



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 27 Number 17

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

April 13, 2005

### PSYCHOTHERAPY BULLETIN

Physician (Psychiatrist), Psychologist, PCNS, LCSW, LPC, FQHC, RHC

#### CONTENTS

- PRIOR AUTHORIZATION FOR CHILDREN 0 THROUGH 20
- START DATES FOR PRIOR AUTHORIZATION FOR CHILDREN
- PSYCHOTHERAPY DEFINITIONS
- PRIOR AUTHORIZATION BY AGE GROUP
- PSYCHOLOGICAL DIAGNOSIS CODING
- INITIAL FOUR HOURS OF NON-PRIOR AUTHORIZED SERVICES
- DIAGNOSIS CODES AND AUTHORIZED HOURS
- PRIOR AUTHORIZATION HOURS
- PRIOR AUTHORIZATION EXEMPTIONS
- PRIOR AUTHORIZATION CHANGES/CLOSES
- RECIPIENTS APPEAL RIGHTS
- PRIOR AUTHORIZATION REQUEST FORM PROCESS
- PRIOR AUTHORIZATION COMMITTEE
- QUICK REFERENCE GUIDE FOR PRIOR AUTHORIZATION OF PSYCHOLOGICAL SERVICES
- CHILDREN'S GLOBAL ASSESSMENT SCALE (C-GAS) SCORING GUIDELINES
- MODIFIED GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF SCALE) SCORING GUIDELINES
- PSYCHOLOGICAL SERVICES REQUEST FOR PRIOR AUTHORIZATION FORM

#### PRIOR AUTHORIZATION (PA) FOR CHILDREN 0 THROUGH 20

Children are best treated within the context of the environment in which they live. Children thrive within families and, therefore, treatment should support the child within the family whenever possible. Clinical evidence suggests that family intervention is superior to individual therapy in treating children with many psychological disorders. Clinical evidence also suggests that treatment must be determined based upon the

age (and thus, cognitive development) of the child. Should multiple providers be involved with the same child/family Best Practice approaches insure the coordination of care.

The PA process for psychological services (13 CSR 70-98.020) serves as a utilization management measure allowing payment for treatment and services (interventions) that are medically necessary, appropriate and cost-effective without compromising the quality of care to Missouri Medicaid recipients.

The PA requirement process will include psychological services provided by a psychiatrist, psychologist, psychiatric clinical nurse specialist (PCNS), licensed clinical social worker (LCSW), provisionally licensed clinical social worker (PLCSW), licensed professional counselor (LPC), provisionally licensed professional counselor (PLPC), rural health clinic (RHC), and federally qualified health clinic (FQHC).

### **START DATES FOR PRIOR AUTHORIZATION FOR CHILDREN**

- Effective May 1, 2005, the Division of Medical Services (DMS) will implement the Prior Authorization (PA) process for all children birth (0) through 20 who are not in state custody or residing in residential treatment facilities.
- The Division of Medical Services (DMS) is tentatively working towards implementing the Prior Authorization (PA) process for all children birth (0) through 20 who are in state custody and/or residential treatment facilities effective July 1, 2005. Children in state custody are identified by the following Medicaid Eligibility (ME) codes: 07, 08, 29, 30, 35, 36, 37, 50, 51, 52, 53, 54, 56, 57, 63, 64, 66, 68, 69, 70. Children residing in residential treatment facilities are identified by the following place of services: 14 – group home, 33 – custodial care facility and 56 – psychiatric residential treatment center.

There will be a bulletin addressing implementation of prior authorization for children in state custody and/or residing in residential treatment facilities prior to implementation.

**Note:** The PA requirement process for psychotherapy services began November 1, 2004, for adults 21 years of age and older. See Psychotherapy Bulletin, Volume 27, Number 1, at [http://dss.missouri.gov/dms/bulletins/psych27-1\\_2004oct01.pdf](http://dss.missouri.gov/dms/bulletins/psych27-1_2004oct01.pdf) and Psychotherapy Bulletin, Volume 27, Number 10, at [http://dss.missouri.gov/dms/bulletins/bulletin27-10\\_2004dec09.pdf](http://dss.missouri.gov/dms/bulletins/bulletin27-10_2004dec09.pdf).

### **PSYCHOTHERAPY DEFINITIONS**

Documentation for the following services must meet the requirements as stated in (13 CSR 70-98.015) <http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-98.pdf>

**Individual Therapy:**

Individual Therapy must consist of a medically necessary, time-limited, goal-specific face-to-face interaction, which results from a planned intervention documented, in the Treatment Plan developed in response to the issues identified in the Diagnostic Assessment. Progress Notes must be written in narrative form, fully describing each session billed. Progress notes shall be maintained in the patient's medical record for each date of service, be legible, and document date of service, presenting issues related to Diagnosis and Treatment Plan, therapist intervention, patient progress toward goals and plan.

**Individual Interactive Therapy:**

Individual interactive therapy is typically furnished to children. It involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the clinician and the patient who has not yet developed, or has lost, either the expressive language communication skills to explain his or her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he/she were to use ordinary adult language for communication.

**Family Therapy:**

Family therapy focuses on helping the family function in more positive and constructive ways by exploring patterns of communication and providing support and education. Family Therapy is provided within a time-limited, goal-specific, face-to-face interaction based upon planned intervention documented in the Treatment Plan developed in response to the issues identified in the Diagnostic Assessment. Each member of the family included in the session must be identified with first and last name. Progress Notes document the immediate issue addressed in therapy, description of therapist intervention and progress toward established goals. At least 75% of the session must have both the parent and the child present.

**Family Therapy Without Patient Present:**

Family therapy without the identified patient present focuses on helping the family function in more positive and constructive ways by exploring patterns of communication and providing support and education. Family Therapy without the identified patient present is provided within a time-limited, goal-specific, face-to-face interaction based upon planned intervention documented in the Treatment Plan developed in response to the issues identified in the Diagnostic Assessment. Each member of the family included in the session must be identified with first and last name. Progress Notes document the immediate issue addressed in therapy, description of therapist's intervention and progress toward established goals. Family therapy without the patient present must be provided with the services focused specifically toward that identified patient.

**Group Therapy:**

Group Therapy uses the power of group dynamics and peer interactions to increase understanding and improve social skills. Groups are medically necessary, time-limited, goal-specific face-to-face interactions based upon planned intervention documented in the Treatment Plan developed in response to the issues identified in the Diagnostic Assessment. Groups are limited in size to three (3) but no more than ten (10) patients. Progress Notes document the number of group members present, description of immediate issues addressed in therapy, identification of underlying roles, conflicts or patterns, a description of therapist intervention and, patient progress toward individual goals.

**Multiple Therapies:**

Multiple therapies are defined as the treatment of the individual with more than one of the preceding therapies simultaneously within the same authorization period. Multiple therapies are not a separate procedure code.

**PRIOR AUTHORIZATION BY AGE GROUP**

Prior authorization of services for children will be based on the age of the child and the type of therapy requested. Children birth through two (2) years of age, Family Therapy Without Patient Present, and Individual Interactive Therapy will not be allowed under the four (4) hours of non-prior authorized services.

**Children Birth through 2**

- Family Therapy authorized initially with documentation and review
- Individual Therapy will not be authorized
- Group Therapy will not be authorized

**Children 3 through 4**

- Family Therapy authorized initially without submitting documentation
- Individual Therapy will not be authorized with the exception of Individual Interactive Therapy with documentation and review
- Group Therapy will not be authorized

**Children 5 through 12**

- Family Therapy authorized initially without submitting documentation
- Group Therapy authorized initially with documentation and review
- Individual Therapy authorized initially with documentation and review
- Multiple Therapies authorized initially with documentation and review

**Children 13 through 17**

- Individual Therapy authorized initially without submitting documentation
- Family Therapy authorized initially without submitting documentation
- Group Therapy authorized initially with documentation and review
- Multiple Therapies authorized initially with documentation and review

**Children 18 through 20**

- Individual Therapy authorized initially without submitting documentation
- Family Therapy authorized initially with documentation and review
- Group Therapy authorized initially with documentation and review
- Multiple Therapies authorized initially with documentation and review

**NOTE: When requesting multiple therapies the treatment plan must indicate the medical need for more than one therapy to be provided. If a child's age changes during the prior authorization period, the prior authorization will continue as authorized.**

**PSYCHOLOGICAL DIAGNOSIS CODING**

Psychological services will be covered if they are determined medically necessary when using the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV-Text Revision) or most recent update. In order to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA) the appropriate International Classification of Diseases-Ninth Edition (ICD-9) diagnosis code must be used when filing a claim for the service.

Psychological services are not covered for primary diagnoses 317, 318 and 319 related to mental retardation.

**INITIAL FOUR HOURS OF NON-PRIOR AUTHORIZED SERVICES**

For dates of service beginning May 1, 2005 and after for children not in state custody or residing in residential treatment facilities, the first four (4) hours of psychological services do not require PA. The first four (4) hours will be allowed per provider, per recipient, per rolling year. The provider may use these hours in time segments according to procedure code and policy requirements. If more than the four (4) non-prior authorized hours are needed a PA must be obtained. This PA must be requested prior to rendering the services. In order not to interrupt services it would be best to request PA before all of the first four (4) hours are used.

Note: All services to children birth through two (2) years of age or Family Therapy Without The Patient Present and Individual Interactive Therapy for any age will not be allowed under the four (4) hours of non-prior authorized services. The policy has not changed. These services must be prior authorized.

## **PRIOR AUTHORIZATION HOURS**

PAs for psychological services are issued for up to 10 hours for adjustment disorder, V-code, or NOS DSM-IV-TR diagnosis codes, or up to 20 hours for all other covered diagnosis codes. Diagnostic testing may be prior authorized for a maximum of two (2) hours of the 10 hours or four (4) hours of the 20 hours of individual therapy per recipient, per provider, per rolling year. The four (4) hour maximum for testing per recipient, per provider, per rolling year still applies unless the testing limits have been exhausted. Before requesting additional hours, 75% of the current PA hours must be used. Hours used must be documented in the medical record. Prior Authorization approves the medical necessity of the requested service only and does not guarantee payment. The recipient must meet eligibility requirements on the date the service is provided and the provider must be enrolled and eligible to bill for the services.

## **PRIOR AUTHORIZATION EXEMPTIONS**

Procedure codes with a medical evaluation and management service component, inpatient hospital services, pharmacologic management, narcosisynthesis and electroconvulsive therapy are exempt from prior authorization.

Crisis intervention, when provided by a psychiatrist, psychologist, PCNS, LCSW, PLCSW, LPC, PLPC, RHC and FQHC are exempt from the PA process. The definition of crisis intervention is: "the situation must be of significant severity to pose a threat to the patient's well being or is a danger to self or others". Crisis intervention services cannot be scheduled nor can they be prior authorized. All crisis intervention must be billed with a copy of the progress notes from the patient's medical records to document medical necessity.

## **PRIOR AUTHORIZATION CHANGES/CLOSES**

If changing providers for a specific type of therapy, the provider listed on the current PA for that therapy must end that PA before the new provider can be issued a PA. If a current provider refuses to close the PA, the new provider must submit a signed written release from the patient requesting a change in provider in order to close the current PA. The release must include the recipient's DCN number and the therapist's nine digit Medicaid provider number. A provider may verify the status of a PA by contacting DMS at 1-866-771-3350.

## **RECIPIENT APPEAL RIGHTS**

For PA requests denied in part or in full, the recipient will receive a letter outlining the reason for denial and their appeal rights.

**Note: Providers should not give recipients the provider Prior Authorization Request telephone number or fax number. Contact information will be listed in their denial letter.**

**PRIOR AUTHORIZATION REQUEST FORM PROCESS**

Documentation includes copies of the current Diagnostic Assessment, the Treatment Plan, and the last three Progress Notes along with the Psychological Services Request for Prior Authorization form. For those services that do not require documentation, only the Psychological Services Request for Prior Authorization form is required. A modified Global Assessment of Functioning Scale (GAF Scale) for patients ages 18 to 21 and a Children's Global Assessment Scale (C-GAS) for patients ages 6 to 17 are attached for assistance in completing Axis V of the PA form.

During the first four (4) hours of non-prior authorized psychological services, if the provider determines further psychotherapy services are needed, the provider must submit the attached Psychological Services Request For Prior Authorization form by:

**Mail:** Division of Medical Services  
PO Box 4800  
Jefferson City, MO 65102  
or  
**Fax:** 573-635-6516  
or  
**Telephone:** 866-771-3350

When requesting the initial PA by telephone, the form need not be used but all information on the form must be readily available to the caller. The provider's office staff may initiate the PA process as long as they have all required information. Documentation as indicated in 13 CSR 70-98.015 must be kept in the patient's medical record.

Telephoned requests will receive an approval or denial at the time of the call. DMS will attempt to reach a standard of faxing the response for mailed or faxed initial PA requests within three (3) working days of receipt of request. Psychological services that require consultant review will take additional time.

**PRIOR AUTHORIZATION COMMITTEE**

The Department of Social Services (DSS), Division of Medical Services (DMS), has established a Missouri Medicaid Non-Pharmaceutical Mental Health Services Prior Authorization Advisory Committee to be comprised of three practicing psychiatrists, three practicing psychologists, three practicing licensed clinical social workers, and three practicing licensed professional counselors, all appointed by the director of the DSS. This committee shall review and make recommendations regarding the PA process to DMS. The recommendations of the committee shall be provided to DMS prior to the division making a final decision.

**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 list serve 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

ARCHIVED

## QUICK REFERENCE FOR PRIOR AUTHORIZATION OF PSYCHOLOGICAL SERVICES

(For complete policy information please read the entire contents of this and all bulletins related to psychotherapy services.)

Step 1 – If you are going to need more than the 4 hours of non-prior authorized services, You must complete the Psychological Services Request for Prior Authorization form. This must be completed in order to continue services and must be completed prior to the service

being rendered. Follow the directions below:

- Complete Psychological Services Request for Prior Authorization form.
- Phone (866-771-3350), fax (573-635-6516) or mail (P.O. Box 4800, Jefferson City, MO 65102) request.
  - a) If your request is approved for the primary therapy, it will be for 10 hours (Adjustment Disorder, V-code, or NOS DSM IV-TR diagnosis codes) or 20 hours (all other covered diagnosis codes). This PA includes the primary therapy, assessment, and testing.  
You may use 2 hours for testing if approved for 10 hours or 4 hours of testing if approved for 20 hours.
  - b) Therapies in addition to the primary therapy must be requested separately

and

will be issued for 10 hours.

Step 2 – If therapy services requiring documentation are needed beyond those services listed in (a) above, a Psychological Services Request for Prior Authorization form must be completed and submitted by fax or mail with the following attachments. Phone requests will not be accepted on these PA requests

- Original assessment
- Treatment plan
- Last three progress notes

PAs will be issued as stated in Step 1. This process will need to be completed until no further service is required.

### NOTES:

- 1) 75% of any existing PA must be used prior to requesting a new PA. (This must be documented in the medical record.)
- 2) Children 0-2, individual interactive therapy, or family therapy without the patient present continue to require PA for all services.
- 3) If the patient would like to change providers, the current PA must be closed by the initial provider in order for the new provider to request services. If the current provider does not close the existing PA, the new provider must submit a PA request with a release signed by the patient requesting a change in provider.
- 4) Documentation for all services (as stated in 13 CSR 70-98.010) must be kept in the patient's medical record.

### Children's Global Assessment Scale (C-GAS)

**100-point rating scale measuring psychological, social and school functioning for children aged 6-17. It was adapted from the Adult Global Assessment Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum.**

100-91	<b>Superior functioning</b> in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likable, confident, "everyday" worries never get out of hand. Doing well in school, no symptoms
90-81	<b>Good functioning in all areas.</b> Secure in family, school and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasional "blow ups" with siblings, parents or peers).
80-71	<b>No more than slight impairment in functioning</b> at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, births of a sib) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others who are not considered deviant by those who know them.
70-61	<b>Some difficulty in a single area, but generally functioning pretty well,</b> (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
60-51	<b>Variable functioning with sporadic difficulties or symptoms</b> in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not those who see the child in other settings.
50-41	<b>Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area,</b> such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
40-31	<b>Major impairment in functioning in several areas and unable to function in one of these areas,</b> i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
30-21	<b>Unable to function in almost all areas,</b> e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).
20-11	<b>Needs considerable supervision</b> to prevent hurting other or self, e.g., frequently violent, repeated suicide attempts OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
10-1	<b>Needs constant supervision</b> (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

## MODIFIED GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF SCALE)

### SCORING GUIDELINES

#### 100 NO SYMPTOMS

CRITERIA: -Superior functioning in a wide range of activities

- Life's problems never seem to get out of hand
- Sought out by others because of his/her many positive qualities

**SCORING:** -A patient with no symptoms or everyday problems and superior functioning = Rating 97-99  
-A patient with no symptoms or everyday problems = Rating 92-96

91

#### 90 ABSENT OR MINIMAL SYMPTOMS

CRITERIA: -Minimal or absent symptoms (e.g., mild anxiety before an exam)

- Good functioning in all areas and satisfied with life
- Interested & involved in a wide range of activities
- Socially effective
- No more than everyday problems or concerns (e.g., an occasional argument with family members)

**SCORING:** -A patient with minimal symptoms or everyday problems = Rating 85-90  
-A patient with minimal symptoms and everyday problems = Rating 81-84

81

#### 80 SOME TRANSIENT MILD SYMPTOMS

CRITERIA: -Mild symptoms are present but they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument)  
Slight impairment in social, work, or school functioning (e.g., temporarily falling behind in school or work)

**SCORING:** -A patient with EITHER mild symptom(s) OR mild impairment in social, work, or school functioning = Rating 78-80  
-A patient with mild impairment in more than one area of social, work, or school functioning = Rating 74-77  
-A patient with BOTH mild symptoms AND slight impairment in social, work, and school functioning = Rating 71-73

71

#### 70 SOME PERSISTENT MILD SYMPTOMS

CRITERIA: -Mild symptoms are present that are NOT just expectable reactions to psychosocial stressors (e.g., mild or lessened depression and/or mild insomnia)  
-Some persistent difficulty in social, occupational, or school functioning (e.g., occasional truancy, theft within the family, or repeated falling behind in school or work)  
-But has some meaningful interpersonal relationships

**SCORING:** -A patient with EITHER mild persistent symptoms OR mild difficulty in social, work or school functioning = Rating 68-70  
-A patient with mild persistent difficulty in more than one area of social, work, and school functioning = Rating 64-67  
-A patient with BOTH mild persistent symptoms AND some difficulty in social, work, and school functioning = Rating 61-63

61

## 60 MODERATE SYMPTOMS

**CRITERIA:** -Moderate symptoms (e.g., frequent, moderate depressed mood and insomnia and/or moderate ruminating and obsessing, or occasional anxiety attacks, or flat affect and circumstantial speech, or eating problems and below minimum safe weight without depression)  
 -Moderate difficulty in social, work, or school functioning (e.g., few friends, or conflicts with co-workers)

**SCORING:-** **A patient with EITHER moderate symptoms OR moderate difficulty in social, work, or school functioning = Rating 58-60**  
**-A patient with moderate difficulty in more than one area of social, work, or school functioning = Rating 54-57**  
**-A patient with BOTH moderate symptoms AND moderate difficulty in social, work, and school functioning = Rating 51-53**

51

## 50 SERIOUS SYMPTOMS OR IMPAIRMENT IN SEVERAL AREAS OF FUNCTIONING

**CRITERIA:** -Serious impairment with work, school, or housework if a housewife (e.g., unable to keep job or stay in school, or failing school, or unable to care for the family and house)  
 -Frequent problems with the law (e.g., frequent shoplifting, arrests) or occasional combative behavior  
 -Serious impairment in relationships with friends (e.g., very few or no friends, or avoids what friends he/she has)  
 -Serious impairment in relationships with family (e.g., frequent fights with family and/or neglects family or has no home)  
 -Serious impairment in judgment (including inability to make decisions, confusion, disorientation)  
 -Serious impairment in thinking (including constant preoccupation with thoughts)  
 -Serious impairment in mood (including constant depressed mood and helplessness and hopelessness or agitation, or manic mood)  
 -Serious impairment due to anxiety (panic attack, overwhelming anxiety)  
 -Other symptoms: some hallucinations, delusions, or severe obsessional rituals  
 -Passive suicidal ideation

**SCORING: -** **A patient with 1 area of disturbance = Rating 48-50**  
**A patient with 2 areas of disturbance = Rating 44-47**  
**-A patient with 3 areas of disturbance = Rating 41-43**  
**-A patient with 4 areas of disturbance = Rating 38-40**  
**-A patient with 5 areas of disturbance = Rating 34-37**  
**-A patient with 6 areas of disturbance = Rating 31-33**

31

## 30 INABILITY TO FUNCTION IN ALMOST ALL AREAS

**CRITERIA:** Unique Items:

-Suicidal preoccupation or frank suicidal ideation with preparation

OR -Behavior considerably influenced by delusions or hallucinations

OR -Serious impairment in communication (sometimes incoherent, acts grossly inappropriately, or profound stuporous depression)

OR Combined Items:

-Serious impairment with work, school, or housework if a housewife (unable to keep job or stay in school, or failing school, or unable to care for family and house)

-Frequent problems with the law (frequent shoplifting, arrest) or occasional combative behavior

-Serious impairment in relationships with friends (very few or no friends, or avoids what friends he/she has)

-Serious impairment in relationships with family (frequent fights with family and/or neglects family or has no home)

-Serious impairments in judgment (including inability to make decisions, confusion, disorientation)

Physician (Psychiatrist), Psychologist, PCNS, LSCW, LPC, FQHC, RHC

- Serious impairment in thinking (including constant preoccupation with thoughts, distorted body image, paranoia)
- Serious impairment in mood (including constant depressed mood and helplessness and hopelessness, or agitation, or manic mood)
- Serious impairment due to anxiety (panic attacks, overwhelming anxiety)
- Other symptoms: some hallucinations, delusions, or severe obsessional rituals
- Passive suicidal ideation

- SCORING: - A patient with 1 of the first 3 (unique) criteria = Rating 21**  
**-A patient with 7 or the combined criteria = Rating 28-30**  
**-A patient with 8-9 of the combined criteria = Rating 24-27**  
**-A patient with 10 of the combined criteria = Rating 20-23**

21

20 IN SOME DANGER OF HURTING SELF OR OTHERS

- CRITERIA:**
- Suicide attempts without clear expectation of death (e.g., mild overdose or scratching of wrist with people around)
  - Some severe violence or self mutilating behaviors
  - Severe manic excitement, or severe agitation and impulsivity
  - Occasionally fails to maintain personal hygiene (e.g., diarrhea due to laxatives, or smearing feces)
  - Urgent/emergency admission to the present psychiatric hospital
  - In physical danger due to medical problems (e.g., severe anorexia or bulimia and some spontaneous vomiting or extensive laxative/diuretic/diet pill use, but without serious heart or kidney problems or severe dehydration and disorientation)

- SCORING:**
- A patient with 1-2 of the 6 areas of disturbance listed in the category = Rating score of 18-20
  - A patient with 3-4 of the 6 areas of disturbance in this category = Rating score of 14-17
  - A patient with 5-6 of the 6 areas of disturbance in this category = Rating score of 11-13

11

10 IN PERSISTENT DANGER OF SEVERELY HURTING SELF OR OTHERS

- CRITERIA:**
- Serious suicidal act with clear expectation of death (e.g., stabbing, shooting, hanging, or serious overdose with no-one present)
  - Frequent severe violence or self mutilation
  - Extreme manic excitement, or extreme agitation and impulsivity (e.g., wild screaming and ripping the stuffing out of a bed mattress)
  - Persistent inability to maintain personal hygiene
  - Urgent/emergency admission to present psychiatric hospital
  - In acute, severe danger due to medical problems (e.g., severe anorexia or bulimia with heart/kidney problems, or spontaneous vomiting WHENEVER food is ingested, or severe depression with out of control diabetes)

- SCORING: - A patient having 1-2 of the 6 areas of disturbance in this category = Rating score 8-10**  
**-A patient having 3-4 of the 6 areas of disturbance in this category = Rating 4-7**  
**-A patient having 5-6 of the 6 areas of disturbance in this category = Rating score 1-31**

1



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**PSYCHOLOGICAL SERVICES REQUEST FOR PRIOR AUTHORIZATION**

Authorization approves the medical necessity of the requested service only. It does not guarantee payment. The recipient must be Medicaid eligible on the date of service.

RECIPIENT NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	PROVIDER NAME (AFFIX LABEL HERE)
RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	MEDICAID NUMBER	ADDRESS
<input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> *CONTINUED TREATMENT		MEDICAID PROVIDER NUMBER
PROVIDER TELEPHONE NO.	PROVIDER FAX NO.	SIGNATURE
		DATE

- Has the patient/guardian agreed to his/her treatment plan?     Yes     No
- Have you communicated with the PCP or other relevant health care practitioners about treatment?     Yes     No     No Release     No PCP
- Are you requesting Family Therapy be conducted?     Yes    Provider# \_\_\_\_\_     No
- Are you requesting Group Therapy be conducted?     Yes    Provider# \_\_\_\_\_     No
- Are you requesting assessment hours?     Yes    Hours \_\_\_\_\_     No
- Are you requesting diagnostic testing?     Yes    Hours \_\_\_\_\_     No

**DSM-IV-TR MULTIAXIAL DIAGNOSIS (PLEASE COMPLETE)**

**AXIS I: CLINICAL DISORDERS OR OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTIONS**

DIAGNOSTIC CODE	DIAGNOSTIC CODE
_____	_____

IS THERE ANY EVIDENCE OF SUBSTANCE ABUSE?  
 Yes     No

**AXIS II: PERSONALITY DISORDERS, MENTAL RETARDATION**

DIAGNOSTIC CODE	DIAGNOSTIC CODE
_____	_____

**AXIS III: GENERAL MEDICAL CONDITIONS**

DOES THIS PATIENT HAVE A CURRENT GENERAL MEDICAL CONDITION THAT IS POTENTIALLY RELEVANT TO THE UNDERSTANDING OR MANAGEMENT OF THE CONDITION(S) NOTED IN AXIS I OR II?

Yes     No    If Yes, list condition: \_\_\_\_\_

**AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS (PLEASE INDICATE ALL THAT APPLY)**

- |  |  |
|--|--|
| <input type="checkbox"/> Problems with primary support group                     | <input type="checkbox"/> Economic problems     |
| <input type="checkbox"/> Problems related to social environment                  | <input type="checkbox"/> Educational problems  |
| <input type="checkbox"/> Problems with access to health care services            | <input type="checkbox"/> Occupational problems |
| <input type="checkbox"/> Other psychosocial and environmental problems           | <input type="checkbox"/> Housing problems      |
| <input type="checkbox"/> Problems related to interaction with legal system/crime | <input type="checkbox"/> None                  |

**AXIS V: GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF)**

SCORE	DATE
_____	_____

**SERVICE INFORMATION**  
(This area to be used only if the patient is between the ages of 0-2 or if Family Therapy without the patient present)

REF. NO.	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	FROM	THROUGH	DESCRIPTION OF SERVICE/ITEM	QTY. OR UNITS	FOR STATE USE ONLY	
								APPROVED	DENIED
1									
2									
3									

\* Requires an initial assessment, treatment plan and the last three progress notes. Continued treatment requests may only be made after 75% of the current PA is used.

## INSTRUCTIONS FOR COMPLETION

### HEADER INFORMATION

**Recipient Name** – Enter the recipient's name as it appears on the Medicaid ID card.

**Date of Birth** – Enter the recipient's date of birth.

**Provider Name** – Attach a Medicaid provider label or enter the requested provider's information exactly as it appears on the label.

**Recipient Address** – Enter the recipient's current address.

**Medicaid Number** – Enter the recipient's 8-digit Medicaid identification number as shown on the Medicaid identification card or county letter of eligibility.

**Provider Address** – If a Medicaid provider label is not used, enter the complete mailing address in this field.

**Initial Request/Continued Treatment** – Mark *Initial* for the first Prior Authorization (PA) requested after the 4 hours service without PA. Mark *Continued Treatment* for any PA requested after the initial PA. After the initial/first PA, the second and all future requests require copies of the original assessment, the treatment plan, and the last three progress notes attached to the Prior Authorization Request Form.

**Medicaid Provider Number** – If a Medicaid provider label is not used, enter the provider's Medicaid identification number.

**Provider Phone** – Enter current phone number of the provider making the request.

**Provider Fax Number** – Enter the fax number of the provider making the request.

**Signature/Date** – The provider of services should sign the request and indicate the date the form was completed.

**QUESTIONS NUMBER 1 THROUGH 6 MUST BE COMPLETED. A SEPARATE PA MUST BE REQUESTED FOR NUMBERS 3 AND 4. HOURS FOR ASSESSMENT AND DIAGNOSTIC TESTING MUST BE LISTED IN ORDER TO BE REIMBURSED.**

### DSM-IV-TR MULTIAXIAL DIAGNOSIS MUST BE COMPLETED

Axis I – Clinical Disorders

Axis II – Personality Disorders, Mental Retardation

Axis III – General Medical Conditions

Axis IV – Psychosocial and Environmental Problems

Axis V – Global Assessment of Functioning

**SERVICE INFORMATION** – This field is only to be used for psychological services for children under 3 years of age and Family Therapy without Patient Present.

- 1). Ref. No. – (Reference Number) A unique designator (1-4) identifying each separate line on the request.
- 2). Procedure Code – Enter the behavioral therapy procedure code being requested here.
- 3). Modifier 1 and Modifier 2 – If appropriate, enter the modifier that goes with the corresponding procedure code here.
- 4). From – Enter the from date that service will begin if authorization is approved (mm/dd/yy format).
- 5). Through – Enter the through date that the service will terminate if authorization is approved (mm/dd/yy format).
- 6). Description of Service/Item – Enter a specific description of the service/item being requested.
- 7). Quantity or Units – Enter the quantity or units of service/item being requested.

STATE USE ONLY – Leave Blank

Prior authorization request may be phoned, faxed or mailed into the call center (see below)

Verizon  
P.O. Box 4800  
Jefferson City, MO 65102  
Phone (toll free) 866-771-3350  
Fax 573-635-6516