

67:16:41:10. Noncovered services. The department does not cover and the provider may not submit a claim for:

- (1) Mental health services not defined in § 67:16:41:01;
- (2) Mental health treatment provided without the recipient physically present in a face-to-face session with the mental health provider, except for telehealth treatment and collateral contact;
- (3) Treatment for a mental health disorder not included in the diagnosis codes set forth in § 67:16:41:05;
- (4) Mental health treatment provided before a diagnostic assessment is completed, except treatment provided with a provisional diagnosis of a mental health disorder during the 30-day time period the mental health provider has to complete the diagnostic assessment;
- (5) Mental health treatment provided after the fourth face-to-face or telehealth session with the recipient, if a treatment plan has not been completed;
- (6) Mental health treatment provided if a required treatment plan review has not been completed;
- (7) Court appearance, staffing sessions, or treatment team appearances;
- (8) Mental health services provided to a recipient incarcerated in a correctional facility;
- (9) Mental health services provided to a recipient in an institution for mental diseases or an intermediate care facility for individuals with intellectual disabilities;
- (10) Mental health treatment provided, if the treatment does not demonstrate a reasonably-timed continuum of progress toward the specific goals stated in the treatment plan, as determined by the peer review entity;
- (11) Mental health treatment provided, if the treatment is not listed in the treatment plan or documented in the recipient's clinical record, even though the service is allowable under this chapter;
- (12) Mental health treatment provided to a recipient who is:
 - (a) Incapable of cognitive functioning due to age or mental incapacity; or
 - (b) Unable to receive any benefit from the service;
- (13) Mental health services performed without relationship to evaluations or psychotherapy for a specific condition, symptom, or complaint;
- (14) Time spent preparing reports, treatment plans, or clinical records outside the scope of covered procedure codes;

(15) A service designed to assist a recipient regulate a bodily function controlled by the autonomic nervous system, by using an instrument to monitor the function and signal the changes in the function;

(16) Alcohol or drug rehabilitation therapy;

(17) Missed or canceled appointments;

(18) Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family members or another responsible person;

(19) Medical hypnotherapy;

(20) Field trips and other off-site activities;

(21) Consultations or meetings between an employer and employee;

(22) Review of work product by the treating mental health provider;

(23) Telephone consultations with or on behalf of the recipient, except for collateral contact;

(24) Educational, vocational, socialization, or recreational services, or components of services, including:

- (a) Activity group therapy;
- (b) Assertiveness training;
- (c) Bioenergetics therapy;
- (d) Consciousness training;
- (e) Dance therapy;
- (f) Day care;
- (g) Educational activities;
- (h) Family counseling;
- (i) Growth groups or marathons, and psychotherapy for nonspecific conditions of distress;
- (j) Guided imagery;
- (k) Marital counseling;
- (l) Marriage enrichment;
- (m) Milieu therapy;
- (n) Music therapy;
- (o) Obesity control therapy;
- (p) Occupational therapy;
- (q) Parental counseling or bonding;
- (r) Peer relations therapy;
- (s) Play observation;
- (t) Primal scream therapy;

- (u) Recorded psychotherapy;
- (v) Recreational therapy;
- (w) Religious counseling;
- (x) Rolfing or structural integration;
- (y) Sensitivity training;
- (z) Sex therapy;
- (aa) Sleep observation;
- (bb) Tape therapy;
- (cc) Training disability service;
- (dd) Vocational counseling;
- (ee) Z-therapy; and

(25) Mental health treatment delivered in excess of the prescribed frequency, as outlined in the treatment plan.

Source: 22 SDR 6, effective July 26, 1995; 26 SDR 168, effective July 1, 2000; 37 SDR 53, effective September 23, 2010; 40 SDR 122, effective January 8, 2014; 45 SDR 82, effective December 10, 2018; 46 SDR 50, effective October 10, 2019; 48 SDR 39, effective October 3, 2021; 49 SDR 21, effective September 12, 2022.

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