

Provider Notice

To all contracted Dialectical Behavioral Therapy (DBT) providers:

DBT is a comprehensive, multi-diagnostic, modularized behavioral intervention designed to treat both adults and children/adolescents with severe mental disorders and uncontrolled cognitive, emotional and behavior patterns, including suicidal and/or self-harming behaviors.

EBP Model Requirements:

To be considered a comprehensive DBT program with fidelity to the evidence-based model, DBT must be delivered by a team of clinicians, and must include the following four (4) core components:

1. **Individual therapy with a DBT-trained therapist:** Typically provided for one hour per week, face-to-face (including telehealth) with a DBT - qualified clinician and client.
2. **Telephonic, therapeutic consultation/support/coaching (24-hour availability):** A DBT program professional, usually the individual therapist, is always available by telephone to each client during the week, to extend problem-solving and coaching skills to be used in real-world situations.
3. **DBT skills training group:** Typically, a 120-150-minute session held weekly in a group format, with all clients participating. The group is led by two co-leaders. For the treatment of adolescents, it is highly recommended that the skills training group be a multifamily skills training group, to include as active participants both the adolescent and a caregiver.
4. **Peer consultation team meetings:** Each DBT team member (individual therapist, skills group co-leaders) participates in a weekly, one-hour consultation team meeting with other DBT practitioners in the same program. Teams are small enough that each provider can provide an agenda item most weeks. The hour-long meeting is used for peer consultation, following DBT model guidelines. The team may meet for a second hour, to be used to provide training to providers, where necessary. This format can be run consecutively or as two separate meetings in a week.

Allowed provider types and degree level/licensed level modifiers:

Psychiatrist
Advanced Practice Registered Nurse
Psychologist

Licensed Clinical Social Worker
Licensed Professional Counselor
Licensed Marriage & Family Therapist
Licensed Addiction Counselor
Licensed Master Social Worker
Provisionally Licensed Professional Counselor
Provisionally Licensed Marriage and Family Therapist

Fidelity

Providers should follow the [Medicaid Behavioral Health Services Manual](#) for guidance regarding details about delivery to fidelity.

Training

A DBT practitioner may receive reimbursement for the DBT service when delivering DBT as part of a DBT team that is:

- Trained and qualified to deliver DBT as described in the DBT “Training” section, demonstrated by:
 - Certification from the DBT-Linehan Board of Certification (DBT-LBC).
 - OBH-approved DBT qualification; or
 - Engaged consistently and in good standing (as documented in writing by the OBH-sponsored training organization) in an OBH-sponsored DBT training program that will lead to an OBH-approved DBT qualification, following the agency and practitioner’s completion of the initial didactic training sessions, while under consultation with an OBH-approved DBT trainer.

No authorization is required.

Payments to DBT Providers:

Magellan will reimburse DBT services using the information below for all licensure types.

- \$200 for 60 minutes of DBT individual therapy, with an expected 60 minute session of DBT individual therapy per client per week.
 - o Billing code: H2021 for DBT individual psychotherapy.
- \$177.68 per client for DBT group psychotherapy, for an expected 120-150 minute DBT skills-training group session per client per week.
 - o Billing code: H2021 with HQ modifier for DBT group psychotherapy.
- No degree level/licensed level modifier is required on the claim.
- The HQ, group modifier is always first, followed by the 95, telehealth modifier if the service is provided via telehealth.

Place of Service Codes to use when the telehealth modifier is on the claim:

- Place of service 10-Use this code when the member is at home, and the service is provided via telehealth.
- Place of service 02-Use this code when the member is anywhere else, and the service is provided via telehealth.
- Place of service 99 is not allowed for telehealth services.

Reminder:

- The HA, age modifier, is not required on any claims submitted to Magellan. Claims will be denied for invalid modifier combination if modifier HA is present on the claim.

Magellan will pay eligible providers based on eligible and correct claim submission.

This communication is posted on the Magellan of Louisiana website.

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Please reach out to your [Network Management Specialist](#) (NMS) with any questions or concerns. Your NMS is available for support.

Thank you for all you do in supporting the members of CSoC.

Magellan of Louisiana