

PROVIDER BULLETIN

No. 13-16

Date: March 13, 2013

TO: Medicaid Behavioral Health Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Lowell Sedlacek – Program Specialist
Division of Medicaid and Long-Term care

RE: Addition of Parent Child Interaction Therapy (PCIT)
and Child-Parent Psychotherapy (CPP) Services

Please share this information with administrative, clinical, and billing staff.

Beginning April 15, 2013, Parent Child Interaction Therapy (PCIT) and Child-Parent Psychotherapy (CPP) will be Medicaid covered services. These services will require prior authorization by providers approved by Magellan to provide such services (based on demonstrated training credentials for conducting the services). To join the panel or for more information, please contact Magellan at 1-800-424-0333 after April 1, 2013.

PCIT must be billed utilizing CPT code 90847 U7 and CPP must be billed utilizing CPT code 90847 U8. Both of these services will be reimbursed at the fee-for-service and managed care rates established for CPT code Family Psychotherapy 90847.

PCIT is an evidence-based service provided to children age 2-12. This therapy places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. As such, it is used to treat clinically significant disruptive behaviors due to the child's primary mental health disorder.

CPP is an evidence-based service provided to children birth to age 5, who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including post-traumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning.

For both PCIT and CPP the goals, frequency and duration of the service shall be identified in the child's treatment plan and shall vary according to the child's individual needs and the identified symptoms experienced by the child. Services must be treatment focused and not rehabilitative or habilitative in nature. Young children should receive services only after a recent appropriate medical evaluation to rule out conditions of a general medical nature. Criteria will be developed and published for providers to become PCIT and CPP therapists. Medical necessity criteria will be used to determine the applicability of PCIT and CPP to the situation of the youth.

There shall be a reasonable expectation that PCIT or CPP therapy will improve the child's psychiatric symptoms so that the services will no longer be necessary.

If you have further questions or concerns about this information, please contact Lowell Sedlacek at (402) 471-1920 or e-mail at Lowell.sedlacek@nebraska.gov

Helping People Live Better Lives
An Equal Opportunity/Affirmative Action Employer
printed with soy ink on recycled paper