

June 1, 2016

## Prior Authorization Requirements for More than 12 Sessions of Certain Services

Effective September 1, 2016, prior authorization will be required for certain outpatient individual, group, and family therapy services when a member receives more than 12 sessions from a single provider. An Outpatient Treatment Request (OTR) form must be submitted to request prior authorization for the service codes below. Location codes 21, 51, 55, 56, and 61 are excluded from this requirement.

- There are **no changes** to current benefits for behavioral health assessments or evaluations, nor on the first 12 therapy visits in any calendar year.
- Prior authorization is **not required** for therapeutic crisis intervention services or for services specific to substance use disorder treatment.
- There are **no coverage limits** to the number of medically necessary outpatient therapy services a member can receive.

InterQual® medical necessity criteria serve as the basis for coverage determinations. This ensures that care plans are actively managed leading to clinical improvement, and that members are receiving the most beneficial care.

### SERVICE CODES REQUIRING AUTHORIZATION FOR MORE THAN 12 SESSIONS

An Outpatient Treatment Request (OTR) form must be submitted to request prior authorization for any member receiving more than a total of 12 sessions in a calendar year by a single provider for the service codes below. Location codes 21, 51, 55, 56, and 61 are excluded from this requirement.

Code	Description
90832	Psychotherapy, 30 minutes with patient and/or family member
90833*	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service
90834	Psychotherapy, 45 minutes with patient and/or family member
90836*	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service
90837	Psychotherapy, 60 minutes with patient and/or family member
90838*	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service
90840*	Psychotherapy for crisis; each additional 30 minutes]
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90845	Psychoanalysis
90875	Individual therapy with biofeedback, 30 min
90876	Individual therapy with biofeedback, 60 min
90880	Hypnotherapy

\*If this add-on code is billed with any other service, that visit will count towards the 12 visits. This change in prior authorization requirements applies to the services specifically provided to each member treated over the course of a calendar year (January 1 - December 31).

## EXAMPLES

EXAMPLES	Number of sessions already provided in 2016 before the effective date of this policy	Number of sessions already provided that are eligible for reimbursement	Number of sessions remaining in 2016 before prior authorization is required	Is prior authorization required immediately in order for additional sessions to be covered?
Patient A	20	20	0	<b>YES</b> Prior authorization is required. No additional sessions will be covered during 2016 without prior authorization.
Patient B	5	5	7	<b>NO</b> Up to 7 additional sessions may be covered during 2016 before prior authorization is required.
Patient C	0	0	12	<b>NO</b> Up to 12 additional sessions may be covered during 2016 before prior authorization is required.
Patient D	12	12	0	<b>YES</b> Prior authorization is required. No additional sessions will be covered during 2016 without prior authorization.

- Example 1 (see table, Patients A and D): If on the effective date of this policy, a member in your care has already received any combination of 12 or more therapy sessions during 2016 from you and/or your practice colleagues, you are eligible to be reimbursed for all covered services already provided. However, prior authorization must be obtained in order to secure additional reimbursement for sessions provided beyond the effective date.
- Example 2 (see table, Patients B and C): If on the effective date of this policy, a member in your care has not already received any combination of 12 or more therapy sessions during 2016 from you and/or your practice colleagues, you are eligible to be reimbursed for all covered services previously provided during 2016 and any additional services provided up to 12 visits, without prior authorization. However, once the member reaches 12 visits for the current calendar year, prior authorization must be obtained in order to secure additional reimbursement.



For the most efficient service, we encourage you to submit prior authorization requests via our secure Provider Portal, <https://provider.louisianahealthconnect.com>.