



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 27 Number 10

<http://www.dss.mo.gov/dms>

December 9, 2004

PSYCHOTHERAPY BULLETIN PHYSICIAN (PSYCHIATRIST), PSYCHOLOGIST, PCNS, LCSW, LPC, FQHC, RHC

CONTENTS

- CORRECTION TO PSYCHOTHERAPY BULLETIN DATED OCTOBER 1, 2004
- LCSWS AND LPCS POLICY
- PRIOR AUTHORIZATION FOR CHILDREN UNDER 3 YEARS OF AGE CLARIFICATION
- MODIFIERS ON THE PRIOR AUTHORIZATION REQUEST FORM
- PSYCHOTHERAPY CODES EXEMPT FROM PRIOR AUTHORIZATION

CORRECTION TO PSYCHOTHERAPY BULLETIN DATED OCTOBER 1, 2004

Psychiatrists and psychologists were inadvertently omitted as providers requiring a prior authorization for children under 3 in the, Psychotherapy Bulletin, Volume 27, Number 1, October 1, 2004. The corrected sentence is: "Individual therapy, family therapy with patient present, and group therapy require Prior Authorization (PA) for children under age 3 when provided by a psychiatrist, psychologist, PCNS, LCSW, PLCSW, LPC, PLPC, RHC, and FQHC clinic."

Replace incorrect state rule, 13 CSR 70-98.010, with correct rule, 13 CSR 70-98.015, in section titled: Initiate Prior Authorization Process.

LCSWS AND LPCS POLICY

Psychological services for adults, 21 and older, are not covered for individually Medicaid enrolled licensed or provisionally licensed clinical social workers or licensed or provisionally licensed professional counselors. Licensed or provisionally licensed clinical social workers or professional counselors who are members of a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) may provide adult services as part of the clinic. Prior authorizations must be submitted under the FQHC or RHC Medicaid provider numbers.

PRIOR AUTHORIZATION FOR CHILDREN UNDER 3 YEARS OF AGE CLARIFICATION

As a reminder, when requesting a PA for children, 0 to 3, and family therapy without patient present, do not request overlapping dates from a previous PA. Overlapping dates will cause the new PA to deny. If a provider needs to change the units on a PA, that provider must request a change of PA. To request a PA change, write "change PA" and put the 11 digit internal control number (ICN) of the PA being changed on the bottom of the new PA request form found in Psychotherapy Bulletin, Volume 27, Number 1, dated October 1, 2004.

Therapy services for children under 3 and family therapy without patient present for ages 0 through 20 are not included in the adult population prior authorization process as described in Psychotherapy Bulletin, Volume 27, Number 1, dated October 1, 2004. Services for children under 3 and family therapy without patient present must be submitted on the new Psychological Services Request for Prior Authorization form. The Service Information section of the new form must be completed in order to receive prior authorization for these services.

MODIFIERS ON THE PRIOR AUTHORIZATION REQUEST FORM

Providers must include the appropriate modifier(s) on the Prior Authorization Request Form. If the procedure code and modifier on the prior authorization does not match the procedure code and modifier on the claim, the claim will deny.

PSYCHOTHERAPY CODES EXEMPT FROM PRIOR AUTHORIZATION

In addition to crisis intervention and evaluation and management codes, inpatient hospital stays are exempt from prior authorization.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the listserve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896