



## **DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN**

Volume 27 Number 1

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October 1, 2004

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

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#### **PRIOR AUTHORIZATION PROCESS FOR PSYCHOLOGICAL SERVICES**

The Prior Authorization (PA) process for psychological services (13 CSR 70-98.020) will serve 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 process for psychological services will proceed in three stages. Effective November 1, 2004, PA of psychological services as specified herein will be required for all adults 21 years of age and older. In subsequent phases the Division of Medical Services (DMS) will implement PA of psychological services for children not in residential treatment or state custody and finally, children in residential treatment or state custody will be added. The information within this bulletin addresses the Adult Population. There will be ongoing discussions regarding implementation of each eligibility group. You will be notified via bulletin of criteria set for

each group. Limitations stated in the Volume 26 Number 3 bulletin dated June 16, 2004 will remain in place.

### **PSYCHOLOGICAL DIAGNOSIS CODING**

Psychological services will be covered if they are determined medically necessary when using the DSM-IV-TR diagnosis criteria. In order to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA) the appropriate ICD-9 diagnosis code must be used when filing a claim for the service.

Claims for psychotherapy procedures require one of the following diagnosis codes as a primary diagnosis in order to be considered for payment: 290-316, V11-V11.8, V15.4-V15.42, V17-V17.0, V40-V40.1, V61-V61.9, V62.4, V62.8-V62.89, V67.3, V71.0-V71.02 and V79-V79.1. Providers must use the appropriate 4th and 5th digits when applicable. These codes are listed in ICD-9-CM, Volume 1. Psychotherapy services are not covered for diagnoses related to mental retardation.

### **DIAGNOSIS CODES AND AUTHORIZED HOURS**

Approved individual therapy PA's will be issued for 10 hours if the covered diagnosis code involves an adjustment disorder, V code, or a NOS (not otherwise stated) DSM-IV-TR diagnosis code. All other covered diagnosis codes will be issued for 20 hours if PA is approved. Approved group or family therapy PA's will be issued for 10 hours for all covered mental health diagnoses.

### **PSYCHOLOGICAL SERVICES REQUEST FOR PRIOR AUTHORIZATION FORM**

For dates of service beginning November 1, 2004 and after the first 4 hours of psychotherapy services do not require PA. If more than the 4 non-prior authorized hours are needed a prior authorization must be obtained. This prior authorization must be requested prior to rendering the services. In order not to interrupt services it would be best to request prior authorization before all of the first 4 hours are used. The first PA approval will be the initial PA, any services requested after the initial PA will be considered continued treatment. The Psychological Services Request for Prior Authorization form (attached) must be used when requesting a prior authorization by mail or by fax. If requesting individual therapy be continued after the initial PA, and/or if requesting group or family therapy, the form must be mailed or faxed and accompanied by the assessment, treatment plan, and last three progress notes. 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. A modified Global Assessment of Functioning Scale (GAF Scale) is attached for assistance in completing Axis V of the PA form.

### **INITIATE PRIOR AUTHORIZATION PROCESS**

Except for those services currently prior authorized, as stated in this bulletin, beginning November 1, 2004 the first 4 hours of therapy service will not require PA. The first 4 hours will be allowed per provider, per recipient. The provider may use these hours in time segments according to procedure code and policy requirements as stated in the Psychotherapy Bulletin, Volume 26, Number 1 dated October 22, 2003. During this time the provider may see the recipient to determine whether or not to proceed with further visits.

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  
P.O. Box 4800  
Jefferson City, MO 65102  
or  
Phone: 866-771-3350  
or  
Fax: 573-635-6516

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 3 working days of receipt of request. The provider's office staff may initiate the PA process as long as they have all required information. The caller must have all information on the form readily available in order to continue the call. Documentation does not need to be submitted with the first individual therapy PA request with a covered diagnosis. Documentation as stated in 13 CSR 70-98.010 must be kept in the patient's medical record for all services.

### **PRIOR AUTHORIZATION HOURS**

PAs for individual therapy issued for 10 (adjustment disorder, V-code, or NOS DSM-IV-TR diagnosis codes) or 20 (all other covered diagnosis codes) hours may be used for: assessment, individual therapy and diagnostic testing. Assessment and diagnostic testing hours must be identified on the PA form or requested verbally in the PA request via phone. PA's for group and family therapy are issued for 10 hours.

Diagnostic testing may be reimbursed for a maximum of 2 hours of the 10 hours or 4 hours of the 20 hours of individual therapy per recipient per provider per rolling year. Testing services are not covered when provided by a LCSW or LPC.

All group and family therapy require copies of the original assessment, the treatment plan, and the last three progress notes attached to the Psychological Services Request For Prior Authorization form. After the initial individual therapy PA, the second and all future requests for continued treatment require copies of the original assessment, the treatment plan, and the last three progress notes attached to the Psychological Services Request For Prior Authorization form. 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.

### **PRIOR AUTHORIZATION CHANGES/CLOSES**

Only one individual therapy PA and one group or family PA per recipient will be issued at a time. If changing providers, the provider listed on the current PA 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 release from the patient, requesting a change in provider, in order to close the current PA.

## **PRIOR AUTHORIZATION EXEMPTIONS**

Procedure codes with an evaluation and management component are exempt from prior authorization.

Crisis intervention, when 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), a federally qualified health center (FQHC), or inpatient hospital, 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 SERVICES FOR CHILDREN UNDER 3 YEARS OF AGE AND FAMILY THERAPY**

Individual therapy, family therapy with the patient present, and group therapy require PA for children under age 3 when provided by a PCNS, LCSW, PLCSW, LPC, PLPC, RHC, and FQHC clinic. Family therapy without the patient present requires PA for all recipients age 0-20 when provided by a psychiatrist, psychologist, PCNS, LCSW, PLCSW, LPC, PLPC, RHC, and FQHC. All other current PA policy regarding limitations and services are still effective. In addition to the other psychological services, these therapy services must be submitted on the new Psychological Services Request For Prior Authorization form. (See attached). The 4 non-prior authorized hours of mental health services, as described in this bulletin, do not apply to these services.

## **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 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.

**CORRECTION TO PSYCHOTHERAPY BULLETIN DATED JUNE 16, 2004**

Procedure codes 96100U8 and 96100AHU8 may only be provided by a physician (psychiatrist), psychologist, psychiatric clinical nurse specialist (PCNS), federally qualified health care (FQHC), or rural health clinic (RHC).

**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**

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## 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 individual 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 individual 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) Group or family therapy must be requested separately by the individual therapist and will be issued for 10 hours.

Step 2 – If individual therapy services are needed beyond those services listed in (a) above or if requesting family or group therapy, 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 or family therapy without the patient present continue to require PA for all services.
- 3) Only two PA requests will be issued at any given time for a recipient. One for individual therapy and one for family or group therapy. Each must be requested separately.
- 4) 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.
- 5) Documentation for all services (as stated in 13 CSR 70-98.010) must be kept in the patient's medical record.

## 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

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## 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)

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

-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)
- 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 1-3

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 _____
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IS THERE ANY EVIDENCE OF SUBSTANCE ABUSE?

- Yes  No

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

DIAGNOSTIC CODE _____	DIAGNOSTIC CODE _____
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**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 _____
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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)								FOR STATE USE ONLY	
REF. NO.	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	FROM	THROUGH	DESCRIPTION OF SERVICE/ITEM	QTY. OR UNITS	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