MENTAL HEALTH SERVICES BY:
PSYCHOLOGISTS, CSW-PIP, LPC-MH, AND CLINICAL NURSE SPECIALISTS

ADDENDUM TO THE PROVIDER AGREEMENT

This document serves as a formal addendum to the South Dakota medical assistance provider agreement.

This provider agreement allows your participation as a direct medical assistance provider and services are limited to services established in chapter 67:16:41 which meet all the following requirements:

1) The mental health provider has prepared a diagnostic assessment according to 67:16:41:04;

2) The diagnostic assessment contains a primary diagnosis of one of the mental disorders specified in 67:16:41:05;

3) The mental health provider has prepared an individual treatment plan which meets the requirements of 67:16:41:06 and 67:16:41:07;

4) The mental health provider provides treatment directly to the recipient;

5) The treatment is documented in the recipient's clinical record according to 67:16:41:08; and

6) The treatment is medically necessary according to 67:16:01:06.02.

Failure to meet all of the above requirements will be cause for the department to determine the mental health services to be non-covered services.

A mental health provider must have a medical assistance provider identification number and may not provide services under a supervisor's provider identification number.

MENTAL HEALTH SERVICES ARE LIMITED TO THE FOLLOWING PROCEDURES:

- CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATION INTERVIEW PROCEDURES: 90801, 90885, 96100 and W3200.

- PSYCHIATRIC THERAPEUTIC PROCEDURES:
  Limited to those recipients who have been determined to have a primary diagnosis of a mental disorder according to the finding of the diagnostic assessment.

  Time units are for face-to-face session times with the recipient and do not include time used for traveling, reporting, charting, or other administrative functions.

  If a recipient receives a combination of individual, family, or group psychotherapy, the maximum allowable coverage for all services may not exceed the payment allowed for 40 hours of individual therapy in a 12 month period except as authorized in written by the department under ARSD 67:16:41:15.

  Limited to the following procedures: 90804, 90806, 90816, 90818, 90847, 90849 and 90853.

PROVIDER

Provider Name:_____
Typed Name

By:_____
Provider's Signature

Title: _____

Provider Tax I.D. Number: _____

MEDICAL SERVICES

By:_____
Wendy Hanson

Title: __Deputy Director_____
Date

Provider Number: _____

NPI Number: _____