Cumulative Summary of Changes
LBHP Services Manual

1. Version 1: 12.29.12

   Original Posting

2. Version 2: 1.12.12

   Page 105, under Additional Service Criteria:
   - Added in the second paragraph:
     - All services below have an initial authorization level of benefit. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery:
       - Admission evaluation is authorized for five evaluations per calendar year.
       - Individual therapy is authorized for 32 hours per calendar year.
       - Family therapy is authorized for 40 hours per calendar year.
       - Group therapy is authorized for 24 hours per calendar year.
       - Psychological testing is authorized for six hours per calendar year.

3. Version 2a: 1.15.12

   Only format change to footer to update correct date and version number.

4. Version 3: 1.23.12

   Page 16, Under Provider Qualifications:
   - Eliminate quotation marks around the following sentence: "LPCs are limited to rendering or offering prevention, assessment, diagnosis and treatment of mental, emotional, behavioral, and addiction disorders requiring mental health counseling in accordance with scope of practice under state law found in La. Revised Statutes 37:1103 et seq."

   Page 18, Under Limitations/Exclusions:
   - The sentence "LPC's can diagnose, assess, treat, ---------- as long as they comply with Act 320, which requires ongoing treatment and consultation with either an MD or medical psychologist., etc" has been eliminated.
   - Added "Act 320 <u>of Regular Legislative session of 2011</u>," in the last paragraph.

   Page 19, Under Limitations/Exclusions:
   - Change the first sentence to read: "Serious mental illness" means any of the following diagnoses:

   Page 103, Under Limitations/Exclusions:
   - In the 3rd paragraph, "LPC's can diagnose, assess, treat, etc., as long as they comply with Act 320, which requires ongoing treatment and consultation with either an MD or medical psychologist, etc." has been eliminated.
   - In the last paragraph, added "Act 320 <u>of Regular Legislative session of 2011.</u>

Page 104, Under Limitations/Exclusions:

- In the first full paragraph, "Serious mental illnesses as referenced in this section include, but are not limited to, the following:" has been replaced with the following sentence: "Serious mental illness" means any of the following diagnoses:"

5. Version 4: 1.27.12

   Page 10, Under Provider Qualifications/Direct Support Worker:

   - Statement "To be included on the Direct Service Worker Registry" changed to "Not to be included on the Direct Service Work Registry."

6. Version 4a: 1.31.12

   Page 104, Under Limitations/Exclusions

   - Prior to statement regarding inpatient hospital visits, added statement: EXCLUSION for individuals in institutions: Individuals who reside in any institution are not eligible to receive any 1915i waiver services. They may only receive basic Medicaid State Plan services.

7. Version 4b: 2.6.12

   Pages 11, Under Respite Care Services Agency
   Page 13, Under Provider Qualifications

   - The web link to the Division of Administration (DOA) website for the register was corrected to: http://www.doa.la.gov/osr/reg/register.htm.

8. Version 5: 2.13.12
   Page 105, Under Additional Service Criteria

   - Changed the initial level of benefit to indicate 24 sessions of individual, family and group therapy combined allowed per calendar year per member without an initial authorization.
   - Changed the limit of psychological testing to indicate that all psychological testing is preauthorized by the SMO.

LBHP Service Manual Codes

- Version 1: 12.29.12

  Original Posting

- Version 2: 1.30.12

  Case Conference Tab

  - Added Unit Cost of $10 to CPT codes 99367 and 99368 (flat rate)

- Version 3: 2.15.12
  - Tab #16: 'OLP Continued': Rates and Comments were added for codes 99201 – 99499.

- Version 4: 3.13.12
    - Tab #17: 'Other Licensed Practitioner': Codes 96102, 96103, 96119, and 96120 were added to the schedule with associated rates.
    - Tab #11 added, 'Non Medical Group Home' with codes, descriptions, and rates.
    - Tab#12 added, 'Therapeutic Foster Care' with codes, descriptions, and rates.

- Version 4.1: 4.17.12
    - Tab #11: 'Non-Medical Group Home': Changed HCPCS code from T1015 to T2048 BH.
    - Tab #12: 'Therapeutic Foster Care': Changed HCPCS code from T1015 to S5145.