Missouri Department of SOCIAL SERVICES

MoHealth Net

PROVIDER BULLETIN

Volume 45 Number 34 http://dss.mo.gov/mhd/ December 29, 2022

PRIOR AUTHORIZATION PROCESS – RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE

Applies to:

- **Qualified Residential Treatment Programs (QRTP)**
- **Residential Treatment Agencies for Children and Youth**
- **Child Placing Agencies Delivering Treatment Foster Care Services**

Effective date: January 1, 2023

PRIOR AUTHORIZATION REQUIRED

Prior authorization is required for Treatment Foster Care, Transition TFC, and Residential Treatment Level 2, Level 3, Level 4, Above Level Residential, and Residential Aftercare.

INSTRUCTIONS FOR SUBMITTING PRIOR AUTHORIZATION REQUESTS

For fee-for-service covered participants, please submit a completed Prior Authorization Request form and supporting documentation via fax to (**573) 659-0207** up to five business days prior to the requested date of admission.

Instructions for completing each section of the form are below:

- Section I – Complete 2-5; 7 and 8;
- Section II – Leave blank;
- Section III
  - Enter procedure code and modifiers for service and level requested (17-18 – see tables below);
  - Enter from and through dates requested (19-20);

- Leave 21-24 blank;
- Submit also the below supporting documentation (as available):
  - Referral information for admission -to include the independent assessment (which needs to include the CANS and/or CSPI), CS9, DLA 20, etc.;
  - Most recent psychiatric evaluation completed by psychiatrist, psychologist, or advanced practice psychiatric nurse if available;
  - Rationale for admission to requested level of care;
  - Documentation of previous treatment history and outcome of treatment if applicable;
  - Guardian contact information;
  - Discharge Plan –starts at admission and will develop throughout continued stay;
  - Discharge Planner Information

- Section IV – Complete all fields;
- Section V – Leave blank.

PROCEDURE CODES AND MODIFIERS

Residential Treatment Services

	Level 2	***Level 3***	***Level 4***	***Above Level 4***	***Aftercare***
QRTP	H0019 HK	H0019 TF HK	H0019 TG HK	H0019 TJ HK	H2022 HK
Non-QRTP	H0019 HA	H0019 TF HA	H0019 TG HA	H0019 TJ HA	H2022 HA

Treatment Foster Care Services

Treatment Foster Care	*H2020*
Transition TFC	H2022 HE

CONTINUED SERVICE REVIEWS

Continued service reviews are required and will be determined based on continued medical necessity for treatment. The treating provider/agency must submit continued service requests via the above form with supporting documentation by fax to (**573) 653-0207**. Please complete form as above and indicate “continued service request” in box 1. Continued service requests may be submitted up to 5 days prior to the last covered day.

The first continued service review must include the member’s plan of care. All continued service requests must include evidence that clearly supports the need for ongoing treatment at the requested level of care and must clearly identify why the member’s treatment needs can’t be treated at a lower level of care. Documentation to be submitted at concurrent review may include:

- Plan of care since last review;
- Psychiatrist/treatment team progress notes;
- Individual therapy progress notes since last review period;
- Family therapy progress notes since last review period. If not applicable, documentation must clearly indicate why family therapy sessions are not occurring;
- Any updates to the participant's diagnoses;
- Discharge Plan – to include any details currently available including any established outpatient providers, appointment dates and times, recommended treatment level of care, etc.

RESPONSE TIMELINE

MO HealthNet Division (MHD) will provide a medical necessity determination within 36 hours, to include 1 business day. If additional information is required to determine medical necessity, MHD will contact the provider who submitted the request to gather additional information. If MHD requests additional information, this does extend the time MHD has to determine medical necessity. Each determination and length of authorization will be based on individual medical necessity review and member needs.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

Provider Bulletins are available on the MO HealthNet Division (MHD) website at http://dss.mo.gov/mhd/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 page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD website at http://dss.mo.gov/mhd/ to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

Provider Communications Hotline
573-751-2896