



## National Academy for State Health Policy State Medicaid Coverage of Behavioral Health Therapy for Children and Youth

Updated as of July 15, 2025

**ICD-10 Diagnosis Code Abbreviations:**

**MBND** = Mental, Behavioral, Neurodevelopmental Disorders (F01-F99)  
**FIHS** = FIHS and contact with health services (Z00-Z99)  
**Nervous System** = Diseases of the nervous system (G00-G99)  
**Circulatory** = Diseases of the circulatory system (I00-I99)  
**Skin** = Diseases of the skin and subcutaneous tissue (L00-L99)  
**Genitourinary** = Diseases of the genitourinary system (N00-N99)  
**Pregnancy** = Pregnancy, childbirth, and the puerperium (O00-O9A)  
**Symptoms** = Symptoms, signs, and abnormal clinical and laboratory findings not elsewhere classified (R00-R99)  
**Injury** = Injury, poisoning, and certain other consequences of external causes (S00-T88)

Note: The “Therapy/Counseling Services and Procedure Codes” column identifies which HCPCS/CPT procedure codes states use to cover therapy/counseling for children. For the purposes of this scan, NASHP limited its review to state coverage of 12 commonly used procedure codes for psychotherapy and behavioral health counseling. While states may use other codes as well, this analysis is based on state coverage of the following procedure codes: 90832-90837 (psychotherapy, including with evaluation/management), 90846-90847 (family psychotherapy), 90849 (multiple-family group psychotherapy), 90853 (group psychotherapy), 90845 (psychoanalysis), 90839-90840 (crisis psychotherapy), and H0004 (behavioral health counseling and therapy).

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Alabama	Behavioral Health (EPSDT)	Individual Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without the patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853	Ages 0-21 with an Alabama Medicaid Psychology (AMP) Referral form from an Alabama Medicaid enrolled psychologist or an EPSDT referral for a recipient with a documented diagnosis.	<b>MBND:</b> F0150-F069, F080-F099  Excludes Intellectual Disability diagnosis codes F70-79.	52 units annually	Manual: <a href="https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan_2025/Jan25_34.pdf">https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan_2025/Jan25_34.pdf</a>
	Rehabilitative Services	Individual Counseling: 90832, 90834, 90837 Family Counseling (with patient present, without patient present): 90846, 90847 Multiple-family Group Counseling: 90849 Group Counseling: 90853	All ages. A specific behavioral health diagnosis is not required for children under age 21.	<b>MBND:</b> F0150-F069, F080-F099 <b>FIHS:</b> Z65.9 only for children under age 21 and adults receiving DHR protective services.  Excludes Intellectual Disability diagnosis codes F70-79 and Developmental Disorders codes F80-89.	Individual counseling: 1 per day, 52 per year Family/Group Counseling: 1 per day, 104 per year	Manual: <a href="https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan_2025/Jan25_105.pdf">https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan_2025/Jan25_105.pdf</a>
	Physician Services	Individual Psychotherapy: 90832, 90834, 90837 Family Therapy (with the patient present):	All ages with a psychiatric diagnosis. Family Therapy requires a psychiatric diagnosis and documentation that the	<b>MBND:</b> F0150-F069, F080-F099  Excludes Intellectual	14 units (includes all physician office visits).	Manual: <a href="https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan_2025/Jan25_28.pdf">https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan_2025/Jan25_28.pdf</a>



State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
		90846 Group Therapy: 90853	service is medically necessary for each family member.	Disability diagnosis codes F70-79.		
Alaska	<b>Behavioral Health Clinic Services</b>	Individual Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy, : 90849 Group Psychotherapy: 90853	Child under 21, experiencing an emotional disturbance or severe emotional disturbance. Medical necessity is determined through behavioral health assessment and documented in a formal treatment plan.	<b>MBND:</b> F0150-F069, F080-F099  Excludes Intellectual Disability diagnosis codes F70-79 and Developmental Disorders codes F80-89.	None/not specified.	<ul style="list-style-type: none"> <li>Manual: <a href="https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/CBHS_MHPC_IPS_Billing_Manual.pdf">https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/CBHS_MHPC_IPS_Billing_Manual.pdf</a></li> <li>Administrative Code: <a href="https://www.akleg.gov/basis/aac.asp#7.135.010">https://www.akleg.gov/basis/aac.asp#7.135.010</a></li> </ul>
	<b>Physician Services</b>	Individual Psychotherapy (with and without evaluation management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with patient present): 90847 Multiple-family Group Psychotherapy : 90849 Group Psychotherapy: 90853 Psychoanalysis: 90845 Crisis Psychotherapy: 90839, 90840	Child under 21, experiencing an emotional disturbance or severe emotional disturbance. Medical necessity is determined through behavioral health assessment and documented in a formal treatment plan.	<b>MBND:</b> F0150-F069, F080-F099  Excludes Intellectual Disability diagnosis codes F70-79 and Developmental Disorders codes F80-89.	None/not specified.	<ul style="list-style-type: none"> <li>Manual: <a href="https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/Physician.pdf">https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/Physician.pdf</a></li> <li>Administrative Code: <a href="https://www.akleg.gov/basis/aac.asp#7.110.445">https://www.akleg.gov/basis/aac.asp#7.110.445</a></li> </ul>
	<b>Federally Qualified Health Centers/Rural Health Centers Services</b>	Individual Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with patient present): 90847 Multiple-family Group Psychotherapy, : 90849 Group Psychotherapy: 90853 Crisis Psychotherapy: 90839	Child under 21, experiencing an emotional disturbance or severe emotional disturbance. Medical necessity is determined through behavioral health assessment and documented in a formal treatment plan.	<b>MBND:</b> F0150-F069, F080-F099  Excludes Intellectual Disability diagnosis codes F70-79 and Developmental Disorders codes F80-89.	None/not specified.	<ul style="list-style-type: none"> <li>Manual: <a href="https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/FQHC_RHC.pdf">https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/FQHC_RHC.pdf</a></li> <li>Administrative Code: <a href="https://www.akleg.gov/basis/aac.asp#7.140.215">https://www.akleg.gov/basis/aac.asp#7.140.215</a></li> </ul>
	<b>Community Health Program (CHP) – Behavioral Health Aide Services</b>	Individual Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy, : 90849 Group Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840	Child under 21, experiencing an emotional disturbance or severe emotional disturbance. Medical necessity is determined through behavioral health assessment and documented in a formal treatment plan.  Service provision through this program only available for qualified Tribal providers.	<b>MBND:</b> F0150-F069, F080-F099  Excludes Intellectual Disability diagnosis codes F70-79 and Developmental Disorders codes F80-89.	None/not specified.	<ul style="list-style-type: none"> <li>Manual: <a href="https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Sites/FeeSchedule.html">https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Sites/FeeSchedule.html</a></li> <li>Administrative Code: <a href="https://www.akleg.gov/basis/aac.asp#7.155">https://www.akleg.gov/basis/aac.asp#7.155</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Arizona	Rehabilitative Services (State Plan)	<p>Psychotherapy (with and without evaluation and management service): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Psychotherapy (with and without patient): 90846, 90847</p> <p>Multiple-family Group Therapy: 90849</p> <p>Group Psychotherapy: 90853</p> <p>Psychoanalysis: 90845</p> <p>Behavioral Health Counseling and Therapy: H0004</p> <p>Family Behavioral Health Counseling and Therapy (with and without client present) H0004-HS</p>	All ages, regardless of a behavioral health diagnosis as long as there are documented behaviors and/or symptoms that will benefit from behavioral health services.	<p><b>MNDB:</b> certain codes within F01-99</p> <p><b>Adult and child abuse, neglect and other maltreatment:</b> T74, T76</p> <p><b>FIHS:</b> Z55, Z65, Z71, Z72, Z73, Z76, Z91</p>	None/not specified.	<ul style="list-style-type: none"> <li>Behavioral Health Services Guide: <a href="https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/AHCCCSCoveredBHServicesManual.pdf">https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/AHCCCSCoveredBHServicesManual.pdf</a></li> <li>State Plan: <a href="https://www.azahcccs.gov/Resources/StatePlans/indexedstateplan.html">https://www.azahcccs.gov/Resources/StatePlans/indexedstateplan.html</a></li> <li>Medical Policy Manual: <a href="https://azahcccs.gov/shared/MedicalPolicyManual/">https://azahcccs.gov/shared/MedicalPolicyManual/</a></li> <li>BH Services Benefit: <a href="https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf">https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf</a></li> <li>Behavioral health diagnosis code list: <a href="https://www.azahcccs.gov/Resources/Downloads/BHDiagnosisListApproved.pdf">https://www.azahcccs.gov/Resources/Downloads/BHDiagnosisListApproved.pdf</a></li> </ul>
Arkansas*	Counseling and Crisis Services	<p>Individual Behavioral Health Counseling: 90832, 9034, 9037</p> <p>Family Psychotherapy (with and without patient present): 90846, 90847</p> <p>Multiple-family Group Psychotherapy: 90849</p> <p>Group Psychotherapy: 90853</p>	All ages who have a behavioral health diagnosis as described in the DSM-5.	ICD-10 codes that correspond with the DSM. For medication-assisted treatment (MAT)-related psychotherapy is limited to diagnosis codes F10 and F11.	12encounters annually (extension may be requested). Prior authorization is required for children under four years old.	Provider manual: <a href="https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/cnslserv-prov/">https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/cnslserv-prov/</a>
California*	Non-Specialty Mental Health Services	<p>Psychotherapy (with and without evaluation and management service): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Psychotherapy (with and without patient): 90846, 90847</p> <p>Multiple-family group therapy: 90849</p> <p>Group Psychotherapy: 90853</p> <p>Crisis Psychotherapy: 90839, 90840</p>	All ages. Children and youth under age 21 are eligible if they meet one of the following criteria: mental health disorder as defined in the DSM or DC: 0-5, persistent mental health symptoms, history of at least one specified risk factor, or a parent/guardian with at least one specified risk factor.	<p>ICD-10 codes that correspond with the DSM or DC: 0-5.</p> <p><b>FIHS:</b> Z71.89 and Z65.9 for individuals under age 21 without a mental health diagnosis.</p> <p>Excludes neurocognitive disorders and substance-related and addictive disorders.</p>	Prior authorization is not required except to exceed age restrictions or frequency limits. Psychotherapy services are covered when self-referred when delivered in an outpatient setting (a PCP referral is not required).	Provider manual (non-specialty services): <a href="https://mcweb.apps.prd.cammis.medical.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkrRfByXTZEWh8j8QaYlPyP5ULO">https://mcweb.apps.prd.cammis.medical.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkrRfByXTZEWh8j8QaYlPyP5ULO</a>
Colorado	State Behavioral Health Services (State Plan Rehabilitative Services)	<p>Psychotherapy (with and without evaluation and management service): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family psychotherapy (with and without patient): 90846, 90847</p> <p>Multiple-family group psychotherapy: 90849</p> <p>Group psychotherapy: 90853</p> <p>Psychotherapy for Crisis: 90839, 90840</p>	All ages. Children and youth ages 0-21 do not need to have a diagnosis.	<p><b>MNDB:</b> F10.10-F19.99 (substance use), F20.0-F69, F90.0-F98.4, F98.8-F99, F84.0-F84.9 (autism spectrum disorder).</p> <p><b>Symptoms:</b> R45.1-R45.2, R45.5-R45.82</p> <p><b>FIHS:</b> certain codes in range Z55.0-Z65.9</p> <p>Excludes intellectual and</p>	None/not specified.	<ul style="list-style-type: none"> <li>Coverage policy: <a href="https://hcpf.colorado.gov/sb23-174-coverage-policy">https://hcpf.colorado.gov/sb23-174-coverage-policy</a></li> <li>Manual: <a href="https://hcpf.colorado.gov/sites/hcpf/files/SBHS%20Billing%20Manual%20January%202025.pdf">https://hcpf.colorado.gov/sites/hcpf/files/SBHS%20Billing%20Manual%20January%202025.pdf</a></li> </ul>

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				developmental disabilities codes (includes autism spectrum disorder) under the state's capitated behavioral health program. Psychotherapy is covered for these diagnoses under the state's fee-for-service program.		
	State Behavioral Health Services (1915(b)(3) waiver alternative service)	Behavioral Health Counseling and Therapy: H0004	All ages. Children and youth ages 0-21 do not need to have a diagnosis.	<p><b>MNDB:</b> F10.10-F19.99 (substance use), F20.0-F69, F90.0-F98.4, F98.8-F99, F84.0-F84.9 (autism spectrum disorder).  <b>Symptoms:</b> R45.1-R45.2, R45.5-R45.82  <b>FIHS:</b> certain codes in range Z55.0-Z65.9</p> <p>Excludes intellectual and developmental disabilities codes (includes autism spectrum disorder) under the state's capitated behavioral health program. Psychotherapy is covered for these diagnoses under the state's fee-for-service program.</p>	None/not specified.	<ul style="list-style-type: none"> <li>Coverage policy: <a href="https://hcpf.colorado.gov/sb23-174-coverage-policy">https://hcpf.colorado.gov/sb23-174-coverage-policy</a></li> <li>Manual: <a href="https://hcpf.colorado.gov/sites/hcpf/files/SBHS%20Billing%20Manual%20January%202025.pdf">https://hcpf.colorado.gov/sites/hcpf/files/SBHS%20Billing%20Manual%20January%202025.pdf</a></li> </ul>
Connecticut	Behavioral Health Clinician	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient): 90846, 90847 Multiple Family Group Psychotherapy: 90849 Group Psychotherapy: 90853	All ages with a diagnosis.	<p><b>MBND:</b> certain codes F10-F988.  <b>Symptoms:</b> R69 ("Illness, unspecified").  <b>Injury, poisoning:</b> T1491 (suicide attempt)</p> <p>Excludes most Intellectual Disabilities codes except F79 "unspecified intellectual disabilities."</p>	One unit of psychotherapy per person per day. Prior authorization is required for some providers such as "Clinic - Medical".	<ul style="list-style-type: none"> <li>Fee schedule: <a href="https://www.ctdssmap.com/ctportal/provider/provider-fee-schedule-download">https://www.ctdssmap.com/ctportal/provider/provider-fee-schedule-download</a>; <a href="https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Fee_Schedule_Instructions.pdf">https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Fee_Schedule_Instructions.pdf</a></li> <li>Provider Manual: <a href="https://www.ctdssmap.com/CTPortal/Information/Publications">https://www.ctdssmap.com/CTPortal/Information/Publications</a></li> <li>BH Clinician Claim Submission Manual: <a href="https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=ch8_bh_clinician.pdf&amp;URI=Manuals/ch8_bh_clinician.pdf">https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=ch8_bh_clinician.pdf&amp;URI=Manuals/ch8_bh_clinician.pdf</a></li> </ul>

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Delaware	School Based Health Services (State Plan)	Individual Mental Health Treatment therapy: 90832, 90834, 90837 Family Mental Health Treatment Therapy: 90847 Group Mental Health Treatment Therapy: 90853	Children and youth receiving services in a treatment plan and/or Individualized Education Plan (IEP). Services must relate to a medical diagnosis.	Not specified.	One unit per person per day	Provider portal: <a href="https://medicaidpublications.dhss.delaware.gov/docs/search/EntryId/33">https://medicaidpublications.dhss.delaware.gov/docs/search/EntryId/33</a>
	Other Licensed Practitioners, EPSDT Children's Rehabilitation, and Substance Use Disorder Outpatient and Residential Rehabilitation	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840  Substance use only: Behavioral Health Counseling and Therapy (individual, home/community, family/couple with and without client present): H0004	Children and youth under age 18, regardless of a diagnosed behavioral health disorder. Medicaid MCOs authorize up to 30 units of office-based outpatient care per calendar year. If additional units of service are required, they are authorized by the state's Division of Prevention and Behavioral Health Services (DPBHS) within the Department of Services for Children, Youth & Their Families (DSCYF). For these children, DPBHS uses the CASII/ASAM and other relevant information indicating the presence of one or more ICD 10/DSM 5 diagnoses to determine clinical necessity for more intensive behavioral health treatment to stabilize symptoms that interfere with the youth's ability to function in their home, school, and/or community.	Excludes primary or sole diagnosis of autism spectrum disorder or an I/DD without a co-occurring DSM 5 diagnosis or symptoms/behaviors consistent with a DSM 5 diagnosis.	The first 30 units of the Children's Behavioral Health Benefit is authorized by MCOs. DSCYF/DPBHS authorizes medically necessary care beyond the 30 units.	<ul style="list-style-type: none"> <li>Codes (includes additional billing codes and rates used in Delaware): <a href="https://kidsfiles.delaware.gov/pbhs/pdfs/2025%20CommunityBased_CPT_HCPCS%20CODES_MODIFIERS_12.30.24.pdf">https://kidsfiles.delaware.gov/pbhs/pdfs/2025%20CommunityBased_CPT_HCPCS%20CODES_MODIFIERS_12.30.24.pdf</a></li> <li>Provider manual: <a href="https://kidsfiles.delaware.gov/pbhs/pdfs/pbh-treatment-provider-manual.pdf">https://kidsfiles.delaware.gov/pbhs/pdfs/pbh-treatment-provider-manual.pdf</a></li> <li>Billing manual: <a href="https://kidsfiles.delaware.gov/pdfs/pbh-2023-billing-guidance.pdf">https://kidsfiles.delaware.gov/pdfs/pbh-2023-billing-guidance.pdf</a></li> <li>Other: <a href="https://kids.delaware.gov/prevention-and-behavioral-health-services/information-for-providers/">https://kids.delaware.gov/prevention-and-behavioral-health-services/information-for-providers/</a></li> </ul>
District of Columbia	Mental Health Rehabilitation Services	Individual Psychotherapy (with and without evaluation and management service): 90832, 90833, 90845, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90840 Group Psychotherapy: 90849 Crisis Psychotherapy: 90838, 90839 Psychoanalysis: 90845 Counseling/Therapy: H0004	All ages. Children and youth are eligible if they have a behavioral health problem, defined as those who are under age 18 or under age 22 and receiving special education, youth, or child welfare services who: 1) have or are at risk of having a diagnosable mental, behavioral, or emotional disorder, and 2a) demonstrate functional impairments or symptoms that significantly disrupt academic	<b>MBND:</b> certain codes in range F01-F99.	None/not specified.	<ul style="list-style-type: none"> <li>Behavioral Health Billing Manual: <a href="https://www.dc-medicaid.com/dcwebportal/providerSpecificInformation/getBillingManual?categoryType=BehavioralHealth">https://www.dc-medicaid.com/dcwebportal/providerSpecificInformation/getBillingManual?categoryType=BehavioralHealth</a></li> <li>DC Official Code: <a href="https://code.dccouncil.gov/us/dc/council/code/sections/7-1131.02">https://code.dccouncil.gov/us/dc/council/code/sections/7-1131.02</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
			developmental progress or family and interpersonal relationships, or 2b) have an emotional disturbance requiring significant mental health intervention.			
Florida*	Behavioral Health Therapy Services	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy: 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychoanalysis: 90845	All ages. "Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service."	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Manual: <a href="https://ahca.myflorida.com/content/download/7009/file/59G_1053_Authorization_Requirements_Coverage_Policy.pdf">https://ahca.myflorida.com/content/download/7009/file/59G_1053_Authorization_Requirements_Coverage_Policy.pdf</a></li> <li>Fee schedule: <a href="https://ahca.myflorida.com/medicaid/rules/rule-59g-4.002-provider-reimbursement-schedules-and-billing-codes">https://ahca.myflorida.com/medicaid/rules/rule-59g-4.002-provider-reimbursement-schedules-and-billing-codes</a></li> </ul>
Georgia	Community Behavioral Health Services: Child and Adolescent Non-Intensive Outpatient Services (State Plan Rehabilitative Services)	Individual Counseling (with and without evaluation and management service): 90832, 90833, 90834, 90836, 90837 Family Counseling (with and without the patient present): H0004, 90846, 90847 Group Counseling: H0004, 90853	Children and youth under age 18, or ages 18-21 to assist with transitioning to adult services. Eligibility determinations and services are overseen by the Georgia Department of Behavioral Health & Developmental Disabilities. Youth must have an emotional disturbance/mental health condition or substance use 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)."	<b>MBND:</b> certain codes in range F06-F99.  Excludes F70-F79 (intellectual disabilities), F80-F84 (specific/pervasive developmental disorders), and neurocognitive disorders (F01-05, F06.7, F06.8), unless there is "clearly documented evidence of a behavioral health condition overlaying the diagnosis."	Family counseling: "Services may not exceed 16 Billable units (combined Family Counseling and Family Therapy) in a single day. If clinical need indicates this level of intensity, other services may need to be considered for authorization."	Provider manual: <a href="https://dbhdd.georgia.gov/be-connected/community-provider-manuals">https://dbhdd.georgia.gov/be-connected/community-provider-manuals</a>
	Psychological and Therapy Services (State Plan "Other Practitioner's Services")	Individual Psychotherapy: 90832, 90834, 90837 Group Psychotherapy: 90853	Children and youth under age 21 (eligible for EPSDT) when medically necessary "without regard to diagnosis, type of illness or condition."	Not specified.	24 hours per calendar year (then prior authorization is required)	<ul style="list-style-type: none"> <li>Handbook for Psychological and Therapy Services: <a href="https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabl/18/Default.aspx">https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabl/18/Default.aspx</a></li> <li>State Plan: <a href="https://medicaid.georgia.gov/organization/about-georgia-medicaid/medicaid-state-plan">https://medicaid.georgia.gov/organization/about-georgia-medicaid/medicaid-state-plan</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Hawaii	Behavioral Health Services	Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 9036, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychoanalysis: 90845 Psychotherapy for Crisis: 90839, 90840 Behavioral Health Counseling and Therapy: H0004	All ages. Children and youth under age 21 are not required to have a behavioral diagnosis if medical necessity is documented.	<b>MBND:</b> F01-F99	None/not specified.	<ul style="list-style-type: none"> <li>Behavioral health services chapter of Medicaid provider manual: <a href="https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/provider-manuals/PMChp15.pdf">https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/provider-manuals/PMChp15.pdf</a></li> <li>State Plan: <a href="https://medquest.hawaii.gov/en/about/state-plan-1115.html">https://medquest.hawaii.gov/en/about/state-plan-1115.html</a></li> <li>Health Plan Manual: <a href="https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/solicitations-and-contract/2024/QI%20RFP-MQD-2021-008%20SC4.pdf">https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/solicitations-and-contract/2024/QI%20RFP-MQD-2021-008%20SC4.pdf</a></li> <li>Current ABA Memo: <a href="https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2024/QI-2431,%20FFS%2024-13%20Replaces%20QI-2301,%20FFS%2023-01%20Coverage%20of%20IBT%20for%20treatment%20of%20children%20under%2021%20years%20of%20age%20with%20ASD%20Guidelines%20for%20ABA.FINAL%20(part%201)%20-%20signed.pdf">https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2024/QI-2431,%20FFS%2024-13%20Replaces%20QI-2301,%20FFS%2023-01%20Coverage%20of%20IBT%20for%20treatment%20of%20children%20under%2021%20years%20of%20age%20with%20ASD%20Guidelines%20for%20ABA.FINAL%20(part%201)%20-%20signed.pdf</a></li> </ul>
Idaho	Behavioral Health Services	Individual Counseling (with and without evaluation and management service): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without the patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840	All ages, requires a diagnosis or documentation of certain symptoms.	<b>MBND:</b> certain codes between F01-F99 <b>Nervous system:</b> G44.209 ("tension-type headache, unspecified") <b>Pregnancy:</b> O99 <b>Symptoms:</b> R37, R45-46 <b>Injury:</b> T14 <b>FIHS:</b> Z65.8 and Z87.89	None/not specified.	<ul style="list-style-type: none"> <li>MCO Handbook: <a href="https://magellanoofidaho.com/documents/2446693/3042016/ibhp_prov_handbook_appC.pdf/2046bdcf-dab9-fa0b-f5ff-4fb5371edbe5?t=1718993330450">https://magellanoofidaho.com/documents/2446693/3042016/ibhp_prov_handbook_appC.pdf/2046bdcf-dab9-fa0b-f5ff-4fb5371edbe5?t=1718993330450</a></li> <li>Provider bulletin and diagnosis list for MCO: <a href="https://magellanoofidaho.com/documents/2446693/3042022/ibhp_diagnosis_codes.pdf/c5967c6b-6e65-abd9-c4e3-2ab17ea990da?t=1719857573818">https://magellanoofidaho.com/documents/2446693/3042022/ibhp_diagnosis_codes.pdf/c5967c6b-6e65-abd9-c4e3-2ab17ea990da?t=1719857573818</a></li> </ul>
Illinois	Behavioral Health Rehabilitative Services (MH and SUD)	<u>Mental Health</u> Therapy/Counseling (individual, brief intervention, group, and family with modifiers): H0004 <u>Substance Use</u> Therapy/Counseling (individual, group): H0004	<u>Mental Health</u> All ages with a DSM-5 diagnosis. Children and youth under age 21 without a diagnosis are eligible as long as they demonstrate a clinical need based on meeting one or more documented criterion for a DSM-5 mental	<u>Mental Health</u> Any valid ICD-10 diagnosis code. <u>Substance Use</u> <b>MBND:</b> F10-F19.99	None/not specified.	<ul style="list-style-type: none"> <li>Handbook: <a href="https://hfs.illinois.gov/medicalproviders/handbooks/chapter200.html">https://hfs.illinois.gov/medicalproviders/handbooks/chapter200.html</a></li> <li>Fee schedule: <a href="https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html">https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
			disorder and with a documented impact on their functioning in more than one life domain. <u>Substance Use</u> All ages with a diagnosis.			
	<b>Practitioner Services (Physician, LCSW, LCPC, LMFT, psychologist)</b>	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy: 90847 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839	Group psychotherapy requires a valid diagnosed mental illness. Does not specify for individual, family, or crisis psychotherapy.	For group psychotherapy, <b>MBND:</b> F03-F79. Not specified for individual psychotherapy.	Individual: limited to two units of psychotherapy per patient per day and one unit of psychotherapy for crisis per patient per day. Group: Two sessions per participant in a seven-day period, max of one session per day.	<ul style="list-style-type: none"> <li>Handbooks: <a href="https://hfs.illinois.gov/medicalproviders/handbooks/chapter200.html">https://hfs.illinois.gov/medicalproviders/handbooks/chapter200.html</a></li> <li>Fee schedules: <a href="https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html">https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html</a></li> </ul>
<b>Indiana*</b>	<b>Behavioral Health Services</b>	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without the patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	All ages. A certified diagnosis is required for reimbursement of all outpatient behavioral health services.	Not specified.	20 units per provider per 12-month period. Prior authorization is required for services beyond that limit.	<ul style="list-style-type: none"> <li>BH services manual - <a href="https://www.in.gov/medicaid/providers/files/modules/behavioral-health-services.pdf#page=9&amp;zoom=100,116,553">https://www.in.gov/medicaid/providers/files/modules/behavioral-health-services.pdf#page=9&amp;zoom=100,116,553</a></li> <li>Procedure Codes - <a href="https://provider.indianamedicaid.com/ihcp/Publications/providerCodes/providerCodes.asp#SPSC">https://provider.indianamedicaid.com/ihcp/Publications/providerCodes/providerCodes.asp#SPSC</a></li> </ul>
<b>Iowa</b>	<b>Behavioral Health Services</b>	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient): 90846, 90847 Multiple-family Group Medical Psychotherapy: 90849 Group Medical Psychotherapy: 90853 Behavioral Health Counseling & Therapy: H0004 Crisis Psychotherapy: 90839, 90840	All ages. Treatment must be "consistent with the symptoms or confirmed diagnosis of the illness under treatment."	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Fee Schedule: <a href="https://secureapp.dhs.state.ia.us/MedicaidFeeScheduled/X62.xml">https://secureapp.dhs.state.ia.us/MedicaidFeeScheduled/X62.xml</a></li> <li>Provider manuals (BH): <a href="https://hhs.iowa.gov/about/policy-manuals/medicaid-provider">https://hhs.iowa.gov/about/policy-manuals/medicaid-provider</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
	<b>Psychologist</b>	<p>Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Psychotherapy (with and without patient): 90846, 90847</p> <p>Multiple-family Group Medical Psychotherapy: 90849</p> <p>Group Medical Psychotherapy: 90853</p> <p>Behavioral Health Counseling &amp; Therapy: H0004</p> <p>Crisis Psychotherapy: 90839, 90840</p>	All ages. "Claims submitted without a procedure code and an ICD-CM or DSM IV diagnosis code will be denied."	Not specified.	<p>Individual: 1 hour per week or 40 hours in 12-month period</p> <p>Family or group: 1.5 hours per week or 60 hours in 12-month period</p> <p>Combination of individual and group: cost of 40 individual therapy hours in a 12-month period</p>	<ul style="list-style-type: none"> <li>Fee Schedule: <a href="https://secureapp.dhs.state.ia.us/MedicaidFeeSchedule/X62.xml">https://secureapp.dhs.state.ia.us/MedicaidFeeSchedule/X62.xml</a></li> <li>Provider manuals (BH): <a href="https://hhs.iowa.gov/about/policy-manuals/medicaid-provider">https://hhs.iowa.gov/about/policy-manuals/medicaid-provider</a>; <a href="https://hhs.iowa.gov/media/4343/">https://hhs.iowa.gov/media/4343/</a></li> </ul>
<b>Kansas*</b>	<b>Mental Health Services</b>	<p>Individual Therapy (includes crisis psychotherapy): 90832, 90834, 90837, 90839, 90840</p> <p>Family Therapy: 90832, 90834, 90837, 90839, 90840, 90847</p> <p>Group Therapy: 90853</p>	All ages. Requires a psychiatric diagnosis. For individual/group psychotherapy, not covered for individuals whose only diagnosis is for intellectual or developmental disabilities.	Not specified. Excludes those who only have an I/DD diagnosis for individual and group psychotherapy.	None/not specified.	Mental health provider manual: <a href="https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Mental Health 25034 24280.pdf">https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Mental Health 25034 24280.pdf</a>
<b>Kentucky</b>	<b>Behavioral Health</b>	<p>Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Psychotherapy (with and without patient): 90846, 90847</p> <p>Group Psychotherapy: 90849, 90853</p> <p>Psychotherapy for Crisis: 90839, 90840</p> <p>Psychoanalysis: 90845</p> <p>Behavioral Health Counseling and Therapy: H0004</p>	All ages. Services covered may be provided for a mental health disorder or co-occurring disorders if the SUD is secondary to the primary mental health diagnosis and services are provided by an independently licensed practitioner who could independently practice to provide treatment for a co-occurring disorder.	Not specified.	Not to exceed 3 hours per day alone or in combination with any other outpatient therapy per recipient unless medically necessary.	<ul style="list-style-type: none"> <li>Behavioral Health Service Organizations: <a href="https://www.chfs.ky.gov/agencies/dms/provider/Pages/BHSO.aspx">https://www.chfs.ky.gov/agencies/dms/provider/Pages/BHSO.aspx</a></li> <li>Regulations: <a href="https://apps.legislature.ky.gov/law/kar/titles/907/015/020/">https://apps.legislature.ky.gov/law/kar/titles/907/015/020/</a>; <a href="https://www.chfs.ky.gov/agencies/dms/Pages/bhi.aspx">https://www.chfs.ky.gov/agencies/dms/Pages/bhi.aspx</a>; <a href="https://apps.legislature.ky.gov/law/kar/titles/907/015/">https://apps.legislature.ky.gov/law/kar/titles/907/015/</a></li> <li>Fee schedule: <a href="https://www.chfs.ky.gov/agencies/dms/Documents/2025%20Behavioral%20Health%20Fee%20Schedule.pdf">https://www.chfs.ky.gov/agencies/dms/Documents/2025%20Behavioral%20Health%20Fee%20Schedule.pdf</a></li> </ul>
<b>Louisiana</b>	<b>Behavioral Health Services and EPSDT</b>	<p>Individual Therapy (with and without patient present): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Therapy (with and without patient present): 90846, 90847</p> <p>Multiple-family Group Psychotherapy: 90849</p> <p>Group Therapy: 90853</p> <p>Psychotherapy for Crisis: 90839, 90840</p> <p>Psychoanalysis: 90845</p> <p>Behavioral Health Counseling and Therapy: H0004</p>	All ages. "All Medicaid-eligible children and adults who meet medical necessity criteria as determined by a licensed mental health professional or physician."	Not specified.	Services must be authorized. Limits, if any, are MCO-specific.	<p>Provider manuals: <a href="https://www.lamedicaid.com/provweb1/providermanuals/BHS_main.htm">https://www.lamedicaid.com/provweb1/providermanuals/BHS_main.htm</a>; <a href="https://www.lamedicaid.com/provweb1/providermanuals/manuals/EPSDT/EPSDT.pdf">https://www.lamedicaid.com/provweb1/providermanuals/manuals/EPSDT/EPSDT.pdf</a></p>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Maine	Behavioral Health Services	Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840 Individual/Family Therapy: H0004 Group Therapy: H0004	All ages with a diagnosis. Children can access up to 72 quarter-hour units of outpatient behavioral health services per year without a diagnosis. Additional services require serious emotional disturbance or a diagnosis in accordance with the DSM or DC: 0-5 and documented evidence that the treatment is necessary to correct or ameliorate the condition.	Not specified.	Individual and Family: 2 hours per week except for emergency or crisis situations to prevent hospitalization. Group: 90 minutes per week, with an exception for members under age 20 whose treatment plan documents the need for more than 90 minutes of outpatient therapy weekly.	Benefits manual: <a href="https://www.maine.gov/sos/rulemaking/agency-rules/mainecare-benefits-manual">https://www.maine.gov/sos/rulemaking/agency-rules/mainecare-benefits-manual</a>
Maryland	Behavioral Health	Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840 Individual Outpatient Substance Use Therapy: H0004	All ages with a diagnosis identified in Maryland Code of Regulations 10.67.08.02, which is not exclusive to behavioral health disorders. Children and youth under age 21 can access services with other diagnoses under EPSDT, as specified in Maryland Code of Regulations 10.09.23.	Children and youth are not limited to diagnostic codes listed in <a href="#">Administrative Code 10.67.08.02</a> (which includes certain MBND, Nervous System, Pregnancy, Symptom, Injury, and FIHS codes).	Max of 1 unit per day per consumer, regardless of the provider. Prior authorization is required. Services are authorized in 6-month increments.	<ul style="list-style-type: none"> <li>Website/fee schedules: <a href="https://health.maryland.gov/mmcp/pages/provider-information.aspx">https://health.maryland.gov/mmcp/pages/provider-information.aspx</a></li> <li>State Administrative Code: <a href="https://www.law.cornell.edu/regulations/maryland/COMAR-10-67-08-02">https://www.law.cornell.edu/regulations/maryland/COMAR-10-67-08-02</a>; <a href="https://www.law.cornell.edu/regulations/maryland/COMAR-10-09-23-04">https://www.law.cornell.edu/regulations/maryland/COMAR-10-09-23-04</a></li> </ul>
Massachusetts	Behavioral Health Services	Psychotherapy (with patient and/or family member): 90832, 90833, 90834, 90836, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	All ages with a diagnosis. Children and youth under age 21 are eligible for all medically necessary preventive behavioral health services if they have a positive behavioral health screen, regardless of a diagnosis. Preventive behavioral health services include individual, family, group, and multiple-family group psychotherapy when provided by primary care providers with an embedded behavioral health clinician or group psychotherapy when provided by community- or school-based outpatient providers. Treatment services, including psychotherapy as an E/M service (CPT code 90836) require a diagnosis.	The most clinically appropriate ICD diagnosis code, including, as appropriate, Z codes, which may be used as the primary diagnosis when clinically appropriate.	None/not specified.	<ul style="list-style-type: none"> <li>Provider manual: <a href="https://www.mass.gov/doc/mental-health-center-mhc-subchapter-6/download">https://www.mass.gov/doc/mental-health-center-mhc-subchapter-6/download</a></li> <li>Managed care bulletin: <a href="https://www.mass.gov/doc/managed-care-entity-bulletin-65-preventive-behavioral-health-services-for-members-younger-than-21-0/download">https://www.mass.gov/doc/managed-care-entity-bulletin-65-preventive-behavioral-health-services-for-members-younger-than-21-0/download</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Michigan	Behavioral Health (EPSDT), Other Diagnostic, Screening, Preventive, and Rehabilitative Services	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient): 90846, 90847 Group Medical Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840	All ages. Community based mental health, substance abuse, and developmental disability specialty services and supports delivered under the auspices of an approved Prepaid Inpatient Health Plan (PIHP). Beneficiary is currently or has recently been seriously mentally ill or seriously emotionally disturbed as indicated by diagnosis, intensity of current signs and symptoms, and substantial impairment in ability to perform daily living activities (or for minors, substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills) or the beneficiary does not have a current or recent serious condition but was formerly seriously impaired in the past and the beneficiary requires specialized services and supports to address residual symptomatology and/or functional impairments, promote recovery and/or prevent relapse. PIHPs may also on occasion serve beneficiaries who are experiencing or demonstrating mild or moderate psychiatric symptoms or signs or who were formerly significantly or seriously mentally ill in the past but the disorder has substantially moderated or remitted.	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Provider manual: <a href="https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a></li> <li>Fee schedule: <a href="https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/behavioral-health-substance-abuse">https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/behavioral-health-substance-abuse</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
	Other Practitioner Services	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient): 90846, 90847 Group Medical Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840	All ages. Beneficiary is experiencing or demonstrating mild or moderate psychiatric symptoms or signs of sufficient intensity to cause subjective distress or mildly disordered behavior, with minor or temporary functional limitations or impairments or beneficiary was formerly significantly or seriously mentally ill at some point in the past. Signs and symptoms of the former serious disorder have substantially moderated or remitted and prominent functional disabilities or impairments related to the condition have largely subsided.	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Provider manual: <a href="https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a></li> <li>Fee schedule: <a href="https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/behavioral-health-substance-abuse">https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/behavioral-health-substance-abuse</a></li> </ul>
Minnesota	Mental Health Services	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853	All ages. Those without a diagnosis can access up to 10 non-intensive outpatient mental health services, which include outpatient psychotherapy and psychoeducation, using unspecified diagnosis codes and symptom-related R-Codes.	<b>MBND:</b> certain codes between F01-F98 <b>Symptom Codes:</b> R45-R45.89, R46-R46.8  Excludes psychoactive substance use (F10-F19), unspecified disorder of adult personality and behavior (F69), and intellectual disabilities (F70-F79).	Up to 3 sessions of a combination of individual psychotherapy or family psychotherapy or family psychoeducation are allowed without a diagnosis based on a diagnostic assessment. Unspecified diagnosis codes and R-codes (symptom codes) may be used for up to 10 sessions.  Overall limits: 26 hours of psychotherapy (with patient or family member or both) in a calendar year; 26 units of family psychotherapy per calendar year; 10 sessions of multiple family group psychotherapy per calendar year; 52 sessions of group psychotherapy.	<ul style="list-style-type: none"> <li>Diagnosis code listing: <a href="https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16197967">https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=dhs16197967</a></li> <li>Psychotherapy policy: <a href="https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=ID_058158#bill">https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=ID_058158#bill</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
	<b>Children's Therapeutic Services and Supports (CTSS)</b>	<p>Psychotherapy (with patient or family member or both, with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Psychotherapy (with and without patient present): 90846, 90847</p> <p>Multiple-family Group Psychotherapy: 90849</p> <p>Group Psychotherapy: 90853</p> <p>Crisis Psychotherapy: 90839, 90840</p>	<p>Children and youth up to age 21 who have a diagnosed emotional disturbance or diagnosed mental illness "who require varying therapeutic and rehabilitative levels of intervention." Unspecified diagnosis codes/symptom codes cannot be used for CTSS.</p>	<p><b>MBND:</b> certain codes between F01-F98</p> <p>Excludes psychoactive substance use (F10-F19), unspecified disorder of adult personality and behavior (F69), and intellectual disabilities (F70-F79).</p>	<p>200 cumulative hours per calendar year for any combination of psychotherapy (with patient or family member or both), skills training, crisis planning, mental health behavioral aide services, and service plan development.</p> <p>52 cumulative sessions per calendar year of group psychotherapy.</p> <p>26 cumulative sessions per calendar year of family psychotherapy.</p> <p>10 cumulative sessions per calendar year of multiple family group psychotherapy.</p>	<p>Provider manual:  <a href="https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_058361">https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_058361</a></p>
<b>Mississippi</b>	<b>Community Mental Health Services/ Therapeutic and Evaluative Mental Health Services</b>	<p>Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Psychotherapy (with and without patient present): 90846, 90847</p> <p>Multiple-family Group Psychotherapy: 90849</p> <p>Group Psychotherapy: 90853</p>	<p>All ages. All Medicaid-eligible children and adults who meet medical necessity criteria.</p>	<p>Not specified.</p>	<p>Up to 36 individual therapy sessions per state fiscal year. Up to 24 family therapy sessions per state fiscal year. A combined total of up to 40 group therapy or multiple-family group therapy sessions per state fiscal year.</p> <p>Reimbursement for physician services provided outside of a community or private mental health center are subject to the limits described in Miss. Admin. Code Title 23, Part 203. All State Plan services described in Miss. Admin. Code Part 206 and Part 223, Chapter 6 are covered</p>	<ul style="list-style-type: none"> <li>Website: <a href="https://medicaid.ms.gov/programs/mental-health/mental-health-services/">https://medicaid.ms.gov/programs/mental-health/mental-health-services/</a></li> <li>Fee schedule: <a href="https://medicaid.ms.gov/providers/fee-schedules-and-rates/#">https://medicaid.ms.gov/providers/fee-schedules-and-rates/#</a> ; <a href="#">WEB-Behavioral-Health-Services-Fee-Schedule-JULY-2025-fnl-71825.xlsx</a></li> <li>Administrative Code: <a href="https://medicaid.ms.gov/wp-content/uploads/2025/07/Entire-AdministrativeCode-eff-7.1.25.pdf">https://medicaid.ms.gov/wp-content/uploads/2025/07/Entire-AdministrativeCode-eff-7.1.25.pdf</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
					for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)-eligible beneficiaries without regard to service limits when prior authorized.	
Missouri	Behavioral Health Services	<p>Psychotherapy (with patient or family member or both): 90832, 90834, 90837</p> <p>Family psychotherapy (with and without patient present): 90846, 90847</p> <p>Multiple-family Group Psychotherapy: 90849</p> <p>Group Psychotherapy: 90853</p> <p>Crisis Psychotherapy: 90839, 90840</p>	<p>All ages. When determined medically necessary using appropriate diagnostic criteria. A diagnosed behavioral health disorder is not required. For individuals aged 6 years and over, providers shall use the DSM-5-TR. For individuals under the age of 6 years, it is recommended and preferred that providers use the DC:0-5. Use of the DSM-5-TR is allowed when assessing children zero through five (0–5) years of age until January 1, 2029, at which time the DC:0-5 will become required.</p>	<p><b>MBND:</b> Certain codes between F070-F99</p> <p><b>Symptoms:</b> certain codes between R37-R45851</p> <p><b>FIHS:</b> certain codes between Z600-Z9152</p> <p>Excludes intellectual disabilities (F07-F79).</p>	<p>In fee-for-service, up to 14 hours followed by precertification. If precertified, up to 10 hours for those with adjustment disorder, Z-code diagnosis, or an unspecified ICD diagnosis. For children with other diagnosis codes, the maximum number of hours is based on age and whether they are in foster care. The number of hours precertified can be exceeded if medically necessary. Monthly limits may be exceeded if medically necessary. Managed care plans do not require prior authorization unless soft monthly limits are exceeded.</p>	<p>Manual:  <a href="https://mydss.mo.gov/media/pdf/behavioral-health-services-manual">https://mydss.mo.gov/media/pdf/behavioral-health-services-manual</a></p>
Montana	Children's Mental Health Bureau Medicaid Services	<p>Psychotherapy (with patient or family member or both, without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838</p> <p>Family Psychotherapy (with and without patient present): 90846, 90847</p> <p>Multiple-family Group Psychotherapy: 90849</p> <p>Group Psychotherapy: 90853</p> <p>Crisis Psychotherapy: 90839, 90840</p> <p>Psychoanalysis: 90845</p>	<p>Children and youth must have a recognized mental health diagnosis to access therapy services. For services beyond 24 sessions of individual or family psychotherapy per fiscal year, children and youth must meet SED criteria. Group psychotherapy and crisis psychotherapy do not count toward the 24-session maximum.</p>	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Manual:  <a href="https://dphhs.mt.gov/BHDD/cmb/Manuals">https://dphhs.mt.gov/BHDD/cmb/Manuals</a></li> <li>Fee schedule:  <a href="https://medicaidprovider.mt.gov/rbrvs">https://medicaidprovider.mt.gov/rbrvs</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Nebraska	Children's Mental Health and Substance Use Treatment Services	Individual Psychotherapy (with and without E&M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without client present): 90846, 90847 Group Psychotherapy: 90853 Individual Psychotherapy - crisis: 90839, 90840 Parent-Child Interaction Therapy: 90847 Child-Parent Psychotherapy: 90847 Functional Family Therapy: 90832, 90834, 90837, 90847	Children and youth must have a mental health or substance use disorder that meets diagnostic criteria in the current DSM and the disorder results in functional impairment that "substantially interferes with or limits the individual's role or functioning." Specifies that "services for prevention, maintenance, socialization, or skill building" are not covered.	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Regulations - Chapter 32: <a href="https://rules.nebraska.gov/rules?agencyId=37&amp;titleId=226">https://rules.nebraska.gov/rules?agencyId=37&amp;titleId=226</a></li> <li>Fee schedule - <a href="https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx">https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx</a></li> </ul>
Nevada	Mental Health Services	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840 Psychoanalysis: 90845 Behavioral Health Counseling and Therapy: H0004	All ages. For children, service eligibility is based on the Intensity of Needs Grid based on the CASII tool. Children and youth without a specific diagnosis and who do not meet SED criteria but who have significant life stressors are eligible for a total of 10 sessions of individual, group, or family therapy per calendar year. Children with a diagnosed mental, behavioral, or neurodevelopmental disorder, including those who meet SED criteria, are eligible for up to 26 sessions of individual, group, or family therapy per calendar year.	<b>MBND:</b> certain codes between F01-F99 <b>Symptoms*:</b> R45.850, R45.821 <b>FIHS*:</b> Z55-Z65  *Only eligible for Level I - Basic Services with a maximum of 10 sessions. <i>Excludes primary diagnosis codes for dementia, I/DD, and SUD.</i>	10 total sessions of individual, family, and group therapy per calendar year for those without a specific MBND diagnosis. 26 sessions per calendar year for those with a diagnosis. Prior authorization for additional services will be required. 26 sessions for independent psychologists, regardless of a diagnosis. These limits do not apply to independent psychiatrists.	Provider Manual (pg. 44 on intensity of needs) - <a href="https://dhcfp.nv.gov/uploadedFiles/dhcfpnev.gov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_25_03_26.pdf">https://dhcfp.nv.gov/uploadedFiles/dhcfpnev.gov/content/Resources/AdminSupport/Manuals/MSM/C400/MSM_400_25_03_26.pdf</a>
New Hampshire*	Community Mental Health Services	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840	All ages. Children must meet SED criteria to be eligible for services.	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>CMH Manual - <a href="https://nhmmis.nh.gov/portals/wps/portal/BillingManuals">https://nhmmis.nh.gov/portals/wps/portal/BillingManuals</a></li> <li>Providers - <a href="https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/he-m-426.pdf">https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/he-m-426.pdf</a></li> <li>Eligibility - <a href="http://dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/he-m-401.pdf">http://dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/he-m-401.pdf</a></li> </ul>
New Jersey	Psychological Services	Individual Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Therapy: 90846, 90847 Group Psychotherapy: 90853 Crisis Psychotherapy: 90839	All ages, except an individual receiving crisis psychotherapy (90839) must be 3 years or older. A behavioral health diagnosis is required.	Behavioral health diagnoses.	Prior authorization is not required.	<ul style="list-style-type: none"> <li>Admin rules - N.J.A.C. 10:67-3.3: <a href="https://nj.gov/humanservices/providers/rulefees/regs/NJAC%2010_67%20Psychological%20Services.pdf">https://nj.gov/humanservices/providers/rulefees/regs/NJAC%2010_67%20Psychological%20Services.pdf</a></li> <li>Rates - <a href="https://www.njmmis.com/RateInformation.aspx">https://www.njmmis.com/RateInformation.aspx</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
New Mexico	Behavioral Health	Psychotherapy (with and without evaluation and management): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840	All ages.	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Fee schedule: <a href="https://www.hsd.state.nm.us/providers/fee-for-service/">https://www.hsd.state.nm.us/providers/fee-for-service/</a></li> <li>New Mexico Administrative Code: <a href="#">8.321.2 NMAC</a></li> <li>Behavioral Health Policy and Billing Manual: <a href="#">BH Policy and Billing Intro Manual</a></li> </ul>
New York	Practitioner Services	Individual Psychotherapy: 90832, 90833, 90834, 90836, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853 Multiple-family Group Psychotherapy: 90849 Psychotherapy for Crisis: 90839, 90840	All ages. Children and youth up to age 21 with and without a diagnosis are eligible for psychotherapy services (does not apply to psychotherapy for crisis).	ICD-10 codes, including: <b>FIHS:</b> Z65.9 for children and youth up to age 21 who do not have a diagnosis to indicate medical necessity for two-generational and preventative services.	None/not specified.	<ul style="list-style-type: none"> <li>Provider notice on Z-code use: <a href="#">Medicaid Update January 2023</a></li> <li>Provider manuals:               <ul style="list-style-type: none"> <li><a href="#">Provider Manuals - Clinical Psychology</a></li> <li><a href="#">Provider Manuals - Licensed Clinical Social Worker (LCSW)</a></li> <li><a href="#">eMedNY : Provider Manuals : Licensed Mental Health Counselor (LMHC) and Licensed Marriage and Family Therapist (LMFT)</a></li> <li><a href="#">eMedNY : Provider Manuals : Physician</a></li> <li><a href="#">Provider Manuals - Nurse Practitioner</a></li> </ul> </li> </ul>
	Outpatient Clinic	Individual Psychotherapy: 90832, 90833, 90834, 90836, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853 Multiple-family Group Psychotherapy: 90849 Psychotherapy for Crisis: 90839, 90840 Psychoanalysis: 90845 Behavior Health Counseling and Therapy: H0004	All ages. Children and youth up to age 21 with and without a diagnosis are eligible for psychotherapy services (does not apply to psychotherapy for crisis).	ICD-10 codes, including: <b>FIHS:</b> Z65.9 for children and youth up to age 21 who do not have a diagnosis to indicate medical necessity for two-generational and preventative services.	None/not specified.	Provider manuals: <ul style="list-style-type: none"> <li><a href="#">Child and Family Treatment and Support Services</a></li> <li><a href="#">Article 29-I Health Facilities</a></li> <li><a href="#">Clinic Reimbursement</a></li> <li><a href="#">Certified Community Behavioral Health Clinics (CCBHC)</a></li> <li><a href="#">School-Based Mental Health Clinics</a></li> <li><a href="#">NYS Mainstream Medicaid Managed Care and School Based Health Center Billing Guidance</a></li> </ul>
	School Supportive Health Services Program	Individual Psychotherapy: 90832, 90833, 90834, 90836, 90837 Family Psychotherapy: 90847 Group Psychotherapy: 90853	Children and youth between the ages of 3 and 21, with and without a diagnosis, who have been determined to have a medical need for psychotherapy services as documented in the Individualized Education Plan (IEP) (does not apply to psychotherapy for crisis).	ICD-10 codes, including: <b>FIHS:</b> Z65.9 for children and youth up to age 21 who do not have a diagnosis to indicate medical necessity for two-generational and preventative services.	Behavioral health services are provided pursuant to the child's IEP.	<ul style="list-style-type: none"> <li>Provider Manual: School Supportive Health Services Program</li> </ul>
North Carolina	Outpatient Behavioral Health Services	Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without	All ages. Children and youth up to age 21 with and without a diagnosis are eligible for psychotherapy services as long	<b>MBND:</b> codes that correspond with DSM-5 "Mental Disorders" diagnoses <b>FIHS:</b> codes corresponding	Up to 6 visits prior to a diagnosis. 1 CPT code per beneficiary per date of	<ul style="list-style-type: none"> <li>Outpatient Behavioral Health Services: <a href="https://medicaid.ncdhhs.gov/8c-outpatient-behavioral-health-services-provided-direct-enrolled-providers/download?attachment">https://medicaid.ncdhhs.gov/8c-outpatient-behavioral-health-services-provided-direct-enrolled-providers/download?attachment</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
		patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	as they are medically necessary according to EPSDT. Providers can bill up to six visits for a child without a mental illness or substance use disorder diagnosis. For these visits, providers may bill ICD-10 codes that correspond to DSM-5 "V" codes (i.e., Z-codes). For seven or more visits, providers must bill with the appropriate ICD-10 code that corresponds to DSM-5 "Mental Disorders" diagnosis codes (between 290 [dementias] and 319 [unspecified intellectual disabilities]). Outpatient behavioral health services require a diagnosis and functional impairment for adults.	with DSM-5 "V" codes*  *Can only be used for those without a diagnosis for up to six visits. For seven or more visits, MBND codes must be used.	service from the same attending provider. Up to 2 CPT codes per beneficiary per date of service (two different providers).	<ul style="list-style-type: none"> <li>Psychological Services Provided by Health Departments and School-Based Health Centers to the Under 21 Population: <a href="https://medicaid.ncdhhs.gov/8i-psychological-services-health-departments-and-school-based-health-centers-sponsored-health/download?attachment">https://medicaid.ncdhhs.gov/8i-psychological-services-health-departments-and-school-based-health-centers-sponsored-health/download?attachment</a></li> </ul>
	<b>Outpatient Specialized Therapies Local Education Agencies (LEAs)</b>	Individual Psychotherapy: 90832, 90833, 90834, 90836, 90837 Family Therapy (with the patient present): 90847 Group Therapy: 90853	Children and youth up to age 21 with an IEP, IFSP, IHP, BIP, or 504 Plan documenting disability and medical necessity.	<b>MBND:</b> codes that correspond with DSM-5 "Mental Disorders" diagnoses.	1 CPT code per beneficiary per date of service from the same attending provider. Up to 2 CPT codes per beneficiary per date of service (two different providers).	Outpatient Specialized Therapies Local Education Agencies (LEAs): <a href="https://medicaid.ncdhhs.gov/10c-local-education-agencies-leas/download?attachment">https://medicaid.ncdhhs.gov/10c-local-education-agencies-leas/download?attachment</a>
<b>North Dakota</b>	<b>Behavioral Health Rehabilitative Services</b>	Behavioral Health Counseling and Therapy: H0004 Individual or Group Counseling: H0004	All ages who meet medical necessity criteria, including: 1) The service must be recommended by an "Other Licensed Practitioner" (e.g., nurse practitioner, physician's assistant, licensed professional counselor, etc.) within the scope of their practice, and 2) the individual must need mental health or behavioral intervention services provided by qualified practitioners.	Not specified.	None/not specified.	Provider manuals/guidelines: <a href="https://www.hhs.nd.gov/healthcare/medicaid/provider/manuals-and-guidelines">https://www.hhs.nd.gov/healthcare/medicaid/provider/manuals-and-guidelines</a>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
	<b>Behavioral Health State Plan services</b>	Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	All ages. Service must be medically necessary and rendered by a licensed provider under their scope of practice defined by state law. Medically necessary/medical necessity means: 1) medical or remedial services or supplies required for treatment of illness, injury, diseased condition, or impairment; 2) consistent with the recipient's diagnosis or symptoms; 3) appropriate according to generally accepted standards of medical practice; 4) not provided only as a convenience to the recipient or provider; 5) not investigational, experimental, or unproven; clinically appropriate in terms of scope, duration, intensity, and site; and 6) provided at the most appropriate level of service that is safe and effective.	Not specified.	No limits, no prior authorization required.	<ul style="list-style-type: none"> <li>Covered Services: <a href="https://www.hhs.nd.gov/sites/www/files/documents/medicaid-policies/medicaid-covered-services.pdf">https://www.hhs.nd.gov/sites/www/files/documents/medicaid-policies/medicaid-covered-services.pdf</a></li> <li>Manual, provider requirements: <a href="https://www.hhs.nd.gov/sites/www/files/documents/medicaid-policies/provider-requirements.pdf">https://www.hhs.nd.gov/sites/www/files/documents/medicaid-policies/provider-requirements.pdf</a></li> <li>Procedure codes: <a href="https://www.hhs.nd.gov/healthcare/medicaid/provider/look-up-tool">https://www.hhs.nd.gov/healthcare/medicaid/provider/look-up-tool</a></li> </ul>
<b>Ohio</b>	<b>Behavioral Health State Plan Services</b>	Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840 Behavioral Health Counseling and Therapy: H0004	All ages. Children and youth under age 21 with or without a diagnosis. "With the exception of ACT, Ohio Medicaid will not edit against a diagnosis for a behavioral health service for payment when the person is under the age of 21 on the date of service and the service is provided by a licensed practitioner."	Not applicable.	None/not specified.	<ul style="list-style-type: none"> <li>BH Manual: <a href="https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/BH/provider/Manuals/BH_Manual_1.27_Aug_2024_final.pdf">https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/BH/provider/Manuals/BH_Manual_1.27_Aug_2024_final.pdf</a></li> </ul>
<b>Oklahoma</b>	<b>Behavioral Health</b>	Individual Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853 Agency Billing for Individual, Family (with and without the patient present), and Group Psychotherapy: H0004	All ages with or without a diagnosed disorder.	DSM V diagnoses, including approved Z and T codes.	None/not specified.	<ul style="list-style-type: none"> <li>Prior authorization manual: <a href="http://www.odmhsas.org/picis/Documents/Manuals/FY2025%20Outpatient%20Prior%20Authorization%20Manual.pdf">http://www.odmhsas.org/picis/Documents/Manuals/FY2025%20Outpatient%20Prior%20Authorization%20Manual.pdf</a></li> <li>Fee schedule: <a href="https://oklahoma.gov/ohca/providers/types/behavioral-health-and-substance-abuse-services.html">https://oklahoma.gov/ohca/providers/types/behavioral-health-and-substance-abuse-services.html</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Oregon	EPSDT/Behavioral Health	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	Children and youth under age 21, regardless of a diagnosis. "The EPSDT benefit covers all medically necessary and medically appropriate services for individuals under 21 years old. Coverage is not determined by or predicated on any specific diagnosis."	"Services billed with Z codes may be covered by EPSDT as long as they are medically necessary and medically appropriate for the individual."	None/not specified.	<ul style="list-style-type: none"> <li>EPSDT/BH FAQ: <a href="https://www.oregon.gov/oha/HSD/OHP/Tools/EP-SDT-BH-and-BRS-QA.pdf">https://www.oregon.gov/oha/HSD/OHP/Tools/EP-SDT-BH-and-BRS-QA.pdf</a></li> <li>Fee schedule: <a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx</a></li> </ul>
Pennsylvania	Behavioral Health Services by Entity Providers	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy (no multiple-family groups): 90853 Behavioral Health Counseling and Therapy: H0004	All ages with a behavioral health diagnosis for fee-for-service and managed care.	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Fee-for-Service Fee Schedule: <a href="https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule">https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule</a></li> </ul>
	Individual Practitioners (Psychologists and Psychiatrists)	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy (no multiple-family groups): 90853	All ages with a behavioral health diagnosis. Under fee-for-service, psychologists serve ages 0-20, while managed care services all ages. Psychiatrists serve all ages for both fee-for-service and managed care.	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Fee-for-Service Fee Schedule: <a href="https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule">https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule</a></li> </ul>
Rhode Island	Rehabilitative Services and Clinician Services	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853  Group Behavioral Health Counseling and Therapy: H0004	All ages. Children and youth can access up to 20 outpatient visits per calendar year before prior authorization is required, which requires a "Clinician's diagnostic formulation clearly specifying the specific DSM-IV diagnosis being treated."	Not specified.	Up to 20 visits before prior authorization.	<ul style="list-style-type: none"> <li>Manuals: <a href="https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual/rehabilitative-services-1#16.2">https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual/rehabilitative-services-1#16.2</a>; <a href="https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual/rehabilitative-services-0#15.1">https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual/rehabilitative-services-0#15.1</a></li> <li>Fee schedule: <a href="https://providersearch.riproviderportal.org/ProvideSearchEOHHS/FFSFeeSchedule.aspx">https://providersearch.riproviderportal.org/ProvideSearchEOHHS/FFSFeeSchedule.aspx</a></li> </ul>
South Carolina*	Community Mental Health Services (clinics)	Individual Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple--family Group Psychotherapy: 90849 Group Psychotherapy: 90853	"All beneficiaries who Physicians/Psychiatrists, within the scope of their clinical practice, believe would benefit from this service are eligible, including those with co-occurring disorders."	Not specified.	None/not specified.	<ul style="list-style-type: none"> <li>Manual: <a href="https://www.scdhhs.gov/providers/manuals/community-mental-health-cmh-services-manual">https://www.scdhhs.gov/providers/manuals/community-mental-health-cmh-services-manual</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
	<b>Licensed Independent Practitioner (Rehabilitative Services)</b>	Individual Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853	All ages. Children and youth ages 0-6 with or without a diagnosis, with medical necessity based on a Z-code. Individuals age 7 and older with or without a diagnosis for up to six months, with medical necessity based on a Z-code. "After six months, medical necessity must be established by a psychiatric diagnosis if continuation of services is needed."	ICD-10 codes include (but are not limited to): <b>FIHS:</b> certain Z-codes can be used for children ages 0-6, and for up to 6 months for those ages 7 or older.	None/not specified.	Manual: <a href="https://www.scdhhs.gov/providers/manuals/licensed-independent-practitioners-lip-rehabilitative-services-manual">https://www.scdhhs.gov/providers/manuals/licensed-independent-practitioners-lip-rehabilitative-services-manual</a>
<b>South Dakota</b>	<b>Community Mental Health Center and Independent Mental Health Practitioners</b>	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Medical Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	All ages if medically necessary. Services are limited to those with a primary mental disorder based on a diagnostic assessment.	<b>MBND:</b> certain codes between F0150 – F99 <b>Nervous system:</b> G3184 <b>Circulatory:</b> certain codes between I69010-I69915 <b>Pregnancy:</b> O99340-099345 <b>Symptoms:</b> certain codes between R410-R4689	Beyond 40 hours of therapy in a state fiscal year, requires prior authorization to review for medical necessity for children and youth up to age 21.	<ul style="list-style-type: none"> <li>Manuals (Community Mental Health Center and Independent Mental Health Practitioners): <a href="https://dss.sd.gov/Medicaid/providers/billingmanuals/default.aspx">https://dss.sd.gov/Medicaid/providers/billingmanuals/default.aspx</a></li> <li>Diagnosis Lookup Tool: <a href="https://dss.sd.gov/medicaid/providers/diagnostool.aspx">https://dss.sd.gov/medicaid/providers/diagnostool.aspx</a></li> </ul>
<b>Tennessee</b>	<b>Behavioral Health Services</b>	Psychotherapy: 90832, 90833, 90834, 90836, 90837 Family Psychotherapy: 90846 (w/o patient), 90847 (w/patient) Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychoanalysis 90845 Psychotherapy for Crisis 90839, 90840	All ages.	Not specified.	None/not specified.	Provider Manuals: <ul style="list-style-type: none"> <li>BlueCare/TennCareSelect: <a href="#">BlueCare Tennessee, Provider Administration Manual 508C</a></li> <li>United Healthcare: <a href="#">Care Provider Manual for TennCare - UnitedHealthcare Community Plan of Tennessee</a></li> <li>Wellpoint: <a href="#">TN_WLP_CAID_ProviderManual.pdf</a> TennCare MCO Contract: <a href="#">CONTRACTOR RISK AGREEMENT</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Texas	Behavioral Health Services	<p><b><u>Mental Health Psychotherapy</u></b>            Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837            Family Psychotherapy (with and without patient present): 90846, 90847            Group Psychotherapy: 90853</p> <p><b><u>Substance Use Disorders (SUD) Counseling</u></b>            Individual Counseling: H0004            Group Counseling: H0005</p>	All ages with and without a diagnosed mental or substance use disorder.	<p><b>MBND:</b> certain codes between F03-F989, excluding I/DD codes except for "F70 - Mild intellectual disability."</p> <p><b>Mental health services</b> are provided to persons who are experiencing a behavioral health condition that is causing distress, dysfunction, or maladaptive functioning as a result of a confirmed or suspected psychiatric condition as defined in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).</p> <p><b>SUD Treatment services</b> are provided to persons who meet the criteria for a substance-related disorder as outlined in the current edition of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM).</p>	<p><b><u>Mental Health Psychotherapy</u></b>            Psychotherapy is limited to 30 individual, group, or family psychotherapy visits per person per calendar year. Additional services require prior authorization.</p> <p><b><u>SUD Counseling</u></b>            Individual counseling limited to 26 hours of individual counseling. Group counseling limited to 135 Units (15 minutes per unit) of group counseling.</p>	<ul style="list-style-type: none"> <li>Handbooks (Behavioral Health and Case Management Services):  <a href="https://www.tmhp.com/resources/provider-manuals/tmppm">https://www.tmhp.com/resources/provider-manuals/tmppm</a></li> <li>Fee Schedule:  <a href="https://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx">https://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx</a></li> </ul>
	School Health and Related Services	Individual Psychotherapy: 90832, 90834, 90837 Group Psychotherapy: 90853	Children and youth up to age 21 with an IEP documenting disability and medical necessity.	Not specified.	Individual psychotherapy procedure codes are limited to two services per day, same procedure, same provider. Group psychotherapy is limited to one service per day, same procedure, same provider. Individual psychotherapy cannot be billed on the same day as group psychotherapy.	School Health and Related Services Handbook - <a href="https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2025//2025-07-july/2_18">https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2025//2025-07-july/2_18</a>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Utah	Behavioral Health Services	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without member present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Medical Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	All ages. "Medicaid covers psychotherapy when used for the treatment for mental illness and behavioral disturbance."	Not specified.	Behavioral health services are a covered benefit when the services meet the definition of medical necessity.	<ul style="list-style-type: none"> <li>Fee schedule: <a href="https://health.utah.gov/stplan/lookup/CoverageLookup.php">https://health.utah.gov/stplan/lookup/CoverageLookup.php</a></li> <li>Provider manuals: <a href="https://medicaid.utah.gov/utah-medicaid-official-publications/?folder=Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/">https://medicaid.utah.gov/utah-medicaid-official-publications/?folder=Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/</a></li> </ul>
Vermont	Psychotherapy and Other Psychiatric Services	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90846, 90837 Family Psychotherapy (with and without member present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Medical Psychotherapy: 90853 Crisis Psychotherapy: 90839, 90840	All ages. "Per Medicaid Healthcare Administrative Rule 4.104, medically necessary is defined as healthcare services that are appropriate, in terms of type, amount, frequency, level, setting and duration to the member's diagnosis or condition and must conform to generally accepted practice parameters recognized by health care providers in the same or similar general specialty who typically treat or manage the diagnosis or condition. It is the responsibility of the provider to determine when services are medically necessary by using their knowledge of conditions and treatment within their scope of practice. "	Certain diagnosis codes are excluded as a primary diagnosis because they lack specificity. Allows some mental health-related codes that do not correspond with a specific mental or substance use disorder (e.g., R45, Z71.89, etc.).	Family psychotherapy without the member present (90846) is limited to 12 sessions per calendar year. Group psychotherapy (90853) is limited to 3 sessions per week. Individual psychotherapy over 260 sessions per calendar year requires prior authorization.  These limits can be exceeded with prior authorization.	<ul style="list-style-type: none"> <li>Psychotherapy manual: <a href="https://dvha.vermont.gov/sites/dvha/files/documents/PsychotherapyandOtherPsychiatricServicesSupplement.pdf">https://dvha.vermont.gov/sites/dvha/files/documents/PsychotherapyandOtherPsychiatricServicesSupplement.pdf</a></li> <li>Excluded diagnosis codes: <a href="https://dvha.vermont.gov/providers/codesfee-schedules/icd-10-cm-diagnosis-codes-not-accepted/2025-icd-10-cm-diagnosis-codes">https://dvha.vermont.gov/providers/codesfee-schedules/icd-10-cm-diagnosis-codes-not-accepted/2025-icd-10-cm-diagnosis-codes</a></li> </ul>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Virginia	Addiction and Recovery Treatment Services	Individual Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Group Psychotherapy: 90853	All ages. Medical necessity criteria include: 1) substance use diagnosis from the DSM-5; or 2) children/youth under age 21 who are assessed to be at risk for developing SUD using the ASAM multidimensional assessment. The member (children and adults) must be assessed as meeting the severity and intensity of treatment requirement for ASAM Level of Care 1 (Outpatient) based on the multidimensional assessment. Members younger than 21 years of age who do not meet the ASAM medical necessity criteria upon initial assessment will have a second individualized review by a licensed physician to determine if the member meets medically necessary treatment criteria under EPSDT.	<b>MBND:</b> substance use codes (F10-F19).	None for the codes listed. National Correct Coding Initiative (NCCI) edits apply to most providers, Community Service Boards (CSBs), Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC). Schools and Health Departments are exempt.	<ul style="list-style-type: none"> <li>Taxonomy chart for BH services: <a href="https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-12/Behavioral-Health-Taxonomy-Chart-Revised_121224_Final.pdf">https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-12/Behavioral-Health-Taxonomy-Chart-Revised_121224_Final.pdf</a></li> <li>Provider manual: <a href="https://vamedicaid.dmas.virginia.gov/pdf_chapter/addiction-and-recovery-treatment-services#gsc.tab=0">https://vamedicaid.dmas.virginia.gov/pdf_chapter/addiction-and-recovery-treatment-services#gsc.tab=0</a></li> </ul>
	Mental Health Services	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient): 90846, 90847 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840 Psychoanalysis: 90845	All ages. Psychiatric DSM diagnosis required.	<b>MBND:</b> F01-F99	None for the codes listed. NCCI edits apply to most providers (Community Service Boards (CSBs), Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Schools and Health Departments are exempt)	Provider Manual: <a href="https://vamedicaid.dmas.virginia.gov/pdf_chapter/psychiatric-services#gsc.tab=0">https://vamedicaid.dmas.virginia.gov/pdf_chapter/psychiatric-services#gsc.tab=0</a>
Washington	Mental Health Services	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychoanalysis: 90845	All ages. HCA covers psychotherapy/counseling services "to treat conditions that fall within the current ICD diagnosis code range for mental health. For billing purposes, providers must use the most specific code available."	<b>MBND:</b> mental health codes (F01-F99). For children younger than 6, additional ICD-10 codes corresponding with DC:0-5 diagnoses may be used, per the <a href="#">Apple Health DC:0-5 Crosswalk</a> .	No prior authorization required. HCA follows the National Correct Coding Initiative (NCCI).	Provider guides: <a href="https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#m">https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#m</a>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
	<b>Community Mental Health Centers</b>	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy (with and without patient): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Behavioral Health Counseling and Therapy: H0004	All ages. HCA covers psychotherapy/counseling services "to treat conditions that fall within the current ICD diagnosis code range for mental health. For billing purposes, providers must use the most specific code available."	<b>MBND:</b> Mental health codes (F01-F99). For children younger than 6, additional ICD-10 codes corresponding with DC:0-5 diagnoses may be used, per the <a href="#">Apple Health DC:0-5 Crosswalk</a> .	No prior authorization required. HCA follows the National Correct Coding Initiative (NCCI).	Provider guides: <a href="https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#m">https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#m</a>
	<b>Substance Use Disorder</b>	Alcohol and/or Drug Services/Individual Therapy: H0004	All ages. HCA covers psychotherapy/counseling services "to treat conditions that fall within the current ICD diagnosis code range for mental health. For billing purposes, providers must use the most specific code available."	<b>MBND:</b> Substance use codes (F10-F19).	No prior authorization required. HCA follows the National Correct Coding Initiative (NCCI).	Provider guides: <a href="https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#m">https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#m</a>
<b>West Virginia</b>	<b>Children with Serious Emotional Disorder Waiver</b>	Family Therapy: H0004	Children and youth meeting serious emotional disorder criteria and enrolled in the waiver. To enroll in the waiver, children and youth under age 21 must have an eligible diagnosis, functional impairment, and otherwise require a PRTF Level of Care. Eligible diagnoses are DSM diagnoses except for "V" codes, substance use, and developmental disorders unless they co-occur with another diagnosable serious emotional disorder. Must have a substantial functional impairment, defined as a score of 90 or above on the Child and Adolescent Functional Assessment Scale and the Preschool and Early Childhood Functional Assessment.	Codes corresponding to DSM-5 diagnosis codes, except "V" codes, substance use, and developmental disorder-related codes.	Up to 8 hours per day, approximately 14 hours per week (56 units/week).	Provider manual: <a href="https://bms.wv.gov/chapter-502-children-serious-emotional-disorder-waiver-csedw">https://bms.wv.gov/chapter-502-children-serious-emotional-disorder-waiver-csedw</a>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
	<b>Licensed Behavioral Health Center</b>	Behavioral Health Counseling, Individual, Group: H0004	All ages. The service must be for "treatment of behavioral health conditions in which the qualified health care professional through definitive therapeutic communication attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development."	Not specified.	Prior authorization is required. 60 units per year for individual; 50 units per year for group. These limits do not apply to supportive behavioral health counseling provided in combination with other more intensive services for members "with severe and/or chronic behavioral health conditions that necessitate a team approach" who require coordinated care.	Provider manual: <a href="https://bms.wv.gov/chapter-503-licensed-behavioral-health-centers">https://bms.wv.gov/chapter-503-licensed-behavioral-health-centers</a>
	<b>Outpatient Mental Health Services</b>	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837 Family Psychotherapy (with and without the patient present): 90846, 90847 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	All ages. The behavioral health outpatient services are covered if they are "appropriate and necessary for the symptoms, diagnosis, or treatment of an illness."	Excludes beneficiaries with diagnosis of dementia and diagnosis of severe and profound intellectual disability.	None/not specified.	Provider manual: <a href="https://bms.wv.gov/chapter-521-behavioral-health-outpatient-services">https://bms.wv.gov/chapter-521-behavioral-health-outpatient-services</a>
	<b>School-Based Health Services</b>	Psychotherapy: 90832, 90834, 90837 Family Psychotherapy (with and without the patient present): 90846, 90847 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840	Children and youth ages 3 to 21 are eligible for special education services with medically necessary psychotherapy services covered if they are included in an individualized education plan. Medically necessary services are "Appropriate and medically necessary for the symptoms, diagnosis or treatment of an illness" and "Provided for the diagnosis or direct care of an illness."	Not specified.	None/not specified.	Provider manual: <a href="https://dhhr.wv.gov/bms/Provider/Documents/School-Based%20Health%20Services/Chapter%20538School-Based%20Health%20ServicesFinalApproved.pdf">https://dhhr.wv.gov/bms/Provider/Documents/School-Based Health Services/Chapter 538School-Based Health ServicesFinalApproved.pdf</a>

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
Wisconsin	Outpatient Mental Health Services Benefit	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90846, 90837, 90838 Family Psychotherapy (with and without patient present): 90846, 90847 Multiple-family Group Psychotherapy: 90849 Group Psychotherapy: 90853 Psychotherapy for Crisis: 90839, 90840 Psychoanalysis: 90845	The outpatient mental health services benefit is only available for children and youth under age 21. A mental health diagnosis must be documented in the treatment/recovery plan.	Not specified.	May not concurrently receive services in the home through outpatient mental health benefit and the intensive in-home mental health and substance abuse treatment services benefit.	Handbook/fee schedule: <a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1</a>
Wyoming	Rehabilitative Services (State Plan)	Psychotherapy (with and without E/M): 90832, 90833, 90834, 90836, 90837, 90838 Family Psychotherapy: 90847 Multiple-family Group Psychotherapy: 90849 Group Medical Psychotherapy: 90853 Psychoanalysis: 90845 Family Medical Psychotherapy (without patient present): 90845	All ages. Services are limited to members with a primary diagnosis of a mental or substance use disorder in the most current DSM or ICD equivalent. There may be an exception for young children who qualify for "Maintenance (Habilitative) Services" and would not require a diagnosis.	ICD equivalent of DSM mental or substance use disorder diagnosis. Excludes: intellectual disabilities, Z-codes (except for young children), other or unknown and unspecified cause of morbidity and mortality, diagnosis of specific learning disorders (p. 230).	30 visits per calendar year combined behavioral health visits for psychotherapy and other behavioral health visit codes before prior authorization is required.	<ul style="list-style-type: none"> <li>CMS 1500 provider manual: <a href="https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Behavioral-Health-Manuals-and-Bulletins">https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Behavioral-Health-Manuals-and-Bulletins</a></li> </ul>
	Behavioral Health Center Services, BHC (State Program)	Psychotherapy (with and without E/M): 90832, 90834, 90837 Family Therapy: H0004	All Ages. Services are limited to individuals meeting eligibility standards per state law as Behavioral Health priority populations, and the provider network is limited to providers with active contracts with the WDH Behavioral Health Division. Eligible priority populations are described in the Behavioral Health Center Manual. SAMHSA mental health and substance use disorder block grant priority populations of adults with serious mental illness, children with severe emotional disturbance, IV drug users, pregnant women, women with dependent children, and veterans are also eligible to	Not Specified	None/not specified.	Behavioral Health Center Provider manual: <a href="https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Behavioral-Health-Manuals">https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Behavioral-Health-Manuals</a> (Update in progress)  BHD aligned with the Medicaid plan as closely as possible. Some codes and guidelines can be found in the CMS 1500 provider manual.

State	Benefit/Service Category	Therapy/Counseling Services and Procedure Codes	Eligibility (Age and Diagnostic Requirements)	ICD-10 Diagnosis Codes	Limits/Prior Authorization	References
			<p>receive state-funded services.</p> <p>Program offers additional residential services for adults with mental health diagnoses.</p>			
<b>TOTAL (51)</b>	<b>Benefits/service categories covering behavioral health therapy: 77</b>	<p><b>Individual Psychotherapy without Evaluation/Management Services (90832, 90834, 90837): 51 states</b></p> <p><b>Family Psychotherapy with Patient Present (90847): 51 states</b></p> <p><b>Group Psychotherapy (90853): 51 states</b></p> <p><b>Family Psychotherapy with and without Patient Present (90846): 48 states</b></p> <p><b>Individual Psychotherapy with Evaluation/Management Services (90833, 90836, 90838): 39 states</b></p> <p><b>Multiple-family Group Psychotherapy (90849): 38 states</b></p> <p><b>Psychotherapy for Crisis (90839, 90840): 37 states</b></p> <p><b>Behavioral Health Counseling and Therapy (H0004): 21 states</b></p> <p><b>Psychoanalysis (90845): 14 states</b></p>	<p><b>Requires a diagnosed behavioral disorder: 25 states</b></p> <p><b>Does not require a diagnosed disorder: 31 states</b></p> <ul style="list-style-type: none"> <li>• <b>For children only: 17 states</b></li> <li>• <b>Requires symptoms or risk criteria: 12 states</b></li> <li>• <b>Diagnosis required after a certain amount of services: 7 states</b></li> </ul> <p><b>Unspecified whether diagnosis is required: 9 states</b></p>	<p><b>R-code use to indicate symptoms as a primary diagnosis: 11 states</b></p> <p><b>Z-code use to indicate factors influencing health as a primary diagnosis: 18 states</b></p>	<p><b>Require prior authorization generally: 5 states</b></p> <p><b>Require prior authorization or additional review after meeting “soft limit”: 22 states</b></p> <p><b>No specified limits: 28 states</b></p>	

\*Seven states did not review or provide feedback on their state’s information: Arkansas, California, Florida, Indiana, Kansas, New Hampshire, and South Carolina. Information for these states is based solely on NASHP’s review of publicly available resources.