

Service: Individual Counseling

Service Definition

A therapeutic intervention or counseling service shown to be successful with identified youth populations, diagnoses, and service needs, provided by a qualified clinician. Techniques employed involve the principles, methods and procedures of counseling that assist the youth in identifying and resolving personal, social, vocational, intrapersonal, and interpersonal concerns. Individual counseling may include face-to-face in or out-of-clinic time with family members as long as the individual is present for part of the session and the focus is on the individual. Services are directed toward achievement of specific goals defined by the youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan. These services address goals/issues such as promoting resiliency, and the restoration, development, enhancement, or maintenance of:

1. The illness/emotional disturbance and medication self-management knowledge and skills (e.g., symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed);
2. Problem solving and cognitive skills;
3. Healthy coping mechanisms;
4. Adaptive behaviors and skills;
5. Interpersonal skills; and
6. Knowledge regarding the emotional disturbance, substance related disorders and other relevant topics that assist in meeting the youth's needs.
7. Best/evidence-based practice modalities may include (as clinically appropriate): Motivational Interviewing/Enhancement Therapy, Cognitive Behavioral Therapy, Behavioral Modification, Behavioral Management, Rational Behavioral Therapy, Dialectical Behavioral Therapy, Interactive Play Therapy, and others as appropriate to the individual and clinical issues to be addressed.

Admission Criteria

1. Youth must have an emotional disturbance/substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and
2. The youth's level of functioning does not preclude the provision of services in an outpatient milieu.

Continuing Stay Criteria

1. Individual continues to meet admission criteria; and
2. Individual demonstrates documented progress relative to goals identified in the Individualized Resiliency Plan, but goals have not yet been achieved.

Discharge Criteria

1. Adequate continuing care plan has been established; and one or more of the following:
2. Goals of the Individualized Resiliency Plan have been substantially met; or

3. Individual/family requests discharge and individual is not in imminent danger of harm to self or others; or
4. Transfer to another service is warranted by change in individual's condition; or
5. Individual requires a service approach which supports less or more intensive need.

Service Exclusions

Designated Crisis Stabilization Unit services and Intensive Family Intervention. 2. The absence of empirical evidence for conversion therapy prohibits the use of this intervention and it is not reimbursed by DBHDD.

Clinical Exclusions

1. Severity of behavioral health disturbance precludes provision of services.
2. Severity of cognitive impairment precludes provision of services in this level of care.
3. There is a lack of social support systems such that a more intensive level of service is needed.
4. There is no outlook for improvement with this particular service.
5. Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a behavioral health condition overlaying the diagnosis: Intellectual/Developmental Disabilities, Autism, Neurocognitive Disorder and Traumatic Brain Injury.

Required Components

The treatment orientation, modality and goals must be specified and agreed upon by the youth/family/caregiver.

Clinical Operations

1. Practitioners and supervisors of those providing this service are expected to maintain knowledge and skills regarding current research trends in best/evidence-based counseling practices.
2. 90833 and 90836 are utilized with E/M CPT Codes as an add-on for psychotherapy and may not be billed individually.

Service Accessibility

1. To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language. Examples of this include:
 - a. The use of one-to-one service intervention via Telemedicine, connecting the individual to a practitioner who speaks the individual's language versus use of interpreters; and/or
 - b. The use of an interpreter via Telemedicine to support the practitioner in delivering the identified service.

Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language. The individual/family must consent to the use of this modality. This consent should be documented in the individual's record. The use of telemedicine should not be driven by the practitioner's/agency's convenience or preference.

2. Additionally, telemedicine may be utilized for 90833 and 90836 when the service is combined with CPT E&M codes and delivered by a medical practitioner (Level U1 and U2).

Billing & Reporting Requirements

1. When 90833 or 90836 are provided with an E/M code, these are submitted together to encounter/claims system.
2. 90833 is used for any intervention which is 16-37 minutes in length.
3. 90836 is used for any intervention which is 38-52 minutes in length.
4. 90837 is used for any intervention which is greater than 53 minutes.
5. If a Medicaid claim for this service denies for a Procedure-to-Procedure edit, a modifier (59) can be added to the claim and resubmitted to the MMIS for payment with two exceptions: If the billable base code is either 90833 or 90836 and is denied for Procedure-to-Procedure edit, then a (25) modifier should be added to the claim resubmission.
6. Appropriate add-on codes must be submitted on the same claim as the paired base code. When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission

Documentation Requirements

1. When 90833 or 90836 are provided with an E/M code, they are recorded on the same intervention note but the distinct services must be separately identifiable.
2. When 90833 or 90836 are provided with an E/M code, the psychotherapy intervention must include time in/time out in order to justify which code is being utilized (each code shall have time recorded for the two increments of service as if they were distinct and separate services). Time associated with activities used to meet criteria for the E/M service is not included in the time used for reporting the psychotherapy service.