

Behavioral Health Rehabilitative Services

PURPOSE

Behavioral Health Rehabilitative Services is a range of services including assessments, intervention, counseling, and skill training and integration. Services are recommended by a physician or other licensed practitioner (OLP) within their scope of practice according to state law for maximum reduction of physical or mental disability and restoration of a member to their best possible functional level. Behavioral health rehabilitative services are designed to be provided on a short-term basis and in most cases, should not be considered a pattern of long-term care.

Services must demonstrate restoration potential, evidenced by functional gains measurable via validated clinical tools. Interventions must show expected improvement within 90 days.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll in ND Medicaid and be listed on the claim form. Please refer to provider enrollment for additional details on enrollment eligibility and supporting documentation requirements.

Individual practitioners must meet the qualifications in the Provider Qualifications table and must be employed by an entity that has a provider agreement with ND Medicaid. The practitioner is responsible for ensuring services can be provided within their scope of practice and is responsible for maintaining the individual qualifications outlined in the table below.

Other Licensed Practitioners (OLPs) are not required to be enrolled as behavioral health rehabilitative services providers. Currently, providers considered to be OLPs include:

- Licensed Clinical Social Worker (LCSW);
- Licensed Master Social Worker (LMSW);
- Licensed Professional Clinical Counselor (LPCC);
- Licensed Professional Counselor (LPC);
- Licensed Marriage and Family Counselor (LMFT);
- Licensed Addiction Counselor (LAC); and
- Psychologists.

Practitioners who are enrolled to provide behavioral health rehabilitative services may only provide the services indicated for their practitioner type on the behavioral health

rehabilitative services table. These practitioners may not bill for services under a supervising practitioner's NPI.

Practitioners possessing a similar license/certification in a border state and operating within their scope of practice in that state may enroll to provide behavioral health rehabilitative services upon attesting to ND Medicaid of their comparable license/certification.

Practitioners who are governed by a state licensing board must follow the board's requirements for supervision.

Behavioral Health Rehabilitative services can be provided by the following enrolled providers as allowed by their scope of their licensure:

Provider Types	Licensure/ Certification Authority	Education/ Degree Required
Licensed Exempt Psychologist	Eligibility for licensure exemptions as determined by the ND Board of Psychologist Examiners	
Behavior Analyst	Licensure as a Board-Certified Behavior Analyst by the Board of Integrative Health Care	Behavior Analyst
Behavior Modification Specialist (BMS)		Master's degree in psychology, social work, counseling, education, child development and family science, human services, marriage and family therapy, applied behavioral analysis, speech pathology, therapeutic recreation, occupational therapy, behavioral health, or communication disorders. Or a bachelor's degree in one of the above fields and two years of work experience in the respective discipline. The work experience must be in a professional setting and supervised by a licensed practitioner in a related field. ND Medicaid may approve related degrees at its discretion.
Licensed Baccalaureate Social Worker (LBSW)	Licensure as a LBSW by the ND Board of Social Work Examiners.	

Provider Types	Licensure/Certification Authority	Education/Degree Required
Registered Nurse (RN)	Licensure as an RN by the ND Board of Nursing.	
Licensed Associate Professional Counselor (LAPC)	Licensure as a LAPC by the ND Board of Counselor Examiners.	
Mental Health Technician (MHT)/Behavioral Health Technician	Certification as a Mental Health Technician or a Behavioral Health Technician and supervised by a licensed practitioner within their scope of practice.	

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the Automated Voice Response System by dialing 1.877.328.7098.

Members must meet medical necessity criteria before rehabilitative services can be provided through the North Dakota Medicaid Program.

- The individual must be eligible for the Medicaid Program;
- The service must be recommended by an OLP within the scope of their practice under state law; and
- The individual must need mental health or behavioral intervention services that are provided by qualified practitioners.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The [Procedure Code Look-up Tool](#) can be used to identify if a procedure code is covered by ND Medicaid along with code specific details such as [Ordering/Referring/Prescribing \(ORP\)](#) provider requirements, Service Authorization requirements, and current rates.

Behavioral health rehabilitative services include behavioral intervention services that consist of developing and implementing a regimen that will reduce, modify, or eliminate undesirable behaviors and/or introducing new methods to induce alternative positive behaviors and management including improving life skills. ND Medicaid members who receive behavioral health rehabilitative services should display measurable progress in these areas through the development, implementation, and evaluation of a plan of care (more information on the plan of care is below). Specific services are outlined in the table below. All services must include frequency, intensity, and expected duration benchmarks, and be reassessed monthly.

Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member.

Service Name	Definition of Services	Billing Code
Screening, Triage, and Referral Leading to Assessment	This service includes the brief assessment of an individual's need for services to determine whether there are sufficient indications of behavioral health issues to warrant further evaluation. This service also includes the initial gathering of information to identify the urgency of need. This information must be collected through a face-to-face interview with the individual and may also include a telephonic interview with the family/guardian as necessary. This service includes the process of obtaining cursory historical, social, functional, psychiatric, developmental, or other information from the individual and/or family seeking services to determine whether a behavioral health issue is likely to exist and the urgency of the need. Services are available 24 hours per day, seven days per week. This service also includes the provision of appropriate triage and referrals to needed services based on the individual's presentation and preferences as identified in the screening process. This service must include triage level determination within 24 hours of contact with individual. Screening tools should guide risk classification.	H0002 ^T

Service Name	Definition of Services	Billing Code
Behavioral Assessment	Interview with the individual, family, staff, or other caregivers, and observation of the individual in the environment to assess behavioral excesses or deficits. This service involves operationally defining a behavior, identifying environmental, antecedent and consequent events, and making a hypothesis regarding the likely function or purpose of the behavior as well as formulation of therapeutic recommendations/intervention regimen. The assessment may be conducted over a period of a few days, depending on the individual's needs and what is being assessed. It must define behavior baseline, document environmental factors, and include estimated time frame for therapeutic response. The assessment should only be billed after it has been completed.	H0031
Crisis Intervention	Emergency behavioral health therapeutic intervention intended to assist in a crisis situation. Crisis situations may be defined as an individual's perception or experience of an event or situation that exceeds the individual's current resources or coping mechanisms. Crisis intervention seeks to stabilize the individual's mental state and prevent immediate harm to the individual or others in contact with that individual. Crisis intervention includes facilitating emotion regulation, safety planning, providing support, providing guidance for preventing future crisis, promoting mobilization of emotion regulation skills, implementing order, and providing protection. Documentation must include crisis outcome and reassessment plan within 24-48 hours. Crisis plan should include stabilization method, referral action, and safety planning. Providers rendering crisis intervention services must be available 24 hours per day, 7 days per week, if the individual needs further follow-up services.	H2011 ^T

Service Name	Definition of Services	Billing Code
Nursing Assessment and Evaluation	This service requires face-to-face contact with the individual to monitor, evaluate, assess, and/or carry out an order from a licensed practitioner within their scope of practice. This service must consider all the following items: 1. Assessment to observe, monitor, and care for the physical, nutritional, and psychological issues, problems, or crises manifested in the course of an individual's treatment and must include vital signs. 2. Assessing and monitoring the individual's response to medication(s) to determine the need to continue medication and/or to determine the need to refer the individual for a medication; 3. Assessing and monitoring the individual's medical and other health issues that are either directly related to the mental health disorder, or to the treatment of the disorder; and 4. When appropriate, consulting with the individual's family and significant other(s) about medical, nutritional, and other health issues related to the individual's mental health disorder. Follow-up should occur at least weekly for high-risk individuals.	T1001
Behavioral Health Counseling and Therapy	Behavioral health counseling and therapy provides individual or group counseling by a provider for children in foster care receiving services through a qualified residential treatment program or in a therapeutic foster care home. Providers must be employed by or contracted through the qualified residential treatment program or the therapeutic foster care agency. Measurable progress toward goals must be documented within eight sessions. If no improvement is seen, plan must be revised. This service is limited to one hour per child per day of individual counseling and one hour per child per day of group counseling and must be within each practitioner's scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from ND Medicaid. Federal financial participation is not available for care or services to Medicaid members residing in an IMD. Children in foster care have access to comparable services to children who are not in foster care.	H0004* ^T ‡

Service Name	Definition of Services	Billing Code
Individual or Group Counseling	Counseling is a process through which an individual or group works with a trained therapist in a safe, caring, and confidential environment to explore their feelings, beliefs, or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change. Measurable progress toward goals must be documented within eight sessions. If no improvement is seen, plan must be revised. Counseling is considered an individual service and if provided in a group setting, must be billed with the appropriate modifiers.	H0004* ^T ‡

Service Name	Definition of Services	Billing Code
Intensive in-home for Children	This service provides the Medicaid-eligible child(ren) and their family with intensive in-home crisis intervention and family education, to prevent one or more children from being placed in out-of-home care. The service must be for the direct benefit of the Medicaid-eligible child. Services are furnished in the child's home. Providers are on call 24 hours a day, seven days a week. Services are time-limited and providers carry a limited caseload. Family education is the practice of equipping family members to develop knowledge and skills that will enhance their ability to help restore the Medicaid-eligible child to the best possible functional level. A child is at risk if the referring agency documents the child is at risk of out-of-home placement and one or more of the following criteria is present: • Court determination for need of placement; • Temporary custody transferred from parents with reunification as the plan; • History of significant law violation, physical or sexual abuse and/or neglect, incorrigibility, delinquency, substance abuse, severe mental health issues, etc.; • A referral from the child and family team process; • Prior placement of any child from within the family unit; • Prior placement history of child identified in the referral; • Prevent adoption disruption; • Child protection assessment resulting in a "Services Required"; and/or • Earlier intervention before court order involvement to prevent placement outside the home. Situations not covered above will be reviewed by ND Medicaid per a recommendation and proposed care plan from Intensive In-Home Service provider and the referring agency. This service must take place in the home where the child resides. Parents/guardians must be physically present while the service is being delivered. The length of service is brief, solution-focused and outcome-based. The average length of service is usually two to six months. Services provided beyond six months will require thorough documentation in the child's plan of care and are subject to audit. Plan must define start, milestones, and discharge readiness.	S9482

Service Name	Definition of Services	Billing Code
Skills Training and Integration	A service designed to support an individual in the community in their efforts to apply and integrate those life skills that have been learned in their therapy programs. The individual typically requires support for cueing/modeling of appropriate behavioral and life skills to maximize their skills and prevent need for higher levels of care. The service reduces disability and restores an individual to previous functional levels by assisting the individual in ongoing utilization and application of learned skills in normalized living situations. This strengthens the skill development that has occurred and promotes skill integration in various life roles. Goal domains must be defined (social, vocational, emotional regulation). Skill generalization progress required within 6 weeks. Services are limited to four hours per day and must be within each practitioner's scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program. Skills training and integration is considered an individual service and if provided in a group setting, must be billed with the appropriate modifiers.	H2014*#
Behavioral Intervention	Behavioral intervention is a service to identify responsive actions by an individual to stimuli and to develop and facilitate the implementation of an intervention regimen that will reduce, modify, or eliminate undesirable responses. This intervention is a comprehensive rehabilitative service that trains new positive behaviors to replace unwanted behavior through positive reinforcement of the desired behavior (i.e. reducing anxiety through deep breathing, reducing self-harm behavior by reinforcing replacement behavior). This service includes the assessment of the individual and the development a Behavioral Intervention Plan. The plan is to be reviewed and modified at least monthly to ensure the individual receives appropriate interventions. The plan must include stimulus control, reinforcement strategies, and generalization plans. Services are limited to four hours per day and must be within each practitioner's scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.	H2019

Service Name	Definition of Services	Billing Code
Assessment for Alleged Abuse and/or Neglect and Behavioral Health Screening (formerly known as Forensic Interview)	An assessment performed by an accredited children's advocacy center to determine if a child has experienced abuse and/or neglect. The assessment must be recorded, is designed to elicit a child's unique information when there are concerns of possible abuse and includes a screening for the need for behavioral health services.	99499 (must append modifier 32)

*This service may be provided in an individual or group setting. If group setting is provided, modifier UA must be appended to the line and the reimbursement will be 25% of the allowed amount.

^T Indicates the service can be delivered via telehealth. See [Telehealth Policy](#) for more information.

≠ Services provided on behalf of the member to someone other than the member must be billed with a UK modifier.

BEHAVIORAL HEALTH REHABILITATIVE SERVICES & PROVIDERS

Code	Service Name	OLPs – include LCSWs, LMSWs, LPCCs, LPCs, LMFTs, LACs, and psychologists	LBSW	Licensed Exempt Psychologist	LAPC	RN	BMS	MHT /BH T	BA
H0002	Screening, Triage, and Referral Leading to Assessment	OLPs may bill for covered Rehabilitative Services within their scope of practice.	X	X	X	X	X		X
H0031 ^T	Behavioral Assessment	OLPs may bill for covered Rehabilitative Services within their scope of practice.		X	X				X

Code	Service Name	OLPs – include LCSWs, LPCCs, LPCs, LMFTs, LACs, and psychologists	LBSW	Licensed Exempt Psychologist	LAPC	RN	BMS	MHT /BHT	BA
H2011 ^T	Crisis Intervention	OLPs may bill for covered Rehabilitative Services within their scope of practice.	X		X	X	X		
T1001	Nursing Assessment and Evaluation	OLPs may bill for covered Rehabilitative Services within their scope of practice.				X			
H0004* T#	Behavioral Health Counseling and Therapy	OLPs may bill for covered Rehabilitative Services within their scope of practice.	X		X				
H0004* T#	Individual or Group Counseling	OLPs may bill for covered Rehabilitative Services within their scope of practice.	X		X				
S9482	Intensive in-home for children	OLPs may bill for covered Rehabilitative Services within their scope of practice.	X		X				
H2014* #	Skills Training and Integration	OLPs may bill for covered Rehabilitative Services within their scope of practice.	X		X	X	X	X	X

Code	Service Name	OLPs – include LCSWs, LPCCs, LPCs, LMFTs, LACs, and psychologists	LBSW	Licensed Exempt Psychologist	LAPC	RN	BMS	MHT /BHT	BA
H2019	Behavioral Intervention	OLPs may bill for covered Rehabilitative Services within their scope of practice.		X			X		X
99499 (must append modifier 32)	Assessment for Alleged Abuse and/or Neglect and Recommended Plan of Care (formerly known as Forensic Interview)	OLPs may bill for covered Rehabilitative Services within their scope of practice.	X ¹		X				
* Service may be provided in individual or group setting. If group setting is provided, modifier UA must be appended to the line and the reimbursement will be 25% of the allowed amount. † Service may be delivered via telehealth. See the Telehealth policy for more info. ‡ Services provided on behalf of the member to someone other than the member must be billed with a UK modifier.									

Services rendered must be within the enrolled practitioner's scope of practice. Providers enrolled to render behavioral health rehabilitative services are not allowed to bill service codes outside of those noted above with the exception of behavior analysts who render Applied Behavior Analysis (ABA) for youth with autism spectrum disorder. Providers interested in seeking ND Medicaid's approval for additional codes must submit a

¹Children's Advocacy Centers of North Dakota accredited by the National Children's Alliance may bill for assessments provided by a forensic interviewer who has completed an approved foundational forensic interviewing curricula from the National Children's Alliance under indirect supervision by an OLP, LBSW, or LMSW.

Technology/Procedure Assessment ([SFN 905](#)).

Medicaid-eligible children under EPSDT can receive these and all other medically necessary services. There is no duplication of billed services.

LIMITATIONS

Behavioral Health Rehabilitation Service units are limited to:

- 2 assessments per calendar year for Behavioral Assessment;
- 12 events per calendar year for Crisis Intervention;
- 128 units per calendar year for Behavioral Health Counseling and Therapy;
- 128 units per calendar year for Individual or Group Counseling;
- 90 days per calendar year for Intensive in-home for children services;
- 168 units per calendar year for Skills Training and Integration; and
- 144 units per calendar year for Behavioral Intervention.

It is the responsibility of the provider to confirm the availability of units through MMIS or by calling the Call Center at 701-328-7098 or 877-328-7098. If additional units are medically necessary for a member, the provider must submit a service authorization. Any additional units approved through a service authorization can only be utilized by the facility or provider who submitted the SA. Service authorizations may be approved for multiple agencies for a member if it is medically necessary.

Please see the Service Authorization section below for more information.

TELEHEALTH

Only services indicated with a ^T in the above table may be delivered via telehealth. See the [Telehealth Policy](#) for additional information.

SERVICE AUTHORIZATION REQUIREMENTS

Requests to exceed service limits may be submitted using [SFN 481](#). Requests will be determined based on medical necessity, as defined at [ND Administrative Code 75-02-02-03.2.10](#).

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

Non-covered behavioral health rehabilitative services include:

- Room and board;
- Services provided to residents of institutions for mental disease (IMDs);
- Services that are covered elsewhere in the State Medicaid Plan;
- Educational, vocational and job training services;

- Recreational and social activities;
- Habilitation services; or
- Services provided to inmates of public institutions.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the Provider Requirements Policy.

PLAN OF CARE

Each member should have a primary point of contact at the entity. Identify the primary point of contact in the member's plan of care (POC). The plan of care is to be initiated on the first date of service, reviewed at appropriate time intervals, and updated as the patient's condition and needs require. Minimum POC contents are:

- Name
- Age and date of birth
- Family composition
- Current residency
- Education level or current educational setting
- Work status/employment
- Placement history (including facility, admission, and discharge date)
- Narrative history or background of member
- Presenting concerns
- Diagnosis
- Behavioral patterns
- Names of practitioners providing care/services to the member
- Legal responsible party
- Treatment goals/primary plan of action
- Summary of progress/goals
- Medical needs (if available)
- Current health status (if available)
- Medication list (if available)
- Immunization record (if available)
- Recent medical appointments (if available)
- Service-specific expected duration and intensity (e.g. 2 sessions/week, 60 minutes each)
- Baseline and target scores using validated functional outcome measures
- Planned discharge criteria and transition strategies to maintenance supports

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

All behavioral health rehabilitative services require an ordering/referring/prescribing (ORP) provider's individual National Provider Identifier (NPI) on the claim. Screening, triage, and referral leading to assessment; crisis intervention; and assessment for alleged abuse and/or neglect and recommended plan of care may be ordered by the rendering provider, due to the need for immediate care. These are the only behavioral health rehabilitative services that may be self-ordered. See [ORP policy](#) for more information.

CLAIM FORM

Behavioral Health Rehabilitative Services must be billed using the CMS-1500 claim form or the 837p HIPPA compliant X12 format. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

DEFINITIONS

Medically necessary – includes only medical or remedial services or supplies required for treatment of illness, injury, diseased condition, or impairment; consistent with the recipient's diagnosis or symptoms; appropriate according to generally accepted standards of medical practice; not provided only as a convenience to the recipient or provider; not investigational, experimental, or unproven; clinically appropriate in terms of scope, duration, intensity, and site; and provided at the most appropriate level of service that is safe and effective.

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

RELATED POLICIES

- [Telehealth Policy](#)

CONTACT

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SUMMARY OF POLICY UPDATES

July 2025

Section	Updates
Covered Services	Added H0002 to services available via telehealth.

January 2026

Section	Updates
Covered Services and Limits	Details of services and limits added.
Eligible Providers	Licensed Master of Social Worker removed Behavioral Health Rehabilitative Services and Providers and added as Other Licensed Provider.