

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

May 3, 2005

MEMORANDUM

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS AND
CHILDREN'S DIVISION STAFF

FROM: FREDERIC M. SIMMENS, DIRECTOR

SUBJECT: PRIOR AUTHORIZATION FOR MEDICAID COUNSELING SERVICES
FOR CHILDREN AND YOUTH, UNDER AGE 21

DISCUSSION:

Effective May 1, 2005, the Division of Medical Services (DMS) will implement a Prior Authorization (PA) process for Medicaid counseling services to children and youth, under age 21, who are not enrolled in an MC+ managed care health plan, not in state custody, or residing in residential treatment facilities. This will require Medicaid providers to obtain prior approval from DMS to provide counseling services to these fee-for service children and youth.

The PA process for psychological services (Administrative Rule 13 CSR 70-98.020) serves as a utilization management measure allowing payment for treatment and services that are medically necessary, appropriate and cost-effective without compromising the quality of care to Missouri Medicaid recipients. There will be no change in how counseling services are accessed for children and youth who receive their behavioral health care through an MC+ managed care health plan.

Staff should be aware of the PA process when referring clients to Medicaid providers. In many instances, the authorization for counseling services and family therapy will be contingent upon the provider submitting specific information for DMS to review and determine the appropriateness and duration of the requested service. In those instances in which a juvenile or family court has ordered Medicaid-covered services (i.e., court ordered supervision, children in legal status 3), a copy of the court order should be forwarded to the provider. The provider may then attach the court order for additional documentation when seeking prior authorization.

Note: A prior authorization process is now being developed for youth in the custody of the division and will be introduced at a later date under separate a memorandum.

For dates of service beginning May 1, 2005, and after, for children and youth not in state custody or residing in residential treatment facilities, the first four (4) hours of psychological services do not require PA. The first four (4) hours will be allowed per provider, per recipient, per rolling year. The provider may use these hours in time segments according to procedure code and policy requirements. If more than the four (4) non-prior authorized hours are needed, PA must be obtained. This PA must be requested prior to rendering the services. In order not to interrupt services it will be best to request PA before all of the first four (4) hours are used.

PAs for psychological services will be issued for up to 10 hours for adjustment disorder V-codes or DSM-IV-TR, not otherwise specified (NOS) diagnosis codes. PAs for psychological services up to 20 hours will be issued for all other covered diagnosis codes. Diagnostic testing may be prior authorized for a maximum of two (2) hours of the 10 hours or four (4) of the 20 hours of individual therapy per recipient, per provider, per rolling year. The four (4) hour maximum for testing per recipient, per provider, per rolling year still applies unless the testing limits have been exhausted.

Prior Authorization by Age Group

Prior authorization of services for children will be based on the age of the child and the type of therapy requested. Children birth through two (2) years of age, Family Therapy without Patient Present, and Individual Interactive Therapy will not be allowed under the four (4) hours of non-prior authorized services.

Children Birth through 2

- Family Therapy authorized initially with documentation and review.
- Individual Therapy will not be authorized.
- Group Therapy will not be authorized.

Children 3 through 4

- Family Therapy authorized initially without submitting documentation.
- Individual Therapy will not be authorized with the exception of Individual Interactive Therapy with documentation and review.
- Group Therapy will not be authorized.

Children 5 through 12

- Family Therapy authorized initially without submitting documentation.
- Group Therapy authorized initially with documentation and review.
- Individual Therapy authorized initially with documentation and review.
- Multiple Therapies authorized initially with documentation and review.

Children 13 through 17

- Individual Therapy authorized initially without submitting documentation.
- Family Therapy authorized initially without submitting documentation.
- Group Therapy authorized initially with documentation and review.
- Multiple Therapies authorized initially with documentation and review.

Youth 18 through 20

- Individual Therapy authorized initially without submitting documentation.
- Family Therapy authorized initially with documentation and review.
- Group therapy authorized initially with documentation and review.
- Multiple Therapies authorized initially with documentation and review.

NOTE: When requesting multiple therapies the treatment plan must indicate the medical need for more than one therapy to be provided. If a child's age changes during the prior authorization period, the prior authorization will continue as authorized.

For more information, see the attached link <http://www.dss.mo.gov/dms> to review Provider Bulletin, Volume 27, Number 17, issued April 13, 2005.

NECESSARY ACTION:

1. Review this memorandum with all Children's Division Staff.
2. All questions should be cleared through normal supervisory channels.

FMS:JCH:ct