



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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

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**THIS BULLETIN ONLY APPLIES TO CHILDREN CURRENTLY ENROLLED IN PRIOR AUTHORIZATION (NOT IN STATE CUSTODY, ADOPTION SUBSIDY OR RESIDING IN RESIDENTIAL TREATMENT FACILITIES)
THIS BULLETIN DOES NOT APPLY TO ADULTS**

PRIOR AUTHORIZATION FOR INDIVIDUAL THERAPY FOR 4 YEAR OLDS

Effective May 20, 2007 Individual therapy will be covered for four (4) year olds through the prior authorization (PA) process when medically necessary and appropriate. Providers are urged to review current policy and Psychology Manual when considering the provision of this insight oriented psychotherapy to young children.

Providers may deliver four (4) hours of psychological services without PA to a patient they have not provided treatment to within the last rolling year. The four (4) hours are intended to assist a provider seeing a patient for the first time in making the transition to PA should more than four (4) hours be required for treatment. The claims for the four (4) non-PA hours should be submitted and payment received prior to submitting claims for any prior authorized hours/services. Providers who have been paid for services in excess of four (4) hours for a patient in the last year will not receive four (4) non-PA hours for that patient.

PAs will be based on the type of therapy requested as detailed below.

PRIOR AUTHORIZATION LIMITATIONS BY AGE GROUP

Children Age Birth through 2 Years

Assessment for up to three (3) hours and/or Psychological Testing for up to four (4) hours may be authorized with submission of documentation. **Assessment and Testing for a child under the age of three (3) *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-PAd 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

- 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 will not be authorized with the exception of Individual Interactive Therapy, which 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

- 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.
- Individual Interactive 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 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 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 the 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 the 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 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 the submission of required documentation.

REQUESTING ADDITIONAL HOURS/REAUTHORIZATION

Currently the Division of Medical Services requires 75% of the current PA to be used before requesting additional hours. Effective May 20, 2007, **if the current PA was approved for less than 10 hours**, additional hours may be requested when 40% of the current PA hours have been used. Hours used must be documented in the medical record. When requesting an authorization for additional hours, the documentation must include information from the **most recent** contacts available for review.

Current PAs for 10 hours or MORE still require 75% of the PA to be used before requesting additional hours.

INDIVIDUAL INTERACTIVE THERAPY

Individual Interactive Therapy is for children who have not developed or have lost expressive language skills and requires PA regardless of the age and is not allowed under the four (4) hours of non-PA services. The record must document the need for interactive therapy and the type of equipment, device or other mechanism of communication. This procedure can include services such as play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication.

FAMILY THERAPY WITHOUT PATIENT PRESENT

Family Therapy without the Patient Present (90846) requires PA regardless of the age and is not allowed under the four hours of non-PA services. All requests for Family Therapy without the Patient Present require PA and will be authorized based upon the submission of required documentation and subsequent clinical review. Family Therapy without the 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 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 must 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.

Psychotherapy Bulletin, Volume 28, Number 52, dated June 15, 2006 includes information on the documentation requirements for requesting a PA for Family Therapy. Section 13.2 of the Psychology/Counseling [Manual](#) includes definition and requirements for Family Therapy without the Patient Present.

The Psychology/Counseling [Billing Booklet](#) is also available at Missouri Medicaid's Web site, www.dss.mo.gov/dms. Section 4.3 further defines Family Therapy and requirements for billing this therapy.

PRIOR AUTHORIZATION HOURS

PAs for psychological services for children are issued for a maximum of ten (10) hours for adjustment disorder, V-code, or NOS DSM-IV-TR diagnosis codes. For the hours issued for all other covered diagnosis codes refer to the PA limitations by age group previously stated in this bulletin. Please refer to Section 13.28 of the Psychology/Counseling Manual and the Psychology/Counseling Billing Booklet page 4.4 for a list of covered diagnosis codes.

The Division of Medical Services recognizes that there are rare instances in which psychological 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 Psychology Help Desk (866-771-3350) for additional information on requesting a Clinical Exception.

Please refer to Psychotherapy Bulletin Volume 27, Number 17 dated April 13, 2005, The Psychology/Counseling Provider Manual Section 13.15.A -PRIOR AUTHORIZATION GUIDELINES - CHILDREN 0 THROUGH 20, or the Psychology/Counseling Billing Booklet for information regarding hours that are approved based on diagnoses.

REQUESTING PRIOR AUTHORIZATIONS

Providers are reminded that a PA request cannot be processed if the recipient or provider identifying information is incomplete or inaccurate (including Provider Number, 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 prior authorization.

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 Medicaid 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 Medicaid provider.

More detailed information of the documentation requirements can be found in the Psychology/Counseling Manual, section 13.6. This information can also be found in the Psychology/Counseling Billing Booklet, Section 4.

RECIPIENT APPEAL RIGHTS

When a request is denied, the recipient 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 recipient, in writing, to the Division of Medical Services, Recipient Services Unit (RSU), P.O. Box 3535, Jefferson City, MO 65102-3535. The Recipient Services Unit may also be called toll free at 1-800-392-2161 or 573-751-6527 at the caller's expense. The recipient must contact RSU 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.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/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 site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list 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 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

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