

**Non-pharmaceutical Behavioral Health Services Prior Authorization
Advisory Committee Meeting
615 Howerton, Conference Room 202
May 4, 2017
10:00am -12:20pm**

MEMBERS IN ATTENDANCE

Leslie Luchene, PhD
Vicky Lynn Tupper Mieseler, MS
Nancy Spargo, AM, LCSW
Dawn Swinger, M. Ed., LPC
Bruce Horwitz, PhD
Allyson Ashley, LCSW
Nancy Gongaware, MA, LPC, SPHR

MO HEALTHNET STAFF IN ATTENDANCE

Eric Martin, PhD
Stacie Gibson
Rhonda Schenewerk
Jenna McTeer, RN

MEMBERS ABSENT

Laine Young-Walker, MD
Patsy Carter, PhD
Dan Holdinghaus, LPC

OTHER ATTENDEES PRESENT

Annette Walther, Wipro

OTHER ATTENDEES ABSENT

Ivy Doxley, Children's Division

Topic	Discussion	Action
Welcome/Roll Call	Attendance as above	FYI
Mental Health and Substance Use Disorder Parity	Eric provided an update. The compliance deadline for this federal CMS rule is 10/2/2017. More information will be forthcoming following the parity analysis. Prior to the parity analysis, information will be gathered by MHD and DMH regarding the various types of limitations on mental health/substance use disorder services and similar information will be gathered by the MHD managed care health plans regarding mental health/substance use disorder services and medical/surgical services. It is possible that the prior authorization process for	Eric will keep this committee informed of developments and seek input on any decisions that need to be made.

	the behavioral health services may need to be modified or that other utilization management strategies may need to replace it.	
Psychiatric diagnostic evaluation (90791, 90792)	Eric reported that MHD policy regarding these procedures may need to be reviewed. These procedures do not require prior authorization. MHD has defined a unit as 30 minutes, but per the CPT manual, these are untimed codes that can only be billed once per day. MHD has a limit of 6 units per patient, per provider, per rolling year. MHD also requires that assessments be updated annually for individuals age 13 and up and every 6 months for children under 13. Eric reported that it has been brought up that the MHD managed care health plans may pay the same rate as the MHD fee schedule but may also limit these procedures to one per day. Discussion was held regarding the implications of the current policy as well as potential changes. Further consideration is needed.	Eric will send additional information to committee members for consideration.
Group therapy (90853)	MHD policy limits to 3-10 participants in a group therapy session. These parameters are arbitrary. Vicky gave an example in one of Ozark Center's residential programs. There was discussion of the implications of changing the limits or granting exceptions. The issue was raised of whether the 3-10 participant limit has implications for providers who are performing evidence-based practices of various models.	Eric will email committee members for examples of how the current 3-10 patient limit for group therapy may hinder implementation of evidence based practices.
Precertification Data	The group briefly reviewed the most recent data report (March 2017) regarding prior authorizations for behavioral health services.	FYI
Updates	<ul style="list-style-type: none"> • Provider manual revision in process, will go out to stakeholders following MHD Admin approval • Behavioral health regulation revision will include documentation requirements update developed by sub group of this committee • ABA – collaborating with DMH to look at transition from waiver services • DSS continues to move forward with NCSP certified school psychologists as providers for IEP services in schools. 	FYI