

PRIOR AUTHORIZATION

NOTICE: When Behavioral Health Services are rendered through any type of group practice and the group National Provider Identifier (NPI) is used as the billing provider, the group is considered the provider and not each individual in the group.

Psychologist, Psychiatrist, PMHNP, PCNS, RHC, FQHC

ADULTS

Prior Authorization (PA) approves the medical necessity of the requested service and does not guarantee payment. The patient must meet eligibility requirements and the provider must be enrolled and eligible to bill the services.

Many Behavioral Health Services provided to adults (21 years of age or older) must be prior authorized when performed by a Psychiatrist, Provisional Licensed Psychologist, Psychologist, PCNS, PMHNP, Rural Health Clinic (RHC), or Federally Qualified Health Center (FQHC).

Independent PLCSWs, LCSWs, PLPCs, and LPCs may not see adults and should not request prior authorization for Behavioral Health Services for clients 21 years of age or older. (NOTE: Independent refers to providers in a private practice as well as those in a non-FQHC or non-RHC group or clinic practice.)

LCSWs and PLCSWs who are members of an FQHC or RHC may provide adult services as part of the clinic. These services will require prior authorization but the request is made using the facility NPI. PLPCs and LPCs may not see adults in any setting.

Family Therapy without the Patient Present requires prior authorization for any age participant including adults.

CHILDREN

PA is required for children, 0 through 20 years of age, who are not in state custody or residing in a residential treatment facility.

PA is required for children, 0 through 20 years of age, who are in state custody with an ME code of 07, 08, 37, 38, who are not residing in a residential treatment facility.

The PA process for children in state custody with other ME codes or residing in a residential treatment facility may be implemented at a later date. Providers will be notified via bulletins regarding change in PA requirements for these state custody children.

PA is required for non-state custody and state custody children when services are provided by a Psychiatrist, Provisional Licensed Psychologist, Psychologist, PCNS, PLCSW, PMHNP, LCSW, LMSW, PLPC, LPC, RHC, or FQHC.

Codes Requiring PA – Provisional Licensed Psychologist, Psychologist, Psychiatrist, PMHNP, PCNS, RHC, and FQHC

ADULTS AND CHILDREN

ALL Behavioral Health services for children under the age of three (3), **regardless of placement / ME code** with the exception of Assessment

Individual Therapy – 90832 (30 minute session)

Individual Therapy – 90834 (45 minute session)

Maximum of 1 unit, either 30 minute or 45 minute session per day;
Maximum of 5 units, any combination of 30 minute or 45 minute sessions per month

Family Therapy – 90846 / 90847 (30 minute unit)

Maximum of 2 units per procedure per day;
Maximum of 10 units per month

Group Therapy – 90853 (30 minute unit)

Maximum of 3 units per day;
Maximum of 15 units per month

Hypnotherapy - 90880 (no time frame noted)

The three codes below only require a PA for children under the age of three (3):

Aphasia Assessment – 96105 (60 minute session)

Developmental testing – 96111 (60 minute session)

Neurobehavioral testing – 96116 60 minute session)

The AH modifier must be included when billing claims for Provisional Licensed Psychologist or Psychologists.

**Codes Not Requiring PA – Provisional Licensed
Psychologist, Psychologist, Psychiatrist, PMHNP,
PCNS, RHC and FQHC**

Assessment – 90791 / 90792 (30 minute session)
Maximum of 6 units per rolling year

Testing – 96101 / 96103 (60 minute session)
Maximum of 4 sessions per rolling year

Psychotherapy for Crisis – 90839 (60 minute session)
Maximum of 6 sessions per calendar year

Evaluation Inpatient Hospital Records – 90885 (no time frame noted)

Evaluation and Management codes

The below codes do not require PA for children 3 (three) years of age or older or for adults. **PA is required for children less than 3 (three) years of age.**

Aphasia Assessment – 96105 (60 minute session)

Developmental testing – 96111 (60 minute session)

Neurobehavioral testing – 96116 (60 minute session)

Regardless of Prior Authorization, providers are required to adhere to the maximum daily and monthly unit limitations and all other program restrictions. Units over the daily and monthly limits will not be reimbursed.

Codes Requiring PA – PLCSW, LCSW, PLPC, LPC

CHILDREN

All Behavioral Health services for children under the age of three (3), regardless of placement / ME code with the exception of Assessment

Individual Therapy – 90832 (30 minute session)

Individual Therapy – 90834 (45 minute session)

Maximum of 1 unit, either 30 minute or 45 minute session per day;
Maximum of 5 units, any combination of 30 minute or 45 minute sessions per month

Family Therapy – 90846 / 90847 (30 minute session)

Maximum of 2 units per procedure per day;
Maximum of 10 units per month

Group Therapy – 90853 (30 minute session)
Maximum of 3 units per day;
Maximum of 15 units per month

**Codes Not Requiring PA – PLCSW, LCSW, PLPC,
LPC**

Assessment – 90791 / 90792 (30 minute session)
Maximum of 6 units per rolling year

Psychotherapy for Crisis – 90839 (60 minute session)
Maximum of 6 sessions per calendar year.

Regardless of Prior Authorization, providers are required to adhere to the maximum daily and monthly unit limitations and all other program restrictions. Units over the daily and monthly limits will not be reimbursed.

ALL PROVIDERS

Testing and Diagnostic Evaluation (90791 or 90792) do not require PA for most participants.

Testing is limited to independent Psychiatrists, PCNS, PMHNP, Provisional Licensed Psychologist and Psychologists and those providing services through an RHC or FQHC. MO HealthNet does not reimburse for testing when performed by an LPC, PLPC, LCSW, LMSW or regardless of the setting.

PA is required for participants residing in a nursing home but the Behavioral Health services may not be provided at the nursing home. Psychiatrists, PMHNP and PCNS may provide a Diagnostic Evaluation, 90791 or 90792 in the nursing home setting in addition to the appropriate NH visit code for evaluation of pharmacologics.

PA is required for Behavioral Health services provided on public school district grounds when billing to MO HealthNet. Services are billed under the school district MO HealthNet provider NPI with the individual NPI listed as the performing provider.

Providers may only bill for services they personally provide. MO HealthNet does not cover services provided by someone other than the enrolled provider. Services provided by an individual under the direction or supervision of an enrolled provider may not be billed under the supervisor's NPI.

With the exception of Assessment, Behavioral Health services for all children under the age of three (3), including those in state custody and

residential care facilities continue to require Prior Authorization. This includes Testing.

DEFINITIONS

Psychotherapy for Crisis

The definition of Psychotherapy for Crisis is: “A face-to-face contact to diffuse a situation of immediate crisis. The situation must be of significant severity to pose a threat to the patient’s well being or is a danger to him/herself or others”. Psychotherapy for Crisis services cannot be scheduled nor can they be prior authorized.

Family Therapy

Family therapy is the treatment of the members of a family together, parent(s) and child(ren) rather than an individual “patient”. The family unit is viewed as a social system that affects all its members. A parental figure must be present to be considered Family Therapy. (Refer to Section 4.3)

Group Therapy

Group Therapy uses group dynamics and peer interactions to increase understanding and improve social skills. Group therapy is a medically necessary, time-limited, goal-specific, face-to-face interaction based upon planned interventions documented in the Treatment Plan. Groups are limited to a minimum of three (3) but no more than ten (10) patients.

GUIDELINES - Adults

Behavioral health services for adults are authorized on a calendar year with new PAs being authorized beginning January 01 and closing December 31.

Independent PLCSWs, LCSWs, PLPCs, and LPCs may not see adults and should not request PA for Behavioral Health services for clients 21 year of age or older. (NOTE: Independent refers to providers in private practice as well as those in a non-FQHC or non-RHC group or clinic practice.)

LCSWs and PLCSWs who are members of an FQHC or RHC may provide adult services as part of the clinic. These services will require PA but the request is made using the facility provider number. PLPCs and LPCs may not see adults in any setting.

The first four (4) hours of Behavioral Health services for adults do not require PA. These four (4) hours are intended to assist a provider seeing a patient for the first time make the transition to PA should more than four (4) hours be required for treatment. The first four (4) hours are per patient, per **billing** provider, and may

include any combination of Individual Therapy, Family Therapy, or Group Therapy. Providers are not able to deliver four (4) non-PA hours of each type of therapy. These four (4) non-prior authorized hours do not include Family Therapy without the Patient Present. All hours of Family Therapy without the Patient Present must be prior authorized before rendering services. Claims for the four (4) non-PA hours should be submitted and payment established prior to submitting claims for any PA hours.

Providers who have rendered therapy services to a participant within the past 12 months will be considered as having used their four (4) non-PA hours. There must be a minimum of 365 days since the provider last rendered services to the participant before the four (4) non-PA hours may again be used.

After the initial 4 hours, when it is determined that ongoing services are medically necessary, PA must be obtained. This PA must be requested before rendering additional services. In order not to interrupt services it would be best to request authorization before all 4 hours are used.

Behavioral Health services will be covered if they are determined medically necessary when using the diagnostic criteria of the current edition of the DSM. PA approval is based on the DSM diagnosis code. However, the diagnosis code on a submitted claim must be the appropriate diagnosis code from the current edition of the ICD code book.

The authorized number of hours is based on the primary diagnosis and the documentation must support the diagnosis code. Providers are urged to choose the most accurate and appropriate diagnosis code to receive the maximum hours allowed through the PA process.

Up to ten (10) hours of Individual, Family, or Group Therapy or a combination of these will be authorized initially for a covered diagnosis of Adjustment Disorder, V-codes, or NOS codes. The intent is to limit any PA to no more than ten (10) hours for these diagnosis codes for any participant regardless of the provider.

Up to twenty (20) hours will be authorized initially for Individual and Family Therapy or a combination of both for all other covered diagnosis codes based upon provider request, participant need and documentation in the treatment plan. The intent is to limit the first PA to no more than twenty (20) hours of Individual or Family Therapy in any combination for any participant regardless of provider.

Based upon provider request, up to twenty (20) hours of Group Therapy may be authorized in addition to the Individual and Family request outlined above. The intent is to limit the first PA to no more than twenty (20) hours of group therapy for any participant regardless of provider.

An additional ten (10) hours of Individual, Family or Group Therapy or any combination may be requested based upon documentation of patient need. PAs for continued treatment (authorizations beyond the initial approved hours) will be based upon review of clinical documentation to include:

- Psychology/Counseling Services Request for Prior Authorization form
- Current Diagnostic Assessment
- Current/Updated Treatment Plan
- Three (3) Progress Notes reflective of therapy type requested (i.e. requests for additional Family Therapy should include Progress Notes from the three most recent Family Therapy sessions attended by the patient)

PAs for continued treatment will **not** be issued for diagnosis codes including Adjustment Disorder, V codes, or NOS codes.

All documentation submitted must meet the requirements as stated in 13 CSR 70-98-015. Requests submitted with non-compliant documentation as outlined above will result in denial of the request.

The MHD recognizes there are rare instances where Behavioral Health services may be authorized beyond the limits outlined above. For those persons requiring more than the thirty (30) hours of Individual, Family or Group Therapy per year, as discussed above, Clinical Exceptions may be granted based upon documentation of extenuating circumstances.

GUIDELINES – Non-State Custody Children

The MO HealthNet Division (MHD) has made PA requirement changes for Behavioral Health services for children. Current policy and new policy changes are outlined below. Services for non-state custody children are authorized on a rolling year with new PAs beginning August 01 and closing July 31.

With the exception of Assessment, any therapy services, including Testing, for a child under the age of three (3), performed by any MO HealthNet enrolled provider, must be prior authorized. Assessment no longer requires PA for a child under the age of 3. **This age group does not get the 4 non-PA hours.**

Individual therapy and Family Therapy without the Patient Present require PA when provided by any MO HealthNet enrolled provider, **regardless of the age of the patient. These services will not get the 4 non-PA hours.**

Requests for PA for these services may be faxed or mailed with the documentation. They will not be authorized by a phone call. The documentation must include the PA request form, the current Diagnostic Evaluation, current

Treatment Plan and the last three (3) Progress Notes. A PA request for any service for a child under the age of three (3) **must** include clinical justification.

When requesting PA Behavioral Health services will be covered if they are determined medically necessary when using the diagnostic criteria in the current edition of the DSM. However, the diagnosis code on a submitted claim must be the appropriate diagnosis in the current edition of the ICD diagnosis code book.

Testing services are not covered when provided by a PLCSW, LCSW, PLPC or LPC regardless of the age of the client.

When requesting PA for services for children under the age of three (3) and Family Therapy without the Patient Present the PA Form, current Diagnostic Evaluation, current Treatment Plan, and the last three (3) Progress Notes be mailed or faxed.

PA has always been required for Individual Therapy, Family Therapy with the Patient Present, and Group Therapy for children under the age of three (3) when services are provided by an LCSW, LPC, PLCSW, LMSW, PLPC, RHC, FQHC, psychologist, provisionally licensed psychologist, or psychiatrist. This policy remains in effect.

Prior Authorization Policy for Children 0 through 20

The MO HealthNet Division has a prior authorization process for all children birth (0) through 20 who are not in state custody or residing in a residential treatment facility.

The PA process includes services provided by a Psychiatrist, Provisional Licensed Psychologist, Psychologist, PCNS, PLCSW, LCSW, LMSW, PLPC, LPC, RHC, and FQHC.

The first four (4) hours of Behavioral Health services for most children and services do not require PA. These four (4) hours are intended to assist a provider seeing a patient for the first time make the transition to PA should more than four (4) hours be required for treatment. The first four (4) hours are per patient, per provider, and may include any combination of Individual Therapy, Family Therapy, or Group Therapy. Providers are not able to deliver four (4) non-PA hours of each type of therapy. Claims for the four (4) non-PA hours should be submitted and payment established prior to submitting claims for any PA hours.

Providers who have rendered therapy services to a participant within the past 12 months will be considered as having used their four (4) non-PA hours. There must be a minimum of 365 days since the provider last rendered services to the participant before the four (4) non-PA'd hours may again be used.

A change in the child's ME code from non-state custody to a state custody code of 07, 08, 37, or 38 does not allow a provider an additional four (4) non-PA hours.

This does not apply if providing services to children under the age of 3 or Family Therapy without the Patient Present. All hours of these services must be prior authorized, regardless of placement and ME code.

After the initial 4 hours, when it is determined that ongoing services are medically necessary, PA must be obtained. This PA must be requested before rendering additional services. In order not to interrupt services it would be best to request authorization before all 4 hours are used.

PA for Behavioral Health services for children is based on the age of the child and the type of therapy requested. Based on these limitations the first request for PA can include Individual, Family, and Group Therapy.

Testing for a child under the age of 3 must be prior authorized and providers must submit clinical justification for providing these services.
PA does not allow the provider to exceed the unit limitations for these services.

Approved hours will be based on the current edition of the DSM diagnosis code. Up to ten (10) hours of Individual Therapy will be allowed for a diagnosis of Adjustment Disorder, V-codes, or NOS codes. All other diagnosis codes will be authorized hours based on age and type of therapy being requested. The authorized number of hours is based on the primary diagnosis and documentation must support the diagnosis code. Providers are urged to choose the most accurate and appropriate diagnosis code to receive the maximum hours allowed through the PA process.

Children are best treated within the environment in which they live. Clinical evidence suggests family intervention is superior to individual therapy in treating children with many behavioral health disorders. Therefore, treatment should support the child within the family whenever possible. Clinical evidence also suggests treatment must be based upon age and cognitive development of the child. Best practice approaches should insure the coordination of care when multiple providers are involved with the same child/family.

Group therapy uses group dynamics and peer interactions to increase understanding and improve social skills.

Multiple therapies are the treatment of the individual with more than one therapy such as Individual and Family, simultaneously within the same authorization period. The treatment plan must document the medical need for more than one therapy. There is no procedure code that specifies multiple therapies are being requested.

If a child's age changes during the PA period, the PA will continue as authorized. However, if the child turns 21 during the authorization period, the policy on age restriction for certain providers will apply. LPCs and LCSWs who are restricted to seeing children under the age of 21 will not be paid for services performed on or after the date the child reaches the age of 21 even if prior authorized.

Prior Authorization by Age Group

Behavioral Health services for children under the age of 3 and Family Therapy without the Patient Present will not be allowed under the 4 hours of non-PA service. The preferred method of treatment is indicated first and if no documentation is required a telephone call may be made to request PA.

PRIOR AUTHORIZATION LIMITATIONS BY AGE GROUP

Children Age Birth through 2 Years

Testing for a child under the age of three (3) years *must* be prior authorized and providers *must* submit clinical justification for providing these services. Children, birth through two (2) years of age, are not allowed the four (4) hours of non-PA'd services.

- Family Therapy will be authorized initially up to twenty (20) hours based upon the submission of required clinical documentation.
- Individual Therapy will not be authorized.
- Group Therapy will not be authorized.

Children Age 3 Years

- Family Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Family Therapy may be reauthorized up to fifteen (15) hours based upon the submission of required clinical documentation.
- Individual Therapy may be authorized for up to ten (10) hours based upon the submission of required clinical documentation.
- Group Therapy will not be authorized.

Children Age 4 Years

- Family Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Family Therapy may be reauthorized up to fifteen (15) hours based upon submission of required clinical documentation.

- Individual Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Individual Therapy may be reauthorized for up to ten (10) hours based upon the submission of required documentation.
- Group Therapy will not be authorized.

Children Age 5 through 12 Years

- Family Therapy will be authorized initially for up to twenty (20) hours **without** submitting documentation.
- Family Therapy may be reauthorized for up to twenty (20) hours based upon the submission of required clinical documentation.
- Individual Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Individual Therapy may be reauthorized for up to ten (10) hours based upon submission of required documentation.
- Group Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Group Therapy may be reauthorized for up to ten (10) hours based upon submission of required documentation.

Children Age 13 through 17 Years

- Individual or Family Therapy or a combination of both will be authorized initially for up to twenty-five (25) hours **without** submitting documentation.
- Individual or Family Therapy or a combination of both may be reauthorized for up to thirty (30) hours based upon the submission of required documentation.
- Group Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Group Therapy may be reauthorized for up to ten (10) hours based upon submission of required clinical documentation.

Children Age 18 through 20 Years

- Individual Therapy will be authorized initially for up to twenty (20) hours **without** submitting documentation.

- Individual Therapy may be reauthorized for up to twenty (20) hours based upon the submission of required clinical documentation
- Family Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Family Therapy may be reauthorized for up to ten (10) hours based upon submission of required documentation.
- Group Therapy will be authorized initially for up to five (5) hours **without** submitting documentation.
- Group Therapy may be reauthorized for up to ten (10) hours based upon submission of required documentation.

The MO HealthNet Division recognizes that there are rare instances in which Behavioral Health services may be required beyond the limits outlined above. For those patients who require additional therapy, a Clinical Exception may be requested based upon documentation of extenuating circumstances. Providers may contact the Behavioral Health Services Help Desk (866-771-3350) for additional information on requesting a Clinical Exception.

GUIDELINES – State Custody Children **State Custody MO HealthNet Eligibility (ME) Codes**

Prior Authorization is required for children in state custody with an ME code of 07, 08, 37, or 38, who are not residing in a residential treatment facility. Services for state custody children are authorized on a calendar year with new PAs being authorized beginning January 01 and closing December 31.

Behavioral Health services for a child residing in or under the management of a residential care facility have always been exempt from the PA process when the services were provided at the facility. If the services were rendered off the facility site, a PA was required. Residential care facilities routinely allow children to be seen off site for therapy services. Some children residing in or under the management of a residential care facility are exempt from the PA requirement when therapy services are provided off site. The child must be 3 years of age or older and have an ME code of 07, 08, 37 or 88. If this criteria is not met, a PA is still required when therapy services are provided off the facility site. Providers must work closely with the facility and Children's Division to ensure the child is still residing in or under the management of the residential care facility. Therapy services meeting this criteria are billed with the appropriate place of service code, applicable provider specialty modifier, U8 modifier if necessary, and the NCCI 59 modifier if multiple therapy services are provided on the same day. In addition to these modifiers, when therapy services are provided to a child off site of the residential care facility, a TJ modifier must also be used.

At this time ME codes 29, 30, 35, 36, 50, 51, 52, 53, 54, 56, 57, 63, 64, 66, 68, 69, 70, are exempt from PA requirements due to the child being in state custody. When verifying eligibility, if the ME code is **not** one of these, regardless of other source information, you **must** request PA.

Regardless of the ME code, children under the age of 3 years even in state custody require PA for testing and behavioral health services; Diagnostic Evaluation does not require PA. Children under the age of 3 years in state custody also do not receive the four (4) non-prior authorized hours.

The first four (4) hours of Behavioral Health services do not require PA. The first four (4) hours are per patient, per provider, and may include any combination of Individual Therapy, Family Therapy, or Group Therapy. Providers are not able to deliver four (4) non-PA hours of each type of therapy. Claims for the four (4) non-PA hours should be submitted and payment established prior to submitting claims for any PA hours.

Providers who have rendered therapy services to a participant within the past 12 months will be considered as having used their four (4) non-PA hours. There must be a minimum of 365 days since the provider last rendered services to the participant before the four (4) non-PA hours may again be used.

A change in the child's ME code of 07, 08, 37, 38 from state custody to non- state custody does not allow a provider an additional four (4) non-PA hours.

If a child's age changes during the PA period, the PA will continue as authorized. However, if the child turns 21 during the authorization period, the policy on age restriction for certain providers will apply. LPCs and LCSWs who are restricted to seeing children under the age of 21 will not be paid for services performed on or after the date the child reaches the age of 21 even if prior authorized.

Family Therapy without the Patient Present and all Behavioral Health services for patients age birth through 2 years are **not** included in the four (4) non-PA hours. These services continue to require PA regardless of ME code or placement.

If more than the four (4) non-PA hours are needed, a PA must be obtained. The PA must be obtained prior to rendering the services. In order to insure continuity of service, providers should request a PA before all of the first four (4) hours are used.

The authorized number of hours is based on the primary diagnosis and your documentation must support the diagnosis code. Providers are urged to choose the most accurate and appropriate diagnosis code to receive the maximum hours allowed through the PA process.

PAs for Behavioral Health services for children are issued for a maximum of ten (10) hours for Adjustment Disorder, V-codes, or NOS codes.

Guidelines for the hours issued for all other covered diagnosis codes are indicated by age group below.

PRIOR AUTHORIZATION GUIDELINES BY AGE GROUP AND HOURS ASSIGNED

***0 – 2 YEAR OLDS – ALL REQUIRE PA/CLINICAL REVIEW**

- 10 Family Therapy (FT) with clinical review
- 20 reauthorization with clinical review
- 20 reauthorization with clinical review

***3 YEAR OLDS**

- 10 FT without (w/o) submitting documentation
- 15 FT reauthorization with documentation
- 15 FT reauthorization with documentation
- 5 IT with clinical review
- 10 IT reauthorization with clinical review
- Group therapy (GT) is not allowed for this age group

***4 YEAR OLDS**

- 10 FT w/o submitting documentation
- 15 FT reauthorization with documentation
- 15 FT reauthorization with documentation
- 5 IT w/o documentation
- 15 IT reauthorization with documentation
- 15 IT reauthorization with documentation
- Group therapy is not allowed for 4 year olds.

***5-20 YEAR OLDS**

- 10 FT w/o submitting documentation
- 15 FT reauthorization with documentation

- 15 FT reauthorization with documentation
- 10 IT w/o documentation
- 15 IT reauthorization with documentation
- 15 IT reauthorization with documentation
- 10 GT w/o documentation
- 15 GT reauthorization with documentation
- 15 GT reauthorization with documentation

MHD recognizes there are rare instances where Behavioral Health services may be needed beyond the guidelines outlined above. For those persons requiring more therapy than what is allowed under the above guidelines, Clinical Exceptions may be granted based upon documentation of extenuating circumstances. Providers requesting Clinical Exceptions may contact the Behavioral Health Services Help Desk at (866) 771-3350.

REQUESTING PRIOR AUTHORIZATION

Providers may deliver four (4) hours of Behavioral Health services without PA to a participant they have not provided treatment to within the last rolling year. The four (4) hours are intended to assist a provider seeing a participant for the first time in making the transition to PA should more than four (4) hours be required for treatment. Providers who have been paid for services in excess of four (4) hours for a participant in the last year will not receive four (4) non-PA hours for that participant.

Family Therapy without the Patient Present and all Behavioral Health therapy services for participants age 0 through 2 years are not included in the four (4) non-PA hours and continue to require PA.

The claims for the four (4) non-PA hours should be submitted and payment established prior to submitting claims for any prior authorized hours/services.

If services are required beyond the initial four (4) non-PA hours, the provider must request a PA. To request an initial PA you or a staff member may call (866) 771-3350. Although not mandatory, you should complete the Psychology/Counseling Services Request for Prior Authorization form as the information on this form will be required to complete the request for services. Telephoned requests will receive an approval or denial at the time of the call. **(If additional information is needed, the caller will be instructed to fax or mail the PA form and required documentation. This PA request will not be approved during the phone call.**

To request continuing services beyond the initial authorization, the Psychology/Counseling Services Request for Prior Authorization form must be completed and submitted along with the (1) current Treatment Plan, (2) current Diagnostic Evaluation and (3) copies of the last three (3) Progress Notes reflecting the therapy type being requested. If the services being requested are court ordered, a copy of the court order must also be attached.

This documentation may be faxed to: **(573) 635-6516**

or mailed to: MO HealthNet Division
PO Box 4800
Jefferson City, MO 6510

If less than ten (10) hours was originally authorized 40% of the hours must be used before requesting additional hours. If ten (10) or more hours are authorized 75% of the hours must be before requesting additional hours. The PA approves the delivery of the requested services only and does not guarantee payment. The PA must be obtained prior to delivery of services. The participant must meet eligibility requirements on the date the service is provided and the provider must be enrolled and eligible to bill for the services.

Family Therapy without the Patient Present will require the PA Form, current Diagnostic Evaluation, current Treatment Plan, and the last three (3) Progress Notes may be mailed or faxed.

For children 12 years of age and younger current documentation is six (6) months old or less. For children 13 years of age and older, as well as adults, current documentation is one (1) year old or less.

Providers will not receive a disposition letter when services are authorized or denied via a phone call. An authorization number will be provided. Services that require submission of the PA form and attachments will receive a disposition letter after review. When PA requests are denied partially or in full, the client will receive a letter outlining the reason for denial and their appeal rights. **Do not give participants the provider Prior Authorization Request telephone number or fax number. Their contact information will be listed in their denial letter.**

If the participant is changing providers, the provider listed on the current PA must end that PA before the new provider can be issued a PA. If the current provider refuses to close the PA, the new provider must submit a signed release from the client, requesting a change in provider, in order to close the current PA. The signed release must include the participant name, DCN, type of therapy to be closed and the name of the therapist whose authorization is to be closed.

If a provider needs to change a PA, the provider may call or fax in the information to request a change. The participant name, DCN, type of therapy, what the current PA says, and the requested change must be indicated.

When a client changes providers documentation is required to authorize a new PA. The new provider will be authorized any balance of unused hours on the original PA, not receive an additional 10 or 20 hours for therapy. The intent is to limit therapy services for any participant regardless of provider. However, Clinical Exceptions may be granted based upon documentation of extenuating circumstances.

A client may have an open PA with one provider for Individual Therapy and/or Family Therapy and a second PA open with the same or different provider for Group Therapy. **Only one Family Therapy PA per family will be open at a time.**

Do not request overlapping dates from a previous PA; overlapping dates will cause the new PA request to deny. Do not indicate the four (4) non-PA hours as used hours on the PA request.

Individual providers that are not seeing a participant through an RHC, FQHC, or other clinic/group must request a PA using their individual NPI. Providers seeing participants in an FQHC or other clinic/group setting must request a PA using the FQHC clinic/group NPI. Providers seeing participants in a RHC setting must use the RHC NPI when requesting a PA.

PA is required even when there is coverage through a third party insurance (i.e. Blue Cross/Blue Shield; Prudential). Medicare is not considered third party insurance; however, if there is no PA and Medicare does not cover the service, MO HealthNet cannot pay.

PA is required for clients residing in a nursing home but Behavioral Health services may not be provided at the nursing home. These services must be provided off the nursing home grounds.

Providers may only bill for services they personally provide. MO HealthNet does not cover services provided by someone other than the enrolled provider. Services provided by an individual under the direction or supervision of an enrolled provider are not covered.

With the exception of Diagnostic Evaluation, all services for all children under the age of three (3), including those in state custody and residential care facilities, continue to require PA. This includes Testing.

Prior Authorization Exceptions

Inpatient hospital stays

Psychotherapy for Crisis

Testing

Diagnostic Evaluation

Evaluation and Management codes

Narcosynthesis

Electroconvulsive Therapy

Medicare primary

Providers are reminded that a PA request cannot be processed if the participant or provider identifying information is incomplete or inaccurate (including provider NPI, DCN, etc.). Every attempt is made to reconcile any incorrect/inaccurate information with providers; however, it remains the provider's responsibility to provide complete and accurate information when submitting a request for PA. Authorizations are approved effective the date all completed correct information and documentation is received.

DOCUMENTATION REQUIREMENTS

All services provided must be adequately documented in the medical record. The requirement to document services and to release records to representatives of the Department of Social Services or the U.S. Department of Health and Human Services is stated in MO HealthNet state regulation (13 CSR 70-3) Conditions of Provider Participation, Reimbursement and Procedure of General Applicability. These requirements are also repeated in the Title XIX Participation Agreement, which is a document signed by all providers upon enrollment as a MO HealthNet provider. More detailed information of the documentation requirements can be found in the Behavior Health Services Manual, section 13.4. This information can also be found in the Behavioral Health Services billing book, Section 4.

PARTICIPANT APPEAL RIGHTS

When a request is denied, the participant will receive a letter which outlines the reason for the denial and the procedure for appeal. The State Fair Hearings Process may be requested by the participant, in writing, to the MO HealthNet Division, Participant Services Unit (PSU), P.O. Box 3535, Jefferson City, MO 65102-3535. The Participant Services Unit may also be called toll free at 1-800-392-2161 or 573-751-6527 at the caller's expense. The participant must contact PSU within 90 days of the date of the denial letter if they wish to request a hearing. After 90 days, requests to appeal are denied.

Prior Authorization Tips

Testing and other Behavioral Health services for children under the age of 3 years always require PA and clinical justification. Diagnostic Evaluation no longer requires PA.

Documentation is required for continuing therapy. The required documentation is the current Diagnostic Assessment, current Treatment Plan, and the last 3 Progress Notes. If the Behavioral Health services being requested are court ordered, a copy of the court order must also be attached to the documentation

Only one Family Therapy PA per family will be open at a time.

Call for approval on an initial PA when the service does not require documentation.

When a PA request has been faxed or mailed allow sufficient time for the request to be reviewed. Do not send duplicate requests; expect at least five (5) days for a reply. You may call the following number to check on the status of a PA request:

Provider Communication (573) 751-2896

When faxing PA requests only send one (1) at a time. Multiple requests on the same fax must be handled differently and result in additional delay in response. Please do not fax questions to the Behavioral Health Services Help Desk. Send questions by email to Ask.MHD@dss.mo.gov.

Review the documentation requirements to insure all aspects have been included, are easily identified, and that appropriate documentation is being submitted with your PA request.

If a child's age changes during the authorization period, the PA will continue as authorized. **BUT** if the child turns 21 during the authorization period the policy for age restrictions will still apply even when services are prior authorized.

PA requests will not be backdated. Allow sufficient time for submission and review of the PA and documentation. This includes enough time to resubmit the PA and documentation in the event the first submission is denied.

Daily and monthly limitations still apply even though an authorization has been approved.

The FQHC, RHC, clinic, or group is considered the provider. The FQHC, RHC, clinic, or group receives the 4 non-PA hours as well as testing and assessment time, not each individual within these group settings.