# North Carolina Crosswalk of HealthySteps-Aligned Services with Billing Codes and Provider Types

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## About This Document

Have you ever wanted a list of the reimbursable HealthySteps (HS)-aligned services and a corresponding list of providers who can render these specific "open" codes in North Carolina? If so, this document will provide you with helpful guidance. Knowing the HS-aligned services open in North Carolina, their associated billing codes, and the professionals eligible to render the service and/or receive insurance carrier reimbursement for each service will assist your site in understanding potential billing opportunities and may assist you in the decision-making process when hiring a HS Specialist.

The following table outlines HS-aligned services, the service types, and the providers who can provide and/or render the services. At the bottom of the table, you will find a tally of the number of billable codes for each provider type.

In summary the top two provider types with the most opportunities to currently bill for HS-aligned services in North Carolina under Medicaid are:

- Licensed Psychologist (LP)
- Licensed Psychologist Associate (LPA)

| Service Billing Codes | Service Description | Physician, Physician Assistant, Psych Nurse Practitioner, & Certified Nurse Midwife | Licensed Psychologist & Licensed Psychologist Associate (LP/LPA) | Licensed Clinical Social Worker & Licensed Social Work Associate (LCSW/LCSWA) | Licensed Professional Counselor & Licensed Professional Counselor Associate (LPC/LPCA) | Licensed Clinical Mental Health Counselor & Licensed Clinical Mental Health Counselor Associate (LCMHC/LCMHCA) | Licensed Marriage & Family Therapist/ Licensed Marriage & Family Therapist Associate (LMFT/LMFTA) |
|---|---|---|---|---|---|---|---|
| 96110 | Developmental milestone survey, speech and language delay with scoring and documentation, per standardized instrument (ASQ-3, M-CHAT-R, PEDS, SWYC, SWYC-MA) | X | X | | | | |
| 96127 | Social emotional/ brief emotional/behavioral assessments | X | | | | | |
| 96161 | Caregiver-focused health risk assessment | X | | | | | |
| 90791 | Psychiatric diagnostic evaluation - comprehensive clinical assessment (CCA) and/or diagnostic assessment (DA) | | X | X | X | X | X |
| 90832/90834/ 90837 | Psychotherapy; 30 minutes with patient or family member/ 45 minutes with patient or family member/ 60 minutes with patient or family member | | X | X | X | X | X |
| 90846/90847 | Family psychotherapy without patient present/with patient present | | X | X | X | X | X |
| 90849 | Multiple family group psychotherapy | | X | X | X | X | X |
| 90853 | Group psychotherapy (*other than multiple-family group*) | | X | X | X | X | X |
| 90839/+90840 | Psychotherapy for crisis, first 60 minutes/each additional 30 minutes | | X | X | X | X | X |
| +90785[1] | Interactive complexity | | X | X | X | X | X |
| 96112/+96113 | Developmental test administration; first hour/each additional 30 minutes | | X | | | | |
| 96130/96131 | Psychological testing and evaluation; first hour/each additional hour after the 1st hour of service | | X | | | | |
| | **# of Billable Codes by Provider: Eligible for Reimbursement** | **3** | **10** | **7** | **7** | **7** | **7** |

## Notes:

1. North Carolina Medicaid beneficiaries under the age of 21 are entitled to outpatient behavioral health (BH) services and have a minimum of 16 unmanaged outpatient visits per state fiscal year (inclusive of assessment and psychological testing codes). If additional BH services are required past the initial 16 visits, providers are required to submit prior authorizations prior to the 17th visit.
2. The provider may bill up to six outpatient behavioral health visits without a diagnosis of mental illness or a substance use disorder. The following provisions related to diagnosis codes may be used: a) The first six visits may be coded with an ICD-10 code corresponding to a DSM-5 "Z" diagnosis code. b) A specific diagnosis code shall be used as soon as a diagnosis is established. c) Visits seven and beyond require an ICD-10 code corresponding to a DSM-5 diagnosis code between F03.90 (Dementias) and F79 (unspecified intellectual disabilities).
3. It is highly recommended that providers may seek prior authorization (PA) if they are unsure the beneficiary has reached their 16 unmanaged visit limit.
4. A comprehensive clinical assessment (CCA) that demonstrates medical necessity must be completed by a licensed professional prior to provision of outpatient therapy services, including individual, family, and group therapy. However, in primary or specialty medical care settings with integrated medical and BH services, an abbreviated assessment is acceptable for the first six outpatient therapy sessions (a specific mental/behavioral diagnosis is not required; however, provisional and/or admitting diagnosis should be documented, coded, and billed). If additional therapy sessions are needed, then a CCA must be completed.
5. Psychotherapy for crisis is only covered when the beneficiary is experiencing an immediate, potentially life-threatening, complex crisis situation. The service must be provided in an outpatient therapy setting.
6. A provider shall provide no more than two psychotherapy for crisis services (90839) per beneficiary, per state fiscal year. PA is not required for psychotherapy for crisis. However, Medicaid requires PA for psychotherapy for crisis beyond the unmanaged visit limit.
7. CPT code 90840 (add-on code) must be listed separately in addition to the primary CPT code 90839. PA is not required.
8. CPT code +90785; PA and visit limits do not apply; this code is an "add-on" to only the following CPT codes (90791, 90792, 90832-90838, 90853) that do have visit limits.
9. CPT codes 90846, 90847, & 90849 should not be billed with +90785.
10. CPT code +96113 is an add-on code and must be listed separately in addition to code 96112.
11. Professionals shall only provide treatment within the scope of practice, training, and expertise according to statutes, rules, and ethical standards of their professional occupational licensing board.
12. Psychological testing must only be performed by licensed psychologists, licensed psychologist associates, and qualified physicians.
13. At the time of the initial service, the provider shall obtain the written consent from the legally responsible person for treatment for beneficiaries of all ages.

[1] The "+" symbol identifies add-on codes that are performed in addition to the primary service or procedure code when medically necessary and must never be reported as stand-alone code.

## Sources and Helpful Links


North Carolina Medicaid and Health Choice Outpatient Behavioral Health Services Clinical Coverage Policy No. 8C Provided by Direct-Enrolled Providers Amended Date: September 1, 2021. https://medicaid.ncdhhs.gov/8c-0/open.

North Carolina Department of Health and Human Services. Physician Services Fee Schedule. *Download Excel File*. April 1, 2024. https://ncdhhs.servicenowservices.com/fee_schedules.

North Carolina Department of Health and Human Services. Physician Assistant Fee Schedule. *Download Excel File*. April 1, 2024. https://ncdhhs.servicenowservices.com/fee_schedules.

North Carolina Department of Health and Human Services. Nurse Midwife Fee Schedule. *Download Excel File*. April 1, 2024. https://ncdhhs.servicenowservices.com/fee_schedules.

North Carolina Department of Health and Human Services. Nure Practitioner Fee Schedule. *Download Excel File*. April 1, 2024. https://ncdhhs.servicenowservices.com/fee_schedules.

North Carolina Department of Health and Human Services. Federally Qualified Healthcare Center Fee Schedule. Download Excel File. April 1, 2024. https://ncdhhs.servicenowservices.com/fee_schedules.

North Carolina Department of Health and Human Services. Contact Numbers: Beneficiary and Provider Support, Medicaid Policies and Procedures, Medicaid Claims and Billing. https://medicaid.ncdhhs.gov/contacts.

North Carolina Department of Health and Human Services. NC Tracks. Provider Enrollment. https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html.

North Carolina Medicaid Division of Health Benefits. EPSDT Coverage for Children Under 21. https://ncgov.servicenowservices.com/sp_beneficiary?id=kb_article&sys_id=febdcb9f1b84a8506aacdb1ee54bcb1c&table=kb_knowledge.