

PROVIDER BULLETIN

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PRECERTIFICATION OF BEHAVIORAL HEALTH SERVICES THROUGH CYBERACCESS

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In order to improve the Behavioral Health Services program to a more streamlined and efficient process, MO HealthNet will implement an electronic precertification process for providers. This process will replace the current prior authorization process and will eliminate the requirement to submit documentation for continuation of services. In addition to accessing a patient's health record, precertification history, and diagnosis history, providers will be able to request precertification electronically through CyberAccess and will receive an immediate electronic response. The release date for electronic precertification is December 19, 2014, however providers will continue to have the option of calling the Behavioral Health Helpdesk at **(866) 771-3350** for precertification or faxing a request for precertification to the Behavioral Health Help Desk at **(573) 635-6516**. When calling for precertification, providers will be required to provide to the help desk staff the same information as required in CyberAccess. Providers who choose to fax for precertification will be required to provide the same information via the Behavioral Health Services Request for Precertification form, which will be available on our website, and fax it to the number listed above.

The new process allows a provider to be authorized for up to the maximum number of hours allowed during a six (6) month period, based on the age and eligibility of the participant. Any additional hours may be requested within that six (6) month period through the clinical exception process. However, once that six (6) month period ends, providers can again authorize up to the maximum number of hours allowed during a six (6) month period *without* being required to submit assessment, treatment plan, and progress notes.

MO HealthNet will conduct retrospective reviews to ensure that providers adhere to the documentation requirements contained in [13 CSR 70-98.015](#). If selected for review, providers will be asked to submit documents including assessment, treatment plan, and progress notes. If documentation requirements are not met, providers may receive educational feedback and the opportunity to resubmit documents, or this may result in closing of precertifications, depending on the quality of documentation. Please note that previously established provisions for postpayment review and prepayment review remain in effect (refer to sections [2.8 and 2.9](#) of the Provider Manual). Providers placed on prepayment review by the Missouri Medicaid Audit and Compliance Unit will be required to submit precertification requests by paper.

SERVICES NOT REQUIRING BEHAVIORAL HEALTH PRECERTIFICATION

Providers may deliver four (4) hours of behavioral health services without precertification to a patient they have *not* treated within the last rolling year.

Providers may perform up to four (4) hours of psychological testing per patient, per rolling year without precertification for individuals age 3 and up.

Providers may perform up to three (3) hours of diagnostic evaluation (Procedure codes 90791, 90792) per patient, per rolling year.

The following services will be exempt from the behavioral health precertification requirement:

Behavioral Health services provided in an inpatient or residential setting to participants age 3 and above.

Services provided to children in the care and custody of the state (does not include children in foster care) that are age 3 through 20, with the exception of family therapy without patient present.

Services provided outside of a residential facility (and filed with the TJ modifier) to children in foster care with an ME Code of 07, 08, 37, 88 who reside in or are under the management of a residential care facility.

Crisis Intervention (situation must be of significant severity to pose a threat to the patient's wellbeing or patient is a danger to self or others).

SERVICES REQUIRING PRECERTIFICATION: MAXIMUM UNITS BY ELIGIBILITY AND AGE

Precertifications for Behavioral Health services are issued for a maximum of ten (10) hours per rolling year for adjustment disorder, V-code, or unspecified current version International Classification of Disease (ICD) diagnosis codes.

For the hours issued for all other covered diagnosis codes, refer to the precertification guidelines that follow. For services requiring precertification, the maximum number of hours that may be precertified for a six month period are shown. All precertifications will expire six months from the date requested. If additional hours are needed within the six month period, these may be requested through the clinical exception process. Once the six month period ends, the provider can again request precertification up to the maximum limit without being

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 required to submit assessment, treatment plan, or progress notes. In order to receive the maximum hours allowed, providers should use the appropriate diagnosis code.

Please note that providers must continue to observe the daily, weekly, monthly limits for units of service listed in [Section 13](#) of the Behavioral Health Services Provider Manual.

Children Not In State Custody: Maximum Units per 6 Months

Age	Testing* 96101	Individual 90832/ 90834	Family 90847	Family without Patient 90846	Group 90853
	4	N/A	10	5	N/A
3	N/A	5	10	5	N/A
4	N/A	10	10	5	N/A
5-12	N/A	10	20	5	8
13-17	N/A	15	15	5	8
18-20	N/A	20	10	5	8

*Note: Precertification not required for testing unless under age 3. Annual limit for testing is listed.

Children in Foster Care: Maximum Units per 6 Months

Age	Testing* 96101	Individual 90832/ 90834	Family 90847	Family without Patient 90846	Group 90853
0-2	4	N/A	25	5	N/A
3	N/A	10	20	5	N/A
4	N/A	20	20	5	N/A
5-12	N/A	20	20	5	20
13-17	N/A	20	20	5	20
18-20	N/A	20	20	5	20
21-25	N/A	20	20	5	20

*Note: Precertification not required for testing unless under age 3. Annual limit for testing is listed.

**Children in the Care and Custody of the State (Excluding Foster Care):
 Maximum Units per 6 Months**

Age	Testing* 96101	Individual 90832/ 90834	Family 90847	Family without Patient 90846	Group 90853
0-2	4	N/A	25	5	N/A
3	N/A	N/A	N/A	5	N/A

*Note: Precertification not required for testing unless under age 3. Annual limit for testing is listed. Precertification is *not* required for children over 4 in this eligibility group.

Age	Individual 90832 / 90834	Family 90847	Family without Patient 90846	Group 90853
21 +	10	5	5	15

SERVICES FOR PARTICIPANTS BIRTH THROUGH 2 YEARS

ALL services, other than diagnostic evaluation (procedure codes 90791, 90792), for participants birth through 2 years will require precertification, regardless of the ME Code of the patients. This will include services provided in the inpatient setting and services provided at a residential care facility. The only services that will be approved for this age group are testing, family therapy, and family therapy without patient present.

INDIVIDUAL THERAPY WITH INTERACTIVE MODALITY FOR PARTICIPANTS AGE 3 AND 4

In order to promote appropriate and effective therapy services for young children, MO HealthNet encourages providers to utilize an interactive modality when providing individual therapy for children age 3 and 4.

The interactive modality of individual therapy is for children who have *not* developed or have lost expressive language skills. The clinical record for children age 3 and 4 *must* document the need for interactive therapy and the type of equipment, device or other mechanism of communication used. This procedure can include services such as play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication.

Providing play therapy is not equivalent to using an interactive modality for individual therapy. Evaluating children playing on playground equipment, playing at daycare, and children playing at home in their normal routine or taking them to a playroom in a public place is *not considered therapy* and *must not* be billed.

Children age 3 and 4 may receive precertification for individual therapy through CyberAccess as long as the provider is utilizing and documenting the interactive modality.

FAMILY THERAPY WITHOUT PATIENT PRESENT

Family therapy without patient present may be precertified without submission of documentation. This reflects a change in policy due to the recognition that effective work with children may require having a few sessions with parent(s) (and without the child present) wherein the focus is on the child’s issues. This is not to be used to provide individual therapy with a parent or to work on marital issues, but rather to assist the parents in better understanding and addressing the child’s issues.

CLINICAL EXCEPTIONS

MO HealthNet Division (MHD) recognizes there are rare instances wherein Behavioral Health services may be needed beyond the guidelines outlined above. In such instances, clinical exceptions may be granted based upon documentation of extenuating circumstances.

DSM / ICD

MO HealthNet will precertify services based on diagnostic criteria in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Please note that when requesting precertification, providers should submit the current version ICD code that corresponds to the applicable diagnosis from the current version of the DSM.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896