

<p>PSYCHIATRIC SERVICES PROFESSIONAL SERVICES PROGRAM</p>
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Effective with date of service October 1, 2007, Louisiana Medicaid reimburses professional service providers for select procedure codes specific to psychiatric services (current codes 90801-90802, 90804-90815, 96101) delivered in the office or other outpatient facility setting as outlined by the *Current Procedural Terminology* (CPT) manual using the following guidelines:

- This policy is currently applicable to physician services in the Professional Services program and mental health services provided in RHC/FQHCs. RHC/FQHC providers should enter the appropriate psychiatric procedure codes as encounter detail lines when submitting claims for these services.
- Psychiatric Diagnostic or Evaluative Interview Procedures (current code range 90801-90802) and select Psychiatric Therapeutic Procedures (current code range 90804-90815) are counted toward the outpatient visit service limit allowed per calendar year for adult recipients (age 21 and older). Providers should assist recipients in the management of their limited yearly outpatient visits.
- Psychiatric Diagnostic or Evaluative Interview Procedures (either code 90801 or 90802) are reimbursable once per 365 days per attending provider.
- Psychological Testing (current code 96101) is reimbursable once per 365 days per attending provider. Providers should bill all applicable units of service related to this procedure code on one date of service and not divide the units amongst multiple dates of service or claim lines. Procedure code 96101 is **not** counted toward the outpatient visit service limit allowed per calendar year for adult recipients (age 21 and older).
- If nationally approved changes occur to CPT codes at a future date that relate to psychiatric services, providers are to follow the most accurate coding available for covered services for that particular date of service, unless otherwise directed.