

ATTACHMENT A

SCOPE OF WORK

SCOPE OF WORK FOR: Dialectical Behavior Therapy (DBT): Individual and Group Psychotherapy

Dialectical Behavior Therapy (DBT) based on Dr. Marsha Linehan's theory and empirical research demonstrating that the core problem in BPD is emotion dysregulation, resulting from a combination of biological factors (e.g., genetic and other biological risk factors) and an emotionally unstable childhood environment (e.g., where caregivers punish, trivialize or respond erratically to the child's expression of emotion) together. The focus of DBT is on helping the client learn and apply skills that will decrease emotion dysregulation and unhealthful attempts to cope with strong emotions. DBT typically includes a combination of group skills training, individual psychotherapy and phone coaching. Patients in DBT are asked to monitor their symptoms and use of learned skills daily, while their progress is tracked throughout therapy.

There are four main types of skills that are covered in DBT skills training. These are:

- **Mindfulness Meditation Skills.** These skills center on learning to observe, describe and participate in all experiences (including thoughts, sensations, emotions and things happening externally in the environment) without judging these experiences as "good" or "bad." These are considered "core" skills that are necessary in order to implement the other DBT skills successfully.
- **Interpersonal Effectiveness Skills.** The focus of this skill module is on learning to successfully assert your needs and to manage conflict in relationships.
- **Distress Tolerance Skills.** The distress tolerance skills module promotes learning ways to accept and tolerate distress without doing anything that will make the distress worse in the long run (e.g., engaging in self-harm)
- **Emotion Regulation Skills.** In this module, patients learn to identify and manage emotional reactions.

The enhanced rates for individual and group DBT include reimbursement for all aspects of treatment that are required for model fidelity for DBT. Services covered by the enhanced rates include individual therapy, phone coaching, crisis calls, DBT consultation team meetings, supervision and other non-billable costs associated with adherence to the DBT model. The enhanced rate for group psychotherapy includes coverage sessions that are 2 to 2-1/2 hours long and include a co-facilitator.

Entrance Criteria

A. Diagnosis of Borderline Personality Disorder

OR

There is a mental health or substance use disorder diagnosis and 4 of the 9 criteria for Borderline Personality Disorder are present:

1. Frantic efforts to avoid real or imagined abandonment.

2. Pattern of unstable and intense relationships
3. Unstable self-image or sense of self
4. Display impulsivity in at least two areas that are potentially self-damaging
5. Display recurrent suicidal behavior, gestures, or threats, or self-mutilating behaviors
6. Display affective instability that is due to reactivity of mood
7. Troubled by chronic feelings of emptiness
8. Expression of inappropriate, intense anger or have difficulty controlling their anger.
9. During periods of stress, transient paranoid ideation or dissociative symptoms may be present.

AND

- B. Use of acute psychiatric hospitals or crisis or emergency services, included but not limited to mobile crisis management, in-clinic or crisis residential, extended hospital stay or psychiatric emergency services.

AND

- C. Risk for a higher level of care, such as hospitalization, partial hospitalization

AND

- D. There is no evidence to support that alternative interventions would be equally or more effective based on North Carolina community practice standards (for example, American Psychiatric Association) as available.

Service Exclusions and Limitations

DBT enhanced Outpatient rates may not be provided in conjunction with any Medicaid, State or County funded enhanced benefit services. DBT may be provided in conjunction with Medicaid (b)(3) services.

Provider Requirements:

Effective 5/2/15, all clinicians that utilize the enhanced billing codes for DBT must have completed the first week of DBT Intensive Training through Behavioral Tech. Continued eligibility to utilize these codes is contingent upon successful completion of the intensive training in November, 2015 and verification from Behavioral Tech that the clinician has completed all required elements of the training. All providers are also expected to adhere to DMA Clinical Policy 8C.

[Effective 9/10/18, clinicians may be added to DBT teams upon completion of Behavioral Tech Foundational Training, DBT Intensive Training, or the upon initiation of the online Foundational Training. Clinicians may begin billing DBT service codes with enhanced rates upon completion of the five-day Foundational Training, the first week \(Part 1 of 2\) of the Intensive Training, or upon initiation of the online Foundational Training. Clinicians participating in the Intensive Training or online Foundational Training must complete the course in order to continue billing using the DBT billing codes.](#)

Billing:

The enhanced codes and rates are:

Service: Dialectical Behavior Therapy-Individual

Code: YA386

Rate: \$110.96 per session

Service: Dialectical Behavior Therapy-Group

Code: YA387

Rate: \$62.68

Eligibility and Entrance Process

Member must be 18 years of age for state funded or no less than 4 months of becoming 18 or older for Medicaid. A comprehensive clinical assessment that demonstrates medical necessity shall be completed prior to provision of this service. Services order requirements shall be in place in accordance with Clinical Coverage Policy 8C – Outpatient Behavioral Health Services provided by Direct-Enrolled Providers. Prior authorization requirements are referenced in the Medicaid and State Benefit plans. Services shall be directly related to the beneficiary’s diagnostic and clinical needs.

Expected Outcomes, measured through DBT Client Outcome Log, Team Summary Log and Difficulty in Emotion Regulation Scale (DERS):

- Reduced use of crisis services, including emergency room visits, inpatient psychiatric days, and days in SA detoxification treatment
- Decreased in suicidal ideation and gestures
- Improved interpersonal relationships
- Improved emotional regulation
- Improved emotional self-care skills