

## Changes to Prior Authorization Requirements

4/19/16

Dear Provider,

Effective **6/1/16**, Cenpatico will require providers to obtain prior authorization for certain outpatient individual, group, and family therapy services. In order to effectively ensure that members, with Medicaid coverage, are receiving the appropriate type and frequency of therapy services and maintaining access to needed care, there are no changes to current benefits for 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 serves as the basis for coverage determinations. This ensures that provider care plans are actively managed leading to clinical improvement, and that members are receiving the care they will most benefit from with the support of our care coordination programs.

Prior authorization requirements will not be required on any therapeutic crisis intervention services. Additionally, there will not be changes to prior authorization requirements for services specific to substance use disorder treatment.

Currently there are 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, as applicable in the market. This is excludes location codes 21, 51, 55, 56, and 61.

| 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, 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, 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.

| 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   | <b>YES</b><br><b>Prior authorization is required.</b> No additional sessions will be covered during 2016 without prior authorization. |
| Patient B | 5   | 5   | 7   | <b>NO</b><br>Up to 7 additional sessions may be covered during 2016 before prior authorization is required.                           |
| Patient C | 0   | 0   | 12  | <b>NO</b><br>Up to 12 additional sessions may be covered during 2016 before prior authorization is required.                          |
| Patient D | 12  | 12  | 0   | <b>YES</b><br><b>Prior authorization is required.</b> 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>.