

Changes to Prior Authorization Requirements

June 1, 2016

Dear Provider,

Effective September 1, 2016, Cenpatico will require providers to obtain prior authorization for certain outpatient individual, group, and family therapy services. In order to more effectively assure that members are receiving the appropriate type and frequency of therapy services and maintain access to needed care, there are no restrictions on any behavioral health assessments or evaluations, nor on the first 12 therapy visits in any calendar year.

As with many other services we review, InterQual® medical necessity criteria will serve as the basis for coverage determinations. We will look to assure that provider care plans are being actively managed and are leading to clinical improvement, and will continue to assist in every way to assure members are receiving the care they will most benefit from with the support of our care coordination programs.

There continue to be no prior authorization requirements on any therapeutic crisis intervention services, and there are no changes to prior authorization requirements for services specific to substance use disorder treatment.

There are currently no coverage limits regarding the number of medically necessary outpatient therapy services a member can receive, and this will not change.

An Outpatient Treatment Request (OTR) form must be submitted to request prior authorization for any member receiving more than a total of 12 sessions by a single provider for the service codes below.

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

*Note: 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).

- Example 1 (see table, Patients A and D): If on the effective date of this policy modification, 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, as noted above, you are eligible to be reimbursed for all covered services already provided during 2016. 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 modification, 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 during 2016, as noted above, you are eligible to be reimbursed for all covered services previously provided during 2016, and any additional services provided up to 12, 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.

EXAMPLES	Number of sessions already provided in 2016 before the effective date of this policy modification	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 (Yes/No)?
Patient A	20	20	0	YES-Prior authorization is required. No additional sessions will be covered during 2016 without prior authorization.
Patient B	5	5	7	NO-Up to 7 additional sessions may be covered during 2016 before prior authorization is required.
Patient C	0	0	12	NO-Up to 12 additional sessions may be covered during 2016 before prior authorization is required.
Patient D	12	12	0	YES-Prior authorization is required. No additional sessions will be covered during 2016 without prior authorization.

For the most efficient service, Cenpatico would like to encourage all providers to utilize the secure Provider Portal when submitting prior authorization requests. The Provider Portal can be found at <https://provider.cenpatico.com/sso/login>.