and State

Table A1. CPT Codes Used in Study

90791	Psychiatric Diagnosis Evaluation without Medical Services
90792	Psychiatric Diagnosis Evaluation with Medical Services
90832	Psychotherapy, 30 Minutes
90846/7	Family or Couples Psychotherapy with/without Patient
90839	Psychotherapy for Crisis
90853	Group Psychotherapy
90863	Pharmacological Management

Note: For Medicaid, 90863 is only used in Louisiana and New Mexico by psychologists who are permitted to prescribe, but this code is not to be used by psychiatrists or other medical mental health providers.

Table A2. Medicare Reimbursement Eligibility for Selected CPT Codes by Occupation

CPT Code	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
90791	X	X	X		
90792	X				
90832	X	X	X		
90853	X	X	X		
90839	X	X	X		
90846	X	X	X		
90847	X	X	X		

Table A3. Medicaid Reimbursement Eligibility for 90791: Psychiatric Diagnosis Evaluation without Medical Services, by State and Occupation

State	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
Alabama	B	B	B	B	B
Alaska	X				
Arizona	X	X	X	X	X
Arkansas	X	X	X	X	X
California	X				
Colorado	X	B	B	B	B
Connecticut	X	X	X	X	X
D.C.	A	A	A		
Delaware	X	A	A		
Florida	X	A	A		
Georgia	X	X	X		
Hawaii	X				
Idaho	X	X	X	X	X
Illinois	X	X			
Indiana	X	X	X	X	
Iowa	B				
*Kansas - Sunflower	X	A	A		
Kentucky	B	B	B	B	B
Louisiana	X	X	X		
Maine	B	B	B		
Maryland	B	X	X	B	
Massachusetts	X				
Michigan	X				
Minnesota	X	B	B	B	B
Mississippi	X	X	X		
Missouri	X	X	X	B	B
Montana	X	B	B	B	
Nebraska	X	X			
Nevada	X	X	X		
New Hampshire	B				
New Jersey	X	A	A	A	
New Mexico	X	X	B		
New York	X	A	A		
North Carolina	X	B	B	B	B
North Dakota	X		B		
Ohio	X				
Oklahoma	X	X	X	B	
Oregon	X	B	B	B	
Pennsylvania	X	B			
Rhode Island	B				

South Carolina	B	B	B	B	
South Dakota	X	A	A		
Tennessee	X				
Texas	X	B	B	B	
Utah	X	X			
Vermont	X				
Virginia	X				
Washington	X	X	A		
West Virginia	B	B			
Wisconsin	X	B	B	B	
Wyoming	X	B	B		

Notes:

*Kansas Medicaid is divided among several managed care organizations (MCO). Sunflower is one MCO that was used as a proxy for Medicaid information.

A= Only community health

B= Only community behavioral health

X= Both community health and community behavioral health

- Data are unavailable for community health for: Kentucky, Maine, Rhode Island, South Carolina
- Data unavailable for community behavioral health: Washington, DC.
- Not covered for community health: New Hampshire, West Virginia

Table A4. Medicaid Reimbursement Eligibility for 90792: Psychiatric Diagnosis Evaluation with Medical Services, by State and Occupation

State	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
Alabama					
Alaska	X	B			
Arizona	X	A	A	A	A
Arkansas	X	A	A	A	A
California	X				
Colorado	X				
Connecticut	X				
D.C.	X	X			
Delaware	X	A	A		
Florida	X	A	A		
Georgia	X	X			
Hawaii	X				
Idaho	X	B	B	B	B
Illinois	X	A			
Indiana	X	X	X	B	B
Iowa	X				
*Kansas-Sunflower	X	A			
Kentucky	X				
Louisiana	X				
Maine	X				
Maryland	X	A			
Massachusetts	X				
Michigan	X				
Minnesota	X				
Mississippi	X	A	A		
Missouri	X	A	A		
Montana	X	B	B	B	
Nebraska	X	A	A	A	
Nevada	X	X			
New Hampshire	X				
New Jersey	X				
New Mexico	X	B			
New York	X	A			
North Carolina	X				
North Dakota	X				
Ohio	X				
Oklahoma	X	A			
Oregon	X				
Pennsylvania	X				
Rhode Island	X				
South Carolina	X				

South Dakota	X	A	A		
Tennessee	X				
Texas	X				
Utah	X	A			
Vermont	X				
Virginia	X				
Washington	X	A	A		
West Virginia	X				
Wisconsin	X				
Wyoming	X	B			

Notes:

*Kansas Medicaid is divided among several managed care organizations (MCO). Sunflower is one MCO that was used as a proxy for Medicaid information.

A= Only community health

B= Only community behavioral health

X= Both community health and community behavioral health

Table A5. Medicaid Reimbursement Eligibility for 90832: Psychotherapy-30 Minutes, by State and Occupation

State	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
Alabama	X	X	X	X	X
Alaska	X	X	X	B	B
Arizona	X	X	X	X	X
Arkansas	X	X	X	B	B
California	X	X	X	B	B
Colorado	X	X	X	B	B
Connecticut	X	X	X	B	B
D.C.	A	A	A		
Delaware	X	X	X	B	B
Florida	X	X	X	B	B
Georgia	X	X	X		
Hawaii	X	X	X	B	B
Idaho	X	X	X	B	B
Illinois	B	X	X	X	B
Indiana	X	X	X	B	B
Iowa	X	X	X	B	B
Kansas-Sunflower*	X	X	X	B	B
Kentucky	B	B	B	B	B
Louisiana	B	B	B	B	B
Maine	B	X	X	X	B
Maryland	B	X	X	B	
Massachusetts	B	B	B	B	
Michigan	X	X	X	X	X
Minnesota	X	X	X	X	X
Mississippi	A	X	X	X	X
Missouri	X	X	X	B	B
Montana	X	X	X	B	
Nebraska	B	X	X	B	
Nevada	B	X	X	X	
New Hampshire	A	A	A		
New Jersey	A	A	A	A	
New Mexico	X	X	X	B	B
New York	A	A	X		
North Carolina	A	X	X	X	X
North Dakota	X	X	X	B	
Ohio	B	X	X	X	B
Oklahoma	X	X	X	B	B
Oregon	B	X	X	B	B
Pennsylvania	B	B	X		
Rhode Island	A	A	X	B	B
South Carolina	A	X	X		

South Dakota	A	A	A		
Tennessee	B	B	B	B	B
Texas	X	A	X	B	B
Utah	B	B	B	B	B
Vermont	X	X	X	X	X
Virginia	X	X	X	X	X
Washington	X	X	A		
West Virginia	X	X	X	X	X
Wisconsin	X	X	B		
Wyoming	X	X	X	A	

Notes:

*Kansas Medicaid is divided among several managed care organizations (MCO). Sunflower is one MCO that was used as a proxy for Medicaid information.

A=Only community health

B= Only community behavioral health

X= Both community health and community behavioral health

- Data unavailable for community health for: Kentucky, Louisiana, Massachusetts, Tennessee, Vermont
- Data unavailable for community behavioral health for: Washington, D.C., New Hampshire, New Jersey, South Dakota
- Not covered for community health for: Alabama, West Virginia

Table A6. Medicaid Reimbursement Eligibility for 90846: Family or Couples Psychotherapy with Patient, by State and Occupation

State	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
Alabama	X	X	X	X	X
Alaska	X	X	X	X	X
Arizona	X	X	X	X	X
Arkansas	X	X	X	X	X
California					
Colorado	X	X	X		
Connecticut	X	X	X	X	X
Delaware		X	X	X	X
Florida	X	X	X	X	X
Georgia	X	X	X	X	X
Hawaii	X	X	X	X	X
Idaho	X	X	X	X	X
Illinois					
Indiana	X	X	X	X	X
Iowa	X	X	X	X	X
*Kansas-Sunflower	X	X	X	X	X
Kentucky	X	X	X	X	X
Louisiana	X	X	X	X	X
Maine	X	X	X	X	X
Maryland	X	X	X	X	X
Massachusetts					
Michigan	X	X	X	X	X
Minnesota	X	X	X	X	X
Mississippi	X	X	X	X	X
Missouri	X	X	X	X-under 21 only	
Montana	X	X	X	X	
Nebraska	X	X	X	X	X
Nevada	X	X	X	X	X
New Hampshire	X	X	X	X	X
New Jersey	X	X	X	X	X
New Mexico	X	X	X	X	X
New York	X	X	X	X	X
North Carolina	X	X	X	X	X
North Dakota	X	X	X	X	X
Ohio	X	X	X	X	X
Oklahoma	X	X	X	X	X
Oregon	X	X	X	X	X
Pennsylvania	X	X	X	X	X

Rhode Island			X	X	X
South Carolina	X		X		
South Dakota					
Tennessee	X	X	X	X	X
Texas					
Utah	X	X	X	X	X
Vermont	X	X	X	X	X
Virginia	X	X	X	X	X
Washington	X	X	X	X	X
West Virginia	X	X	X	X	X
Wisconsin	X	X	X	X	X
Wyoming	X	X		X	

Notes:

*Kansas Medicaid is divided among several managed care organizations (MCO). Sunflower is one MCO that was used as a proxy for Medicaid information.

- Data unavailable for: Washington, D.C.

Table A7. Medicaid Reimbursement Eligibility for 90847: Family or Couples Psychotherapy without Patient, by State and Occupation

State	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
Alabama	X	X	X	X	X
Alaska	X	X	X	X	X
Arizona	X	X	X	X	X
Arkansas	X	X	X	X	X
California					
Colorado	X	X	X	X	X
Connecticut	X	X	X	X	X
Delaware		X	X	X	X
Florida	X	X	X	X	X
Georgia	X	X	X	X	X
Hawaii	X	X	X	X	X
Idaho	X	X	X	X	X
Illinois					
Indiana	X	X	X	X	X
Iowa	X	X	X	X	X
*Kansas-Sunflower	X	X	X	X	X
Kentucky	X	X	X	X	X
Louisiana	X	X	X	X	X
Maine	X	X	X	X	X
Maryland	X	X	X	X	X
Massachusetts	X	X	X	X	X
Michigan	X	X	X	X	X
Minnesota	X	X	X	X	X
Mississippi	X	X	X	X	X
Missouri	X	X	X-under 21 only, unless part of RHC or FQHC	X-under 21 only	
Montana	X	X	X	X	
Nebraska	X	X	X	X	X
Nevada	X	X	X	X	X
New Hampshire	X	X	X	X	X
New Jersey	X	X	X	X	X
New Mexico	X	X	X	X	X
New York	X	X	X	X	X
North Carolina	X	X	X	X	X
North Dakota	X	X	X	X	X
Ohio	X	X		X	X
Oklahoma		X			
Oregon	X	X	X	X	X
Pennsylvania	X	X			
Rhode Island	X	X	X	X	X

South Carolina	X		X		
South Dakota	X	X	X		
Tennessee	X	X	X	X	X
Texas			X	X	X
Utah	X	X	X	X	X
Vermont	X	X	X	X	X
Virginia	X	X	X	X	X
Washington	X	X	X	X	X
West Virginia	X	X			
Wisconsin	X	X	X	X	X
Wyoming	X	X		X	

Notes:

*Kansas Medicaid is divided among several managed care organizations (MCO). Sunflower is one MCO that was used as a proxy for Medicaid information.

FQHC, Federally Qualified Health Center

RHC, Rural Health Clinic

- Data unavailable for: Washington, D.C.

Table A8. Medicaid Reimbursement Eligibility for 90839: Psychotherapy for Crisis, by State and Occupation

State	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
Alabama					
Alaska	X				
Arizona					
Arkansas					
California	X	X	X		X
Colorado	X	X	X	X	X
Connecticut					
Delaware	X	X	X	X	X
Florida	Does not appear in fee schedule (use H-2011 instead)				
Georgia	X	X	X	X	X
Hawaii					
Idaho					
Illinois					
Indiana	X	X	X	X	X
Iowa					
Kansas	X	X	X	X	X
Kentucky	X	X	X	X	X
Louisiana	X	X	X	X	X
Maine	X	X	X	X	X
Maryland	X	X	X	X	X
Massachusetts	X	X	X	X	X
Michigan	X	X	X	X	X
Minnesota	X	X	X	X	X
Mississippi	Does not appear in fee schedule (use H-2011 instead)				
Missouri	X	X	X-under 21 only, unless part of RHC or FQHC	X-under 21 only	
Montana	X	X	X	X	
Nebraska	X	X	X	X	X
Nevada	X	X	X	X	X
New Hampshire	X	X	X	X	X
New Jersey	X	X	X	X	X
New Mexico	X	X			
New York	?	?	?	?	?
North Carolina	X	X	X	X	X
North Dakota	X	X	X	X	X
Ohio	X	X	X	X	X
Oklahoma	X	X	X	X	X
Oregon	X	X	X	X	X
Pennsylvania					
Rhode Island			X	X	X
South Carolina	X		X		

South Dakota	X	X	X		
Tennessee	X	X	X	X	X
Texas					
Utah	X	X	X	X	X
Vermont	X	X	X	X	X
Virginia					
Washington					
West Virginia	X	X	X	X	X
Wisconsin	X	X	X	X	X
Wyoming			X		X

Notes:

FQHC, Federally Qualified Health Center

RHC, Rural Health Clinic

- Data unavailable for: Washington, D.C.

Table A9. Medicaid Reimbursement Eligibility for 90853: Group Psychotherapy, by State and Occupation

State	Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Licensed Marriage and Family Therapist
Alabama	X	X	X	X	X
Alaska	X	X	X	X	X
Arizona	X	X	X	X	X
Arkansas	X	X	X	X	X
California	X	X	X		X
Colorado	X	X	X	X	X
Connecticut	X	X	X	X	X
Delaware	X	X	X	X	X
Florida	X	X	X	X	X
Georgia	X	X	X	X	X
Hawaii	X	X	X	X	X
Idaho	X	X	X	X	X
Illinois					
Indiana	X	X	X	X	X
Iowa	X	X	X	X	X
Kansas	X	X	X	X	X
Kentucky	X	X	X	X	X
Louisiana	X	X	X	X	X
Maine	X	X	X	X	X
Maryland	X	X	X	X	X
Massachusetts	X	X	X	X	X
Michigan	X	X	X	X	X
Minnesota	X	X	X	X	X
Mississippi	X	X	X	X	X
Missouri	X	X	X-under 21 only, unless part of RHC or FQHC	X-under 21 only	
Montana	X	X	X	X	
Nebraska	X	X	X	X	X
Nevada	X	X	X	X	X
New Hampshire	X	X	X	X	X
New Jersey	X	X	X	X	X
New Mexico	X	X	X	X	X
New York	X	X	X	X	X
North Carolina	X	X	X	X	X
North Dakota	X	X	X	X	X
Ohio	X	X		X	X
Oklahoma	X	X	X	X	X
Oregon	X	X	X	X	X
Pennsylvania	X	X			
Rhode Island	X	X	X	X	X

South Carolina	X		X		
South Dakota	X	X	X		
Tennessee	X	X	X	X	X
Texas			X	X	X
Utah	X	X	X	X	X
Vermont	X	X	X	X	X
Virginia	X	X	X	X	X
Washington	X	X	X	X	X
West Virginia	X	X			
Wisconsin	X	X	X	X	X
Wyoming	X	X	X	X	

Notes:

FQHC, Federally Qualified Health Center

RHC, Rural Health Clinic

- Data unavailable for: Washington, D.C.