

Provider Notice

Subject: Claim Submission for Provisionally Licensed Individuals

Regular routine outpatient claims submitted to Magellan require a provider type modifier, UA or U4, when a provisionally licensed individual provides the service. If the service is provided via telehealth, the telehealth modifier, 95, is required on the claim. The provider type modifier must be submitted in the first modifier position, followed by modifier 95. If the service is not provided via telehealth, the provider type modifier is the only modifier required on the claim.

Behavior Assessment or Reassessment (96156) must be conducted by licensed individuals for CPST assessments and reassessments. Claims must include the complex/high-tech level of care modifier, TG. If the TG modifier is not submitted the claim will pay at the lesser outpatient rate. Claims submitted to Magellan do not require the degree level modifier. Claims will be denied for invalid modifier combination if a degree modifier is present on the claim. If the service is provided in the community, the community modifier, U8, is required. If the service is provided via telehealth, the telehealth modifier, 95, is required on the claim.

Behavior Assessment or Reassessment (96156), when not conducted for CPST assessments, may be provided by licensed individuals, Licensed Master's Level Social Worker (LMSW), Provisionally Licensed Professional Counselor (PLPC) or Provisionally Licensed Marriage and Family Therapist (PLMFT). When conducted by an LMSW, PLPC, or PLMFT the claim must include the provider type modifier, UA or U4. If the modifier is not present on claims submitted for services performed by provisionally licensed individuals, the claim will deny for invalid modifier combination.

U4-Use this provider type modifier for a LMSW.

UA-Use this provider type modifier for a PLPC or a PLMFT.

Place of Service Codes to use when the telehealth modifier is on the claim:

- Place of service 10-must be submitted when the member is at home.
- Place of service 02-should be submitted when the member is anywhere other than home.
- Place of service 99 is not allowed for telehealth services.

The allowable services, provider type modifiers and Magellan rates are indicated in the table below:

Code	Description	Licensed MSW (Modifier U4)	Provisionally LPC/LMFT (Modifier UA)
90785	INTERACTIVE COMPLEXITY, ADD ON	\$3.61	\$3.61
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$113.80	\$113.80
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT PRESENT	\$50.03	\$50.03
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT PRESENT	\$70.44	\$70.44
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT PRESENT	\$103.72	\$103.72
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	\$129.78	\$129.78
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTE ADD ON	\$64.58	\$64.58
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT	\$65.75	\$65.75
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT	\$81.55	\$81.55
90853	GROUP PSYCHOTHERAPY	\$23.15	\$23.15
96156	HEALTH BEHAVIOR ASSESSMENT/REASSESSMENT	\$13.76	\$13.76
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO- FACE; FIRST 30 MINUTES	\$25.32	\$25.32
96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO- FACE; EACH ADDITIONAL 15 MINUTES	\$12.67	\$12.67

96164	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE- TO-FACE; FIRST 30 MINUTES	\$6.07	\$6.07
96165	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE- TO-FACE; EACH ADDITIONAL 15 MINUTES	\$3.03	\$3.03
96167	HEALTH BEHAVIOR INTERVENTION, GROUP, FACE- TO-FACE; EACH ADDITIONAL 15 MINUTES	\$24.89	\$24.89
96168	HEALTH BEHAVIOR INTERVENTION, FAMILY WITH PATIENT PRESENT, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES	\$12.44	\$12.44

Child and Family Team (CFT) Meeting Participation:

As a reminder, if you are a licensed mental health professional (LMHP) you can submit a claim. The following codes can be used by LMHPs to bill for participation time when attending child and family team meetings for the purposes of developing a treatment plan ONLY when the client/guardian attends the meeting and the development of the treatment plan is required for Medicaid (e.g., CSOC eligible members).

Select the code that corresponds with the length of the CFT:

- 90832 – Psychotherapy, 30 minutes with patient and/or family member
- 90834 – Psychotherapy, 45 minutes with patient and/or family member
- 90837 – Psychotherapy, 60 minutes with patient and/or family member
- 90847 – Family psychotherapy (conjoin psychotherapy) with patient present

Provisionally licensed staff attending a CFT meeting for the development of the treatment plan would submit claims using the codes listed above to include the appropriate U modifier.

Reminders:

- The HO, degree level modifier, is not required on the claim. Claims will be denied for invalid modifier combination if modifier HO is present.
- The HA, age modifier, is not required on any claims submitted to Magellan. Claims will be denied for invalid modifier combination if modifier HA is present.
- **Always refer to your Magellan fee schedule for rates and modifier guidance.**

Please share this information with your staff as needed.

This communication is posted on the Magellan of Louisiana website.

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Please reach out to your [Network Management Specialist](#) (NMS) with any questions or concerns or if you require a copy of your fee schedules. Your NMS is available for support.

Thank you for all you do in supporting the members of CSoC.
Magellan of Louisiana