

PROVIDER BULLETIN

Volume 41 Number 48

<http://dss.mo.gov/mhd/>

April 18, 2019

Precertification Changes for Behavioral Health Services

CONTENTS

- Precertification Changes
 - Children Not In State Custody: Maximum Hours For 12-Month Precertification
 - Children In State Custody: Maximum Hours For 12-Month Precertification
 - Adults: Maximum Hours For 12-Month Precertification
 - Evidence-Based Practices
 - What Is Not Changing?
 - Transitional Period
 - Billing Instructions
 - Clinical Exceptions
 - Applicability
-

Precertification Changes

Effective May 1, 2019, the MO HealthNet Division (MHD) is implementing several policy changes related to precertification of behavioral health services:

- The number of hours a provider may deliver prior to requesting precertification is increasing from 4 hours to 14 hours. This applies to participants, ages 3 years and up, for whom a provider did not precertify services in the previous rolling 12-month period. The 14 hours may include any combination of individual therapy, family therapy without patient present, family therapy, or group therapy services (90832, 90834, 90837, 90846, 90847, or 90853).
- Prior to delivering additional services (beyond the initial 14 hours), a provider must request precertification. The default precertification period is increasing from 6 months to 12 months. Depending on diagnosis, the maximum number of hours for a precertification is increasing accordingly. The tables below provide the maximum hours according to age, therapy type, and eligibility.
- Requests for continued services beyond the 12-month precertification must include (1) a completed [Behavioral Health Services Request for Precertification](#) form, (2) a letter explaining the rationale for continued services, and (3) supporting clinical documentation (assessment, treatment plan, and most recent three progress notes). A

clinical consultant will review all continued service requests for medical necessity. These requests must be submitted via fax to the Behavioral Health Services Help Desk at (573) 635-6516. Call the Behavioral Health Help Desk at (866) 771-3350 with any questions.

Children Not In State Custody: Maximum Hours for 12-Month Precertification

Age	Testing*	Individual 90832/ 90834/90837	Family 90847	Family without patient 90846	Group 90853
0-2	4	N/A	20	10	N/A
3	N//A	5	15	10	N/A
4	N/A	15	15	10	N/A
5-12	N/A	16	37	10	13
13-17	N/A	27	26	10	13
18-20	N/A	37	16	10	25

**Note: Precertification not required for testing unless under age 3.*

Children in Foster Care: Maximum Hours for 12-Month Precertification

Age	Testing*	Individual 90832/ 90834/90837	Family 90847	Family without patient 90846	Group 90853
0-2	4	N/A	50	10	N/A
3	N//A	15	35	10	N/A
4	N/A	35	35	10	N/A
5-12	N/A	37	37	10	36
13-17	N/A	37	37	10	36
18-20	N/A	37	37	10	36
21-25	N/A	37	37	10	36

**Note: Precertification not required for testing unless under age 3.*

Adults: Maximum Hours for 12-Month Precertification

	Individual 90832/ 90834/90837	Family 90847	Family without patient 90846	Group 90853
<i>Max Hours</i>	15	10	10	25

**Note: Provider may precertify up to 25 hours of individual, or family, or a combination.*

Evidence-Based Practices

MO HealthNet encourages the delivery of evidence-based practices rather than treatment as usual whenever possible. For providers delivering dialectical behavior therapy (DBT), trauma-focused cognitive-behavioral therapy (TF-CBT), parent-child interaction therapy (PCIT), or parent management training (PMT), the precertification system is designed to assign an adequate number of therapy hours based on the particular model being utilized. When requesting precertification for one of these EBPs, the provider will need to indicate if s/he has received appropriate training and/or certification.

What is not changing?

- A provider may perform a diagnostic evaluation for a child under 3 years of age without precertification; however, in order to provide any additional services, precertification is required.
- Services not requiring precertification remain the same (e.g., assessment, psychological testing, health and behavior assessment and intervention, individual tobacco cessation counseling).
- Precertifications for psychotherapy services include a maximum of 10 hours per rolling year for adjustment disorder, Z codes, or unspecified current version ICD diagnostic codes.
- Initial precertification may be requested through CyberAccess or by faxing a [Behavioral Health Services Request for Precertification](#) form to the Behavioral Health Help Desk at (573) 635-6516 or by calling (866) 771-3350.
- Precertifications are counted in hours not units. For example, a 10 hour precertification for individual therapy would permit 20 units of 90832 or 13 units of 90834 or 10 units of 90837.
- If a therapist is part of a clinic or group, the precertification should be requested using the clinic/group NPI.

Transitional Period

- If no precertification in the prior 12 months (regardless of whether four non-precertified hours were used), a provider may deliver 14 hours of services prior to requesting precertification.
- Precertifications created prior to May 1, 2019 with remaining hours will continue to be valid through the original expiration date. The provider does not need to make any changes or request a new precertification until the hours are used or the precertification expires. Once the hours are used or the precertification expires, the provider must request precertification and will receive a 12-month precertification without being required to submit clinical documentation.

Billing Instructions

- Note that the MHD system will automatically create a 14 hour transparent precertification when a claim is received for a participant for whom the provider did not precertify services in the prior 12 months. This will be displayed in CyberAccess as an "Initial Therapy" precertification. Because of this, the first claim of a 14 hour transparent precertification will adjudicate within 24 hours and not in real time. The MHD

recommends that providers submit the first claim of the 14 hours prior to the last day of the financial cycle in order to avoid a delay in reimbursement.

Clinical Exceptions

MHD recognizes there are rare instances when behavioral health services may be needed beyond program limits defined in the *Behavioral Health Services Manual*, located here: http://manuals.momed.com/collections/collection_psy/print.pdf. For example, a provider may request a clinical exception to exceed daily, monthly, or annual limits for specific services due to medical necessity. To do so, a provider must submit, in advance of providing services, a letter with clinical rationale and any available supporting documentation via fax to the Behavioral Health Help Desk at (573) 635-6516. A clinical consultant will review all exception requests for medical necessity, and the provider will receive a faxed response indicating whether medical necessity is met. Providers may call the help desk with questions at (866) 771-3350.

If a precertification expires or if all precertified therapy hours have been used, a provider must submit a request for precertification form, letter with clinical rationale, and clinical documentation. This is considered a request for continued services (see third bullet point under "Precertification Changes" section above).

Applicability

This bulletin applies only to services delivered through the fee-for-service delivery system.

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site 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 Web site 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

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**