

907 KAR 15:085. Reimbursement provisions and requirements regarding outpatient chemical dependency treatment center services.

RELATES TO: KRS 205.520, 42 U.S.C. 1396a(a)(10)(B), 42 U.S.C. 1396a(a)(23)

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3)

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has a responsibility to administer the Medicaid Program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed or opportunity presented by federal law to qualify for federal Medicaid funds. This administrative regulation establishes the reimbursement provisions and requirements regarding Medicaid Program outpatient chemical dependency treatment center services to Medicaid recipients who are not enrolled with a managed care organization.

Section 1. General Requirements. For the department to reimburse for a service covered under this administrative regulation, the service shall:

- (1) Meet the requirements established in 907 KAR 15:080; and
- (2) Be covered in accordance with 907 KAR 15:080.

Section 2. Reimbursement. (1)(a) A unit of service for a service listed on the CDTC Non-Medicare Services Fee Schedule shall be as established on the CDTC Non-Medicare Services Fee Schedule.

(b) A unit of service for a service not listed on the CDTC Non-Medicare Services Fee Schedule shall be:

1. Fifteen (15) minutes in length unless a different amount is established for the service in the corresponding:

- a. Current procedural terminology code; or
- b. Healthcare common procedure coding system code; or

2. The unit amount established in the corresponding:

- a. Current procedural terminology code; or
- b. Healthcare common procedure coding system code.

(2) The rate per unit for a screening or for crisis intervention shall be:

(a) Seventy-five (75) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Physician; or
2. Psychiatrist;

(b) 63.75 percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by:

1. An advanced practice registered nurse; or
2. A licensed psychologist;

(c) Sixty (60) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Licensed professional clinical counselor;
2. Licensed clinical social worker;
3. Licensed psychological practitioner;
4. Certified psychologist with autonomous functioning;
5. Licensed marriage and family therapist;
6. Licensed professional art therapist; or
7. Licensed clinical alcohol and drug counselor in accordance with Section 4 of this administrative regulation; or

(d) Fifty-two and five-tenths (52.5) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Marriage and family therapy associate working under the supervision of a billing supervisor;
 2. Licensed professional counselor associate working under the supervision of a billing supervisor;
 3. Licensed psychological associate working under the supervision of a board-approved licensed psychologist;
 4. Certified psychologist working under the supervision of a board-approved licensed psychologist;
 5. Certified social worker working under the supervision of a billing supervisor;
 6. Physician assistant working under the supervision of a billing supervisor;
 7. Licensed professional art therapist associate working under the supervision of a billing supervisor;
 8. Certified alcohol and drug counselor working under the supervision of a billing supervisor;
- or

9. Licensed clinical alcohol and drug counselor associate:
 - a. In accordance with Section 4 of this administrative regulation; and
 - b. Working under the supervision of a billing supervisor.

(3) The rate per unit for an assessment shall be:

(a) Seventy-five (75) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Physician; or
2. Psychiatrist;

(b) 63.75 percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by:

1. An advanced practice registered nurse; or
2. A licensed psychologist;

(c) Sixty (60) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Licensed professional clinical counselor;
2. Licensed clinical social worker;
3. Licensed psychological practitioner;
4. Certified psychologist with autonomous functioning;
5. Licensed marriage and family therapist;
6. Licensed professional art therapist;
7. Licensed behavior analyst; or
8. Licensed clinical alcohol and drug counselor in accordance with Section 4 of this administrative regulation; or

(d) Fifty-two and five-tenths (52.5) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Marriage and family therapy associate working under the supervision of a billing supervisor;
2. Licensed professional counselor associate working under the supervision of a billing supervisor;
3. Licensed psychological associate working under the supervision of a board-approved licensed psychologist;
4. Certified psychologist working under the supervision of a board-approved licensed psychologist;

5. Certified social worker working under the supervision of a billing supervisor;
6. Physician assistant working under the supervision of a billing supervisor;
7. Licensed professional art therapist associate working under the supervision of a billing supervisor;

8. Licensed assistant behavior analyst working under the supervision of a billing supervisor;
9. Certified alcohol and drug counselor working under the supervision of a billing supervisor;

or

10. Licensed clinical alcohol and drug counselor associate:
 - a. In accordance with Section 4 of this administrative regulation; and
 - b. Working under the supervision of a billing supervisor.

(4) The rate per unit for psychological testing shall be:

(a) 63.75 percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a licensed psychologist;

(b) Sixty (60) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Licensed psychological practitioner; or
2. Certified psychologist with autonomous functioning; or

(c) Fifty-two and five-tenths (52.5) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Licensed psychological associate working under the supervision of a board-approved licensed psychologist; or
2. Certified psychologist working under the supervision of a board-approved licensed psychologist.

(5) The rate per unit for individual outpatient therapy, group outpatient therapy, or collateral outpatient therapy shall be:

(a) Seventy-five (75) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Physician; or
2. Psychiatrist;

(b) 63.75 percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by:

1. An advanced practice registered nurse; or
2. A licensed psychologist;

(c) Sixty (60) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Licensed professional clinical counselor;
2. Licensed clinical social worker;
3. Licensed psychological practitioner;
4. Certified psychologist with autonomous functioning;
5. Licensed marriage and family therapist;
6. Licensed professional art therapist;
7. Licensed behavior analyst; or

8. Licensed clinical and alcohol drug counselor in accordance with Section 4 of this administrative regulation; or

(d) Fifty-two and five-tenths (52.5) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Marriage and family therapy associate working under the supervision of a billing supervisor;
2. Licensed professional counselor associate working under the supervision of a billing su-

pervisor;

3. Licensed psychological associate working under the supervision of a board-approved licensed psychologist;

4. Certified psychologist working under the supervision of a board-approved licensed psychologist;

5. Certified social worker working under the supervision of a billing supervisor;

6. Physician assistant working under the supervision of a billing supervisor;

7. Licensed professional art therapist associate working under the supervision of a billing supervisor;

8. Licensed assistant behavior analyst working under the supervision of a billing supervisor;

9. Certified alcohol and drug counselor working under the supervision of a billing supervisor;

or

10. Licensed clinical alcohol and drug counselor associate:

a. In accordance with Section 4 of this administrative regulation; and

b. Working under the supervision of a billing supervisor.

(6) The rate per unit for family outpatient therapy shall be:

(a) Seventy-five (75) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Physician; or

2. Psychiatrist;

(b) 63.75 percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by:

1. An advanced practice registered nurse; or

2. A licensed psychologist;

(c) Sixty (60) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Licensed professional clinical counselor;

2. Licensed clinical social worker;

3. Licensed psychological practitioner;

4. Certified psychologist with autonomous functioning;

5. Licensed marriage and family therapist;

6. Licensed professional art therapist; or

7. Licensed clinical and alcohol drug counselor in accordance with Section 4 of this administrative regulation; or

(d) Fifty-two and five-tenths (52.5) percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule for the service if provided by a:

1. Marriage and family therapy associate working under the supervision of a billing supervisor;

2. Licensed professional counselor associate working under the supervision of a billing supervisor;

3. Licensed psychological associate working under the supervision of a board-approved licensed psychologist;

4. Certified psychologist working under the supervision of a board-approved licensed psychologist;

5. Certified social worker working under the supervision of a billing supervisor;

6. Physician assistant working under the supervision of a billing supervisor;

7. Licensed professional art therapist associate working under the supervision of a billing supervisor;

8. Certified alcohol and drug counselor working under the supervision of a billing supervisor;

or

9. Licensed clinical and alcohol drug counselor associate in accordance with Section 4 of this administrative regulation.

(7) Reimbursement for the following services shall be as established on the CDTC Non-Medicare Services Fee Schedule:

- (a) Mobile crisis services;
- (b) Day treatment;
- (c) Peer support services;
- (d) Parent or family peer support services;
- (e) Intensive outpatient program services; or
- (f) Screening, brief intervention, and referral to treatment.

(8)(a) The department shall use the current version of the Kentucky-specific Medicare Physician Fee Schedule for reimbursement purposes.

(b) For example, if the Kentucky-specific Medicare Physician Fee Schedule currently published and used by the Centers for Medicare and Medicaid Services for the Medicare Program is:

1. An interim version, the department shall use the interim version until the final version has been published; or

2. A final version, the department shall use the final version.

(9) The department shall not reimburse for a service billed by or on behalf of an entity or individual that is not a billing provider.

Section 3. Not Applicable to Managed Care Organizations. A managed care organization shall not be required to reimburse in accordance with this administrative regulation for a service covered pursuant to:

- (1) 907 KAR 15:080; and
- (2) This administrative regulation.

Section 4. Federal Approval and Federal Financial Participation. (1) The department's reimbursement for services pursuant to this administrative regulation shall be contingent upon:

- (a) Receipt of federal financial participation for the reimbursement; and
- (b) Centers for Medicare and Medicaid Services' approval for the reimbursement.

(2) The reimbursement of services provided by a licensed clinical alcohol and drug counselor or licensed clinical alcohol and drug counselor associate shall be contingent and effective upon approval by the Centers for Medicare and Medicaid Services.

Section 5. Incorporation by Reference. (1) "CDTC Non-Medicare Services Fee Schedule", January 2015, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law:

(a) At the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky, Monday through Friday, 8:00 a.m. to 4:30 p.m.; or

(b) Online at the department's Web site at <http://www.chfs.ky.gov/dms/incorporated.htm>. (41 Ky.R. 2515; eff. 10-2-2015.)