

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY  
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE  
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES  
PART 25. PSYCHOLOGISTS

**317:30-5-275. Eligible providers**

(a) Payment is made for compensable services to psychologists licensed in the state in which face to face services are delivered. ~~Payment is also made to practitioners who have completed education requirements to begin an internship or a post-doctoral fellowship in an accredited clinical psychology academic training program and are under current board approved supervision toward licensure. Each psychologist must have a current contract with the Oklahoma Health Care Authority (OHCA). Psychologists employed in State and Federal Agencies, who are not permitted to engage in private practice, cannot be reimbursed for services as an individually contracted provider.~~

(b) ~~In order for services provided by clinical psychology interns completing required internships and post-doctoral fellows completing required supervision for licensure to be reimbursed, the following conditions must be met:~~

~~(1) The practitioner billing SoonerCare must have a letter on file covering the dates of services of the internship or post doctoral fellowship;~~

~~(2) The psychology intern or post doctoral fellow must be under the direct supervision of the licensed psychologist responsible for the member's care;~~

~~(3) The licensed psychologist responsible for the member's care must:~~

~~(A) staff the member's case with the intern or fellow,~~

~~(B) actively direct the services,~~

~~(C) be available to the intern or fellow for in person consultation while they are providing services,~~

~~(D) agree with the current plan for the member, and~~

~~(E) confirm that the service provided by the intern or fellow was appropriate; and~~

~~(4) The member's medical record must show that the requirements for reimbursement were met and the licensed psychologist responsible for the member's care has reviewed, countersigned, and dated the notes in the medical record at least every week so that it is documented that the licensed psychologist is responsible for the member's care.~~

Psychologists employed in State and Federal Agencies, who are not permitted to engage in private practice, cannot be reimbursed for services as an individually contracted provider.

(c) Services provided by practitioners who have completed education requirements to begin an internship or a post-doctoral fellowship in an accredited clinical psychology academic training program and are under current board approved supervision toward licensure are eligible for reimbursement. Each supervising psychologist must have a current contract with the Oklahoma Health Care Authority (OHCA).

(d) For those licensure candidates who are actively and regularly receiving board approved supervision, or extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, each supervising psychologist must have a current contract with the Oklahoma Health Care Authority (OHCA).

(e) In order for services provided by clinical psychology interns completing required internships and post-doctoral fellows completing required supervision for licensure to be reimbursed, the following conditions must be met:

(1) The licensed practitioner billing SoonerCare must have a letter on file covering the dates of services of the internship or post doctoral fellowship;

(2) The psychology intern or post-doctoral fellow must be under the direct supervision of the licensed psychologist responsible for the member's care;

(3) The licensed psychologist responsible for the member's care must:

(A) staff the member's case with the intern or fellow,

(B) actively direct the services,

(C) be available to the intern or fellow for in-person consultation while they are providing services,

(D) agree with the current plan for the member, and

(E) confirm that the service provided by the intern or fellow was appropriate; and

(4) The member's medical record must show that the requirements for reimbursement were met and the licensed psychologist responsible for the member's care has reviewed, countersigned, and dated the notes in the medical record at least every week so that it is documented that the licensed psychologist is responsible for the member's care.

**317:30-5-276. Coverage by category**

(a) **Adults.** There is no coverage for adults for services by a psychologist.

(b) **Children.** Coverage for children includes the following services (all services, except Initial or Level of Care Assessment and/or Crisis Intervention services, require authorization by OHCA, or its designated agent):

~~(1) Psychiatric Diagnostic Interview Examination (PDIE). The interview and assessment is defined as a face to face interaction with the member. Psychiatric diagnostic interview examination includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. Only one PDIE is allowable per provider. If there has been a break in service over a six month period, then an additional unit can be prior authorized by OHCA, or their designated agent. Bio-Psycho-Social Assessments. Psychiatric Diagnostic Interview Examination (PDIE) initial assessment or Level of Care Assessment. The interview and assessment is defined as a face-to-face interaction with the member. Psychiatric diagnostic interview examination includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. Only one PDIE is allowable per provider per member. If there has been a break in service over a six month period, then an additional unit of PDIE can be prior authorized by OHCA, or their designated agent.~~

(2) Individual and/or Interactive psychotherapy in an outpatient setting including an office, ~~or~~ clinic, or other confidential setting. The services may be performed at the residence of the member if it is demonstrated that it is clinically beneficial, or if the member is unable to go to a clinic or office. Individual psychotherapy is defined as a one to one treatment using a widely accepted modality or treatment framework suited to the individual's age, developmental abilities and diagnosis. It may include specialized techniques such as biofeedback or hypnosis.

(3) Family Psychotherapy is performed in an outpatient setting limited to an office, clinic, or ~~member's residence~~

other confidential setting. Family therapy is a face-to-face interaction between a therapist and the patient/family to facilitate emotional, psychological or behavioral changes and promote communication and understanding. Family therapy must be provided for the benefit of a SoonerCare eligible child as a specifically identified component of an individual treatment plan.

(4) Group and/or Interactive Group psychotherapy in an outpatient setting must be performed in the psychologist's office, clinic, or other confidential setting. Group therapy is a face to face interaction between a therapist and two or more unrelated patients (though there may be siblings in the same group, just not siblings only) to facilitate emotional, psychological, or behavioral changes. All group therapy records must indicate group size. Maximum total group size is eight six patients for children four years of age up to the age of 18. Groups 18-20 year olds can include eight individuals. Group therapy must be provided for the benefit of a SoonerCare eligible child four years of age or older as a specifically identified component of an individual treatment plan. Multi-family group therapy size is limited to eight family units.

(5) Psychological, Developmental, Neuropsychological, Neurobehavioral Testing is clinically appropriate and allowable when an accurate diagnosis and determination of treatment needs is needed. Four hours/units of testing per patient (over the age of two), per provider is allowed without prior authorization every 12 months. In circumstances where it is determined that further testing is medically necessary, additional hours/units may be prior authorized by the OHCA or designated agent based upon medical necessity and consultation review. In circumstances where there is a clinical need for specialty testing, then more hours/units of testing can be authorized. Any testing performed for a child under three must be prior authorized. Testing units must be billed on the date the testing, interpretation, scoring, and/or reporting was performed and supported by documentation.

~~(6) Payment for therapy services provided by a psychologist to any one member is limited to five sessions/units per month without prior authorization. In circumstances where it is determined that further sessions/units are medically~~

~~necessary, then more sessions/units can be prior authorized by the Oklahoma Health Care Authority or their designated agent. A maximum of 12 sessions/units of therapy and testing services per day per provider are allowed. Health and Behavior codes - behavioral health services are available only to chronically and severely medically ill children.~~

~~(7) A child who is being treated in an acute inpatient setting can receive separate Psychological services as the inpatient per diem is for "non-physician" services only. Crisis intervention services for the purpose of stabilization and hospital diversion as clinically appropriate.~~

~~(8) A child receiving Residential Behavioral Management in a foster home, also known as therapeutic foster care, or a child receiving Residential Behavioral Management in a group home, also known as therapeutic group home, may not receive individual, group or family counseling or psychological testing without prior authorization by the OHCA or its designated agent. Payment for therapy services provided by a psychologist to any one member is limited to eight sessions/units per month. All units/sessions, except the Initial or Level of Care Assessments or Crisis Intervention must be authorized by the OHCA or its designated agent. A maximum of 12 sessions/units of therapy and testing services per day per provider are allowed. Case Management services are considered an integral component of the behavioral health services listed above.~~

~~(9) A child who is being treated in an acute psychiatric inpatient setting can receive separate Psychological services as the inpatient per diem is for "non-physician" services only.~~

~~(10) A child receiving Residential Behavioral Management in a foster home, also known as therapeutic foster care, or a child receiving Residential Behavioral Management in a group home, also known as therapeutic group home, may not receive individual, group or family counseling or psychological testing without prior authorization by the OHCA or its designated agent.~~

**(c) Home and Community Based Waiver Services for the Mentally Retarded.** All providers participating in the Home and Community Based Waiver Services for the mentally retarded program must have a separate contract with this Authority to provide services

under this program. All services are specified in the individual's plan of care.

(d) **Individuals eligible for Part B of Medicare.** Payment is made utilizing the Medicaid allowable for comparable services.

**317:30-5-278. Non-covered procedures**

The following procedures by psychologists are not covered:

- (1) sensitivity training
- (2) encounter
- (3) workshops
- (4) sexual competency training
- (5) marathons or retreats for mental disorders
- (6) strictly education training
- (7) psychotherapy to persons under three years of age unless specifically approved by OHCA, or its designated agent.

**PART 26. LICENSED BEHAVIORAL HEALTH PROFESSIONALS**

**317:30-5-280. Eligible Providers**

(a) Licensed Behavioral Health Professionals (LBHP) are defined as follows:

(1) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry practicing as described in OAC 317:30-5-2.

(2) Practitioners with a license to practice in the state in which services are provided.

(A) Psychologist,

(B) Social Worker (clinical specialty only),

(C) Professional Counselor,

(D) Marriage and Family Therapist,

(E) Behavioral Practitioner, or

(F) Alcohol and Drug Counselor.

(3) Advanced Practice Nurse (certified in psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.

(4) A Physician Assistant who is licensed in good standing in this state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

(b) Practitioners who have completed education requirements to begin an internship or a post-doctoral fellowship in an accredited clinical academic training program and are under current board approved supervision toward licensure. Each supervising LBHP must have a current contract with the Oklahoma Health Care Authority (OHCA).

(c) For those LBHP candidates who are actively and regularly receiving a LBHP board approved supervision, or extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the licensing boards listed in 2 (A) through (F) above.

(d) In order for services provided by clinical academic interns completing required internships and LBHP candidates completing required supervision for licensure to be reimbursed, the following conditions must be met:

(1) The licensed LBHP practitioner billing SoonerCare must have a letter on file covering the dates of services of the internship or LBHP board approved supervision;

(2) The academic intern or LBHP candidate must be under the direct supervision of the licensed professional responsible for the member's care;

(3) The supervising licensed professional responsible for the member's care must:

(A) staff the member's case with the academic intern or LBHP candidate,

(B) actively direct the services,

(C) be available to the intern or LBHP candidate for in-person consultation while they are providing services,

(D) agree with the current plan for the member, and

(E) confirm that the service provided by the intern or LBHP candidate was appropriate; and

(4) The member's medical record must show that the requirements for reimbursement were met and the licensed professional responsible for the member's care has reviewed, countersigned, and dated the notes in the medical record at least every week so that it is documented that the licensed professional is responsible for the member's care.

### **317:30-5-281. Coverage by Category**

(a) **Adults.** There is no coverage for adults for services by a LBHP.

(b) **Children.** Coverage for children includes the following services (all services, except for the Initial or Level of Care Assessments or Crisis Intervention, require authorization by OHCA or its designated agent, providers listed in 317:30-5-280(a)(1),(a)(3)and (a)(4) are exempt from authorization):

(1) Bio-Psycho-Social and Level of Care Assessments.

(A) The interview and assessment is defined as a face-to-face interaction with the member. Assessment includes a history, mental status, full bio-psycho-social evaluation, a disposition, communications with family or other sources, review of laboratory or other pertinent medical information, and medical/clinical consultations as necessary.

(B) Assessments for Children's Level of Care determination of medical necessity must follow a specified assessment process through OHCA or their designated agent. Only one assessment is allowable per provider per member. If there has been a break in service over a six month period, or the assessment is conducted for the purpose of determining a child's need for inpatient psychiatric admission, then an additional unit can be authorized by OHCA, or their designated agent.

(2) Individual and/or Interactive psychotherapy in an outpatient setting including an office clinic, or other confidential. The services may be performed at the residence of the member if it is demonstrated that it is clinically beneficial, or if the member is unable to go to a clinic or office. Individual psychotherapy is defined as a one to one treatment using a widely accepted modality or treatment framework suited to the individual's age, developmental abilities and diagnosis. It may include specialized techniques such as biofeedback or hypnosis.

(3) Family Psychotherapy is performed in an outpatient setting limited to an office, clinic, or other confidential setting. Family therapy is a face-to-face interaction between a therapist and the patient/family to facilitate emotional, psychological or behavioral changes and promote communication and understanding. Family therapy must be provided for the benefit of the member as a specifically identified component of an individual treatment plan.

(4) Group and/or Interactive Group psychotherapy in an outpatient setting must be performed in an office, clinic, or other confidential setting. Group therapy is a face-to-face interaction between a therapist and two or more unrelated



patients (though there may be siblings in the same group, just not siblings only) to facilitate emotional, psychological, or behavioral changes. All group therapy records must indicate group size. Maximum total group size is six for ages four up to 18. Groups 18-20 year olds can include eight individuals. Group therapy must be provided for the benefit of the member as a specifically identified component of an individual treatment plan. Multi-family group therapy size is limited to eight family units.

(5) Evaluation and Testing is clinically appropriate and allowable when an accurate diagnosis and determination of treatment needs is needed. Eight hours/units of testing per patient (over the age of two), per provider is allowed every 12 months. In circumstances where it is determined that further testing is medically necessary, additional hours/units may be prior authorized by the OHCA or designated agent based upon medical necessity and consultation review. In circumstances where there is clinical need for specialty testing, then more hours/units of testing can be authorized. Testing units must be billed on the date the testing interpretation, scoring, and/or reporting was performed and supported by documentation. (6) Crisis intervention services for the purpose of stabilization and hospitalization diversion as clinically appropriate.

(7) Payment for therapy services provided by a LBHP to any one member is limited to eight sessions/units per month. All units/sessions, except Assessment and Crisis Intervention must be authorized by the OHCA or their designated agent. A maximum of 12 sessions/units of therapy and testing services per day per provider are allowed. Case Management services are considered an integral component of the behavioral health services listed above.

(8) A child receiving Residential Behavioral Management in a foster home, also known as therapeutic foster care, or a child receiving Residential Behavioral Management in a group home, also known as therapeutic group home, may not receive individual, group or family counseling or testing without authorization by the OHCA or their designated agent.

**(c) Home and Community Based Waiver Services for the Mentally Retarded.** All providers participating in the Home and Community Based Waiver Services for the mentally retarded program must have a separate contract with this Authority to provide services under

this program. All services are specified in the individual's plan of care.

(d) Individuals eligible for Part B of Medicare. Payment is made utilizing the Medicaid allowable for comparable services.

**317:30-5-282. Non-covered procedures**

The following procedures by LBHPs are not covered:

- (1) sensitivity training
- (2) encounter
- (3) workshops
- (4) sexual competency training
- (5) marathons or retreats for mental disorders
- (6) strictly education training
- (7) psychotherapy to persons under three years of age unless specifically approved by OHCA, or its designated agent.

**317:30-5-283. Documentation of records**

All behavioral health services will be reflected by documentation in the patient records.

(1) All assessment, testing, and treatment services/units billed must include the following:

- (A) date;
- (B) start and stop time for each session/unit billed;
- (C) signature of the provider;
- (D) credentials of provider;
- (E) specific problem(s), goals, and/or objectives addressed;
- (F) methods used to address problem(s), goals and objectives;
- (G) progress made toward goals and objectives;
- (H) patient response to the session or intervention; and
- (I) any new problem(s), goals and/or objectives identified during the session.

(2) For each Group psychotherapy session, a separate list of participants must be maintained.

(3) Testing will be documented for each date of service performed which should include at a minimum, the objectives for testing, the test administered, the results/conclusions and interpretation of the tests, and recommendations for treatment and/or care based on testing and analysis.