



Please see [Web Announcement 1647](#) regarding claims for psychiatric visits that denied in error.

June 21, 2018 (Updated August 9, 2018, and August 10, 2018)
Web Announcement 1622

Behavioral Health Therapy Claim Limits

Claims for therapy codes processed before June 25, 2018, may have been overpaid by the Medicaid Management Information System (MMIS). Claims for the following therapy codes were impacted: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853 and H0004.

Therapy codes have the following limitations:

Billing Provider Type	Number of therapy sessions allowed per recipient per calendar year from all providers without prior authorization
PT 14 (Behavioral Health Outpatient Treatment)	26 (Recipient under 18)
PT 14 (Behavioral Health Outpatient Treatment)	18 (Recipient 18 and older)
PT 26 (Psychologist)	26
PT 20 (Physician, M.D., Osteopath, D.O.)	No limits
PT 82 (Behavioral Health Rehabilitative Treatment)	Not covered

A prior authorization (PA) is required to exceed the limitations. Provider type (PT) 20 and PT 26 billing therapy codes under a PT 14 are subject to the PT 14 limits. These are not new policy limits; they have been in the Medicaid Services Manual, Chapter 400, since 2008.

Effective June 25, 2018, claims for the above codes that exceed the limitations with no PA present will be denied with edit code 0968 (Therapy codes – 26 per year – provider type 14; younger than age 18) or edit code 0969 (Therapy codes – 18 per year – provider type 14; age 18 or older). Previous claims which were paid in excess of the policy limits are subject to recoupment.