

## PROVIDER BULLETIN

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### BEHAVIORAL HEALTH SERVICES UPDATES

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- **13 CSR 70-98.015 and 13 CSR 70-98.020 amended**
  - **Removal of maximum monthly billable hours limit**
  - **Removal of annual limit for psychotherapy for crisis**
  - **Streamlined documentation requirements**
  - **Adequate documentation and adequate records**
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#### **13 CSR 70-98.015 and 13 CSR 70-98.020 amended**

Effective May 30, 2019, the MO HealthNet Division (MHD) has amended 13 CSR 70-98.015 and 13 CSR 70-98.020. The amendments are available online at <https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-98.pdf>. Significant changes are highlighted below.

#### **Removal of maximum monthly billable hours limit**

Pursuant to mental health parity rules, the MHD has removed the 150-hour per calendar month limit for providers of behavioral health services.

#### **Removal of annual limit for psychotherapy for crisis**

Pursuant to mental health parity rules, the MHD has removed the six session annual limit from psychotherapy for crisis (CPT code 90839). See section 13.10.G of the [Behavioral Health Services Provider Manual](#) for requirements related to utilization of psychotherapy for crisis.

#### **Streamlined documentation requirements**

Pursuant to mental health parity rules, the MHD has removed from 13 CSR 70-98.015, the separate documentation requirements that were applicable only to providers of behavioral health services. Providers of behavioral health services continue to be responsible for maintaining adequate documentation and adequate records in accordance with [13 CSR 70-3.030\(2\)\(A\)](#). These documentation requirements are applicable to all MHD providers and are summarized below.

**Adequate documentation and adequate records**

- Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty.
- Adequate medical records are records which are of the type and in a form from which symptoms, conditions, diagnosis, treatments, prognosis, and the identity of the patient to which these things relate can be readily discerned and verified with reasonable certainty.
- All documentation must be made available at the same site at which the service was rendered.
- An adequate and complete record is a record which is legible, which is made contemporaneously with the delivery of service (within 5 business days), which addresses the patient/client specifics, which include, at a minimum, individualized statements that support the assessment or treatment encounter, and shall include documentation of the following information:
  - First name, and last name, and either middle initial or date of birth of the MO HealthNet participant
  - An accurate, complete, and legible description of each service(s) provided;
  - Name, title, and signature of the MO HealthNet enrolled provider delivering the service. Inpatient hospital services must have signed and dated physician or psychologist orders within the patient's medical record for the admission and for services billed to MO HealthNet. For patients registered on hospital records as outpatient, the patient's medical record must contain signed and dated physician orders for services billed to MO HealthNet.
  - The name of the referring entity, when applicable;
  - The date of service (month/day/year);
  - For those MO HealthNet programs and services that are reimbursed according to the amount of time spent in delivering or rendering a service(s) the actual begin and end time taken to deliver the service (for example, 4:00–4:30 p.m.) must be documented;
  - The setting in which the service was rendered;
  - The plan of treatment, evaluation(s), test(s), findings, results, and prescription(s) as necessary. Where a hospital acts as an independent laboratory or independent radiology service for persons considered by the hospital as "nonhospital" patients, the hospital must have a written request or requisition slip ordering the tests or procedures;
  - The need for the service(s) in relationship to the MO HealthNet participant's treatment plan;
  - The MO HealthNet participant's progress toward the goals stated in the treatment plan (progress notes).

**Applicability**

The changes described in this bulletin were implemented pursuant to mental health parity and apply to behavioral health services policy for both managed care and fee-for-service delivery systems.

**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
- 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**