

Precertification

When Behavioral Health Services are rendered through any type of clinic or group practice and the **clinic/group National Provider Identifier (NPI) is used** as the billing provider, the clinic/group is considered the provider and not each individual in the group. Refer to Behavioral Health Manual Section 13.9.A requesting precertification.

Psychologist, Psychiatrist, Psychiatric Mental Health Nurse Practitioners (PMHNP), Psychiatric Clinical Nurse Specialists (PCNS), Rural Health Care (RHC), Federally Qualified Health Care (FQHC)

Adults

Behavioral Health Manual Section 13.1.B

Precertification approves the medical necessity of the requested service and does not guarantee payment. **The patient must meet eligibility requirements and the provider must be enrolled and eligible to bill the services.**

Many Behavioral Health Services provided to adults, who are 21 years of age or older, will require precertification when performed by a licensed Psychiatrist, licensed or provisionally licensed Psychologist, licensed PCNS, licensed PMHNP, RHC, or FQHC or Community Mental Health Center (CMHC) setting when provided by a Psychiatrist, PCNS, PMHNP, licensed or provisionally licensed Psychologist, LCSW, or LMSW.

Independent Provisional Licensed Clinical Social Workers (LCSWs), Licensed Clinical Social Workers (LCSWs), Provisionally Licensed Professional Counselors (PLPCs), and Licensed Professional Counselors (LPCs) may **not** see adults or should not request precertification for Behavioral Health Services for participants 21 years of age or older.

NOTE: Independent refers to providers in a private practice and those in a non-FQHC or non-RHC group or clinic practice.

LCSWs and PLCSWs, who are members of an FQHC or RHC, may provide adult services as part of the clinic. These services will require precertification but the request is made using the FQHC or RHC facility NPI. PLPCs and LPCs may **not** see adults in any setting.

Family Therapy without the Patient Present (CPT 90846) requires precertification regardless of age, ME code, or residential placement.

Refer to Behavioral Health Manual Section 13.9

Children

Behavioral Health Manual Section 13.1. A

Precertification is required for children, 0 through 20 years of age, who are **not** in state custody or residing in a residential treatment facility.

Precertification is required for children, 0 through 20 years of age, who are **in state custody** with an ME code of 07, 08, 37, 88, who are **not** residing in a residential treatment facility.

Precertification is required for non-state custody and state custody children when services are provided by a Psychiatrist, Provisional Licensed Psychologist, Psychologist, PCNS, PLCSW, PMHNP, LCSW, LMSW, PLPC, LPC, RHC, or FQHC.

Codes Requiring Precertification

ADULTS AND CHILDREN

Provisional Licensed Psychologist, Psychologist, Psychiatrist, PMHNP, PCNS, RHC, and FQHC

ALL Behavioral Health services for **children under the age of three (3), regardless of placement and ME code** with the exception of Diagnostic Assessment.

Individual Therapy – 90832 (30 minute session)

Individual Therapy – 90834 (45 minute session)

Maximum of 1 unit, either 30 minute or 45 minute session per day;

Maximum of 5 units, any combination of 30 minute or 45 minute sessions per month

Family Therapy – 90846 / 90847 (50 minute unit)

Maximum of 1 unit per day;

Maximum of 5 units per month

Group Therapy – 90853 (30 minute unit)

Maximum of 3 units per day;

Maximum of 15 units per month

Hypnotherapy - 90880 (no time frame noted)

The three codes below only require a Precertification for children under the age of three (3):

Aphasia Assessment – 96105 (60 minute session)

Developmental testing – 96111 (60 minute session)

Neurobehavioral testing – 96116 (60 minute session)

The **AH** modifier must be included when billing claims for Provisional Licensed Psychologist or Psychologists.

Codes Not Requiring Precertification

Provisional Licensed Psychologist, Psychologist, Psychiatrist, PMHNP, PCNS, RHC and FQHC

Behavioral Health Manual Section 13.4.A

Assessment – 90791 / 90792 (30 minute session)
Maximum of 6 units per rolling year

Testing – 96101 / 96103 (60 minute session)
Maximum of 4 sessions per rolling year

Psychotherapy for Crisis – 90839 (60 minute session)
Maximum of 6 sessions per calendar year

Evaluation Inpatient Hospital Records – 90885 (no time frame noted)

Evaluation and Management codes

The codes shown below do not require Precertification for children three (3) years of age or older or for adults. **Precertification is required for children less than three (3) years of age.**

Aphasia Assessment – 96105 (60 minute session)

Developmental testing – 96111 (60 minute session)

Neurobehavioral testing – 96116 (60 minute session)

NOTE: Regardless of Precertification, providers are required to adhere to the maximum daily and monthly unit limitations and all other program restrictions. Units over the daily and monthly limits will not be reimbursed.

Codes Requiring Precertification

PLCSW, LCSW, PLPC, LPC

Children

Behavioral Health Manual Section 13.1. A

All Behavioral Health services for children under the age of three (3), regardless of placement / ME code with the exception of Assessment

Individual Therapy – 90832 (30 minute session)

Individual Therapy – 90834 (45 minute session)

Maximum of 1 unit, either 30 minute or 45 minute session per day;
Maximum of 5 units, any combination of 30 minute or 45 minute sessions per month

Family Therapy – 90846 / 90847 (50 minute session)

Maximum of 1 unit per day;
Maximum of 5 units per month

Group Therapy – 90853 (30 minute session)

Maximum of 3 units per day;
Maximum of 15 units per month

Codes Not Requiring Precertification

PLCSW, LCSW, PLPC, LPC

Assessment – 90791 / 90792 (30 minute session)

Maximum of 6 units per rolling year

Psychotherapy for Crisis – 90839 (60 minute session)

Maximum of 6 sessions per calendar year.

NOTE: Regardless of precertification, providers are required to adhere to the maximum daily and monthly unit limitations and all other program restrictions. Units over the daily and monthly limits will not be reimbursed.

Behavioral Health Providers

Behavioral Health Manual Section 13.10

Testing and Diagnostic Evaluation CPT Codes 90791 or 90792 do not require precertification for most participants.

Testing is **limited** to independent Psychiatrists, PCNS, PMHNP, Provisional Licensed Psychologist and Psychologists and those providing services through an RHC or FQHC. MO HealthNet does not reimburse for testing when performed by an LPC, PLPC, LCSW, and LMSW or regardless of the setting.

Precertification is required for participants residing in a nursing home (NH) but the Behavioral Health services may **not** be provided at the nursing home.

Psychiatrists, PMHNP and PCNS may provide a Diagnostic Evaluation, Current Procedural Terminology (CPT) Codes 90791 or 90792 in the **nursing home** setting in addition to the appropriate NH visit code for evaluation of pharmacologic.

Precertification is required for Behavioral Health services provided on public **school district** grounds, when billing to MO HealthNet. Services are billed under the school district MO HealthNet provider National Provider Identifier (NPI) with the individual NPI listed as the performing provider.

Providers may only bill for services they personally provide. MO HealthNet does not cover services provided by someone other than the enrolled Behavioral Health provider. Services provided by an individual under the direction or supervision of an enrolled provider are not covered.

Services provided by an individual under the direction or supervision of an enrolled Behavioral Health provider may **not** be billed under the supervisor's NPI.

NOTE: With the exception of Assessment, Behavioral Health services for all children under the age of three (3), including those in state custody and residential care facilities continue to require Precertification. This includes Testing.

Definitions

Behavioral Health Section 13.10

Psychotherapy for Crisis

The definition of Psychotherapy for Crisis is: “A face-to-face contact to diffuse a situation of immediate crisis. The situation must be of significant severity to pose a threat to the patient’s well-being or is a danger to him/herself or others”. Psychotherapy for Crisis services cannot be scheduled nor can they be authorized.

Family Therapy

Family therapy is the treatment of the members of a family together, parent(s) and child(ren) rather than an individual “patient”. A family may be defined as

biological, foster, adoptive or other family configuration. The family unit is viewed as a social system that affects all its members. A parental figure must be present to be considered Family Therapy.

Group Therapy

Group Therapy uses group dynamics and peer interactions to increase understanding and improve social skills. Group therapy is a medically necessary, time-limited, goal-specific, face-to-face interaction based upon planned interventions documented in the Treatment Plan. Groups are limited to a minimum of three (3) but no more than ten (10) who are not members of the same family.

Guidelines - Adults

Behavioral Health Section 13.1.B

Independent PLCSWs, LCSWs, PLPCs, and LPCs may not see adults and should not request Precertification for Behavioral Health services for clients 21 year of age or older.

NOTE: Independent refers to providers in private practice and those in a non-FQHC or non-RHC clinic practice.

LCSWs and PLCSWs who are members of an FQHC, RHC or CMHC may be reimbursed for behavioral health services for adults (age 21 and older) as part of the clinic encounter/visit. These services will require Precertification but the request is made using the clinic NPI number.

PLPCs and LPCs may not be reimbursed for behavioral health services provided to adults, ages 21 and older with the exception of participants with ME code 38, through age 25. Extended Coverage for Independent Foster Care Adolescents [Bulletin dated October 8, 2013 Volume 36 Number 04](#)

The **first four (4) hours** of Behavioral Health services for adults do not require Precertification. These four (4) hours are intended to assist a provider seeing a participant for the first time to make the transition to Precertification should more than four (4) hours be required for treatment.

The first four (4) hours are per patient, per **billing** provider, and may include any combination of Individual Therapy, Family Therapy, or Group Therapy. Providers are not able to deliver four (4) non-Precertification hours of each type of therapy.

NOTE: If the provider belongs to clinic billing provider the “per billing provider” would include all individual providers billing under that clinic billing provider. This means that the four (4) hours are per the specific participant and for any of the individual providers within the clinic. Each

individual provider within the one clinic billing provider **do not** receive four (4) non-Precertification hours per individual provider within the clinic.

These four (4) non-Precertification hours do **not** include Family Therapy without the Patient Present. All hours of Family Therapy without the Patient Present **must** be authorized before rendering services. Claims for the four (4) non-Precertification hours should be submitted and payment established prior to submitting claims for any authorized hours.

Providers who have rendered therapy services to a participant within the past 12 months will be considered as having **used** their four (4) non-Precertification hours. There must be a minimum of **365 days** since the provider last rendered services to the participant before the four (4) non-Precertification hours may be utilized again.

After the initial four (4) hours, when it is determined that ongoing services are medically necessary, Precertification must be obtained. This Precertification must be requested **before** rendering additional services. In order not to interrupt services it would be best to request authorization before all four (4) hours are used.

Behavioral Health services will be covered if they are determined medically necessary when using the current edition ICD diagnosis code. For precertification, the diagnosis code **must** be a valid ICD, current edition, diagnosis code and **must** be mental health or substance use disorder related (excluding for HBAI services). This does **not** include developmental disabilities. **Section 18** provides table lists of valid codes for the Behavioral Health Services Program. The ICD diagnosis must be reported when submitting claims (required for compliance with the Health Insurance Portability and Accountability Act (HIPPA)).

Precertification hours are issued based on the participants age, diagnosis, type of therapy, and ME code. The documentation must support the diagnosis code. Providers are urged to choose the most accurate and appropriate diagnosis code to receive the maximum hours allowed through the Precertification process.

The MHD recognizes there are rare instances when Behavioral Health services may be needed beyond the precertification guidelines established for adults and children. For participants requiring therapy beyond these guidelines, **Clinical Exceptions** may be granted based upon documentation of extenuating circumstances.

Clinical Exceptions documentation must include:

- Behavioral Health Services Request for Precertification form
- Current Diagnostic Assessment
- Current/Updated Treatment Plan
- Three (3) Progress Notes reflective of therapy type requested

(i.e. requests for additional Family Therapy should include Progress Notes from the three most recent Family Therapy sessions attended by the patient)

Precertification's for psychotherapy services for adults are issued for a maximum of ten (10) hours per rolling year for adjustment disorder, Z-code, or unspecified current version ICD diagnostic does. All precertifications expire six months from the date requested. Once the six-month period ends, the provider can again request precertification up to the maximum limit. **Section 13.11 Precertification Guidelines- Adults**

All documentation submitted must meet the requirements as stated in [Code of State Regulation, 13 CSR 70-3.030, Section \(2\)\(A\)](#) defines "adequate documentation" and "adequate medical records" . Requests submitted with non-compliant documentation as outlined above will result in denial of the request. **Section 13.4 Adequate Documentation.**

The requirement to document services and to release records to representatives of the Department of Social Services or the U.S. Department of Health and Human Services is stated in MO HealthNet state regulation (13 CSR 70-3) Conditions of Provider Participation, Reimbursement and Procedure of General Applicability. These requirements are also repeated in the Title XIX Participation Agreement, which is a document signed by all providers upon enrollment as a MO HealthNet provider.

PARTICIPANT APPEAL RIGHTS

When a request is denied, the participant will receive a letter which outlines the reason for the denial and the procedure for appeal. The State Fair Hearings Process may be requested by the participant, in writing, to the MO HealthNet Division, Participant Services Unit (PSU), and P.O. Box 3535, Jefferson City, MO 65102-3535. The Participant Services Unit may also be called toll free at 1-800-392-2161 or 573-751-6527 at the caller's expense. The participant must contact PSU within 90 days of the date of the denial letter if they wish to request a hearing. After 90 days, requests to appeal are denied.

Guidelines - Children

Behavioral Health Manual Section 13.1.A

Medically necessary behavioral health services are available to MO HealthNet eligible children under the age of 21 (0-20). The MO HealthNet Division has a precertification process for all children birth (0) through 20 who are not in state custody or residing in a residential treatment facility. The Precertification process includes services provided by a Psychiatrist, Provisional Licensed Psychologist, Psychologist, PCNS, PLCSW, LCSW, LMSW, PLPC, LPC, RHC, and FQHC.

Individual Psychotherapy is limited to 1 unit per day/5 units per month.

- **90832 –Psychotherapy**, approximately 16 to 37 minutes face-to-face with the patient.
- **90834 –Psychotherapy**, approximately 38 to 52 minutes face-to-face with patient.

Child under the age of three (3), any therapy services, including Testing performed by any MO HealthNet enrolled provider, must obtain Precertification (with exception of Assessment). **This age group does not get the 4 non-Precert hours.** A Precertification request for services for a child under the age of three (3) **must** include clinical justification. **Family Therapy without Patient Present** will require Precertification. Documentation must include:

- Behavioral Health Precertification Form
- Current Diagnostic Evaluation
- Current Treatment Plan
- Last three (3) Progress Notes

Precertification has always been required for Individual Therapy, Family Therapy with the Patient Present, and Group Therapy for **children under the age of three (3)** when services are provided by an LCSW, LPC, PLCSW, LMSW, PLPC, RHC, FQHC, psychologist, provisionally licensed psychologist, or psychiatrist.

Psychological testing services are **not** covered when provided by a PLCSW, LCSW, PLPC or LPC regardless of the age of the client. Testing services are only reimbursed when provided by a Psychiatrist, Psychologist, or PLP. Psychological testing services may be provided in addition to a Diagnostic Assessment when warranted for proper evaluation. This procedure is limited to a maximum of four (4) hours per patient per provider per rolling year.

Section 13.10.B Psychological Testing.

Precertification Policy for Children 0 through 20

The first four (4) hours of Behavioral Health services for most children do not require Precertification. These four (4) hours are intended to assist a provider seeing a patient for the first time to make the transition to Precertification should more than four (4) hours be required for treatment. The first four (4) hours are per patient, per **billing** provider, and may include any combination of Individual Therapy, Family Therapy, or Group Therapy. Providers are **not** able to deliver four (4) non-Precert hours of each type of therapy. Claims for the four (4) non-Precert hours should be submitted and payment established prior to submitting claims for any Precertification hours.

Providers who have rendered therapy services to a participant within the past 12 months will be considered as having used their four (4) non-Precert hours. There

must be a minimum of 365 days since the provider last rendered services to the participant before the four (4) non-Precert hours may again be used.

A change in the child's medical eligibility (ME) code from non-state custody to a state custody code of 07, 08, 37, or 88 does not allow a provider an additional four (4) non-Precert hours.

This does not apply if providing services to children under the age of 3 or Family Therapy without the Patient Present. All hours of these services require precertification, regardless of placement and Medical Eligibility (ME) code.

After the initial 4 hours, when it is determined that ongoing services are medically necessary, Precertification must be obtained. This Precertification must be requested **before** rendering additional services. In order not to interrupt services it would be best to request authorization before all 4 hours are used.

Precertification for Behavioral Health services for children is based on the age of the child and the type of therapy requested. Based on these limitations the first request for Precertification can include Individual, Family, and Group Therapy.

All services for all children under the age of three (3), (with the exception of Diagnostic Evaluation) including those in state custody and residential care facilities, continue to require Precertification. Testing for a child under the age of 3 must have a precertification and providers must submit clinical justification for providing these services.

Precertification does not allow the provider to exceed the unit limitations for these services.

Approved hours will be based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) to establish diagnosis code. The corresponding diagnostic code from the current edition of the International Classification of Diseases (ICD) must be used when requesting precertification and submitting claims. The authorized number of hours is based on the primary diagnosis and documentation must support the diagnosis code. Providers are urged to choose the most accurate and appropriate diagnosis code to receive the maximum hours allowed through the Precertification process.

Children are best treated within the environment in which they live. Clinical evidence suggests family intervention is superior to individual therapy in treating children with many behavioral health disorders. Therefore, treatment should support the child within the family whenever possible. Clinical evidence also suggests treatment must be based upon age and cognitive development of the child. Best practice approaches should insure the coordination of care when multiple providers are involved with the same child/family.

Group therapy uses group dynamics and peer interactions to increase understanding and improve social skills.

Multiple therapies are the treatment of the individual with more than one therapy such as Individual and Family, simultaneously within the same authorization period. The treatment plan must document the medical need for more than one therapy. There is no procedure code that specifies multiple therapies are being requested.

If a child's age changes during the Precertification period, the Precertification will continue as authorized. However, if the child turns 21 during the authorization period, the policy on age restriction for certain providers will apply. LPCs and LCSWs who are restricted to seeing children under the age of 21 will not be paid for services performed on or after the date the child reaches the age of 21 even if precertification.

GUIDELINES – State Custody Children **State Custody MO HealthNet Eligibility (ME) Codes**

Refer to Behavioral Health Manual Section 13.12.B

Precertification is required for children in state custody with an **ME code of 07, 08, 37, or 38**, who are not residing in a residential treatment facility.

Behavioral Health services for a child residing in or under the management of a residential care facility have always been exempt from the Precertification process when the services were provided at the facility. If the services were rendered off the facility site, a Precertification was required. Residential care facilities routinely allow children to be seen off site for therapy services. Some children residing in or under the management of a residential care facility are exempt from the Precertification requirement when therapy services are provided off site. The child must be 3 years of age or older and have an ME code of 07, 08, 37 or 88. If this criterion is not met, a Precertification is still required when therapy services are provided off the facility site. Providers must work closely with the facility and Children's Division to ensure the child is still residing in or under the management of the residential care facility. Therapy services meeting these criteria are billed with the appropriate place of service code, applicable provider specialty modifier, U8 (home) modifier if necessary, and the NCCI 59 modifier if multiple therapy services are provided on the same day. In addition to these modifiers, when therapy services are provided to a child off site of the residential care facility, a TJ modifier must also be used.

At this time ME codes 29, 30, 36, 50, 52, 56, 57, 63, 64, 66, 68, 69, 70, are exempt from Precertification requirements due to the child being in state custody. When verifying eligibility, if the ME code is **not** one of these, regardless of other source information, you **must** request Precertification.

Regardless of the ME code, children under the age of 3 years even in state custody require Precertification for testing and behavioral health services; Diagnostic Evaluation does not require Precertification. Children under the

age of 3 years in state custody also do not receive the four (4) non-precert hours.

The first four (4) hours of Behavioral Health services do not require Precertification. The first four (4) hours are per patient, per provider, and may include any combination of Individual Therapy, Family Therapy, or Group Therapy. Providers are not able to deliver four (4) non-Precert hours of each type of therapy. Claims for the four (4) non-Precert hours should be submitted and payment established prior to submitting claims for any Precertification hours.

Providers who have rendered therapy services to a participant within the past 12 months will be considered as having used their four (4) non-Precert hours. There must be a minimum of 365 days since the provider last rendered services to the participant before the four (4) non-Precert hours may again be used.

A change in the child's ME code of 07, 08, 37, 38 from state custody to non- state custody does not allow a provider an additional four (4) non-Precert hours.

If a child's age changes during the Precertification period, the Precertification will continue as authorized. However, if the child turns 21 during the authorization period, the policy on age restriction for certain providers will apply. LPCs and LCSWs who are restricted to seeing children under the age of 21 will not be paid for services performed on or after the date the child reaches the age of 21 even if authorized.

Family Therapy without the Patient Present and all Behavioral Health services for patients' age birth through 2 years are **not** included in the four (4) non-Precert hours. These services continue to require Precertification regardless of ME code or placement.

If more than the four (4) non-Precert hours are needed, a Precertification must be obtained. The Precertification must be obtained **prior** to rendering the services. In order to insure continuity of service, providers should request a Precertification before all of the first four (4) hours are used.

The authorized number of hours is based on the primary diagnosis and your documentation must support the diagnosis code. Providers are urged to choose the most accurate and appropriate diagnosis code to receive the maximum hours allowed through the Precertification process.

The FQHC, RHC, clinic, or group is considered the provider. The FQHC, RHC, clinic, or group receives the 4 non-Precert hours as well as testing and assessment time, not each individual within these group settings.

REQUESTING PRECERTIFICATION

If services are required beyond the initial four (4) non-Precert hours, the provider must request a Precertification. Telephoned requests will receive an approval or

denial at the time of the call. **(If additional information is needed, the caller will be instructed to fax or mail the Behavioral Health Services Request for Precertification form and required documentation. This Precertification request will not be approved during the phone call.)**

Behavioral Health Services Help Desk phone (866) 771-3350

Precertification Tips

When a Precertification request has been faxed or mailed allow sufficient time for the request to be reviewed. Do not send duplicate requests; expect at least five (5) days for a reply. You may call the following number to check on the status of a Precertification request:

Provider Communication (573) 751-2896

Providers will not receive a disposition letter when services are authorized or denied via a phone call. An authorization number will be provided. Services that require submission of the Behavioral Health Services Request for Precertification form and attachments will receive a disposition letter after review. When Precertification requests are denied partially or in full, the client will receive a letter outlining the reason for denial and their appeal rights. **Do not give participants the provider Behavioral Health Help Desk telephone number or fax number. Their contact information will be listed in the participant denial letter.**

Providers are reminded that a Precertification request cannot be processed if the participant or provider identifying information is incomplete or inaccurate (including provider NPI, DCN, etc.). Every attempt is made to reconcile any incorrect/inaccurate information with providers; however, it remains the provider's responsibility to provide complete and accurate information when submitting a request for Precertification. Authorizations are approved effective the date **all** completed correct information and documentation is received.

When faxing Precertification requests only send one (1) at a time. Multiple requests on the same fax must be handled differently and result in additional delay in response. Please do not fax questions to the Behavioral Health Services Help Desk. Send questions by email to mhd.provtain@dss.mo.gov. Review the documentation requirements to insure all aspects have been included, are easily identified, and that appropriate documentation is being submitted with your Precertification request.

Daily and monthly limitations still apply even though an authorization has been approved.

To request behavioral health services beyond the precertification guidelines established for adults and children, a **Clinical Exception** may be considered

based upon documentation of extenuating circumstance. **Must** include clinical justification with documentation:

- Behavioral Health Precertification Form
- Current Diagnostic Evaluation
- Current Treatment Plan
- Last three (3) Progress Notes for each therapy type being requested

If the services being requested are court ordered, a copy of the court order must also be attached.

This documentation may be faxed to: **(573) 635-6516**

or mailed to: Wipro InfoCrossing
PO Box 4800
Jefferson City, MO 6510

The Precertification approves the delivery of the requested services only and does not guarantee payment. The Precertification **must** be obtained prior to delivery of services. The participant must meet eligibility requirements on the date the service is provided and the provider must be enrolled and eligible to bill for the services.

For children 12 years of age and younger current documentation is six (6) months old or less. For children 13 years of age and older, as well as adults, current documentation is one (1) year old or less.

If the participant is changing providers, the provider listed on the current Precertification must close the **Open Precertification** before the new provider can be issued a Precertification. If the current provider refuses to close the Precertification, the new provider must submit a **signed release from the participant**, requesting a change in provider, in order to close the current Precertification. The signed release must include:

- Participant name and DCN
- Type of therapy to be closed (discharge date)
- Name of the therapist whose authorization is to be closed
- Dated and signed by the participant

If a provider needs to change a Precertification, the provider may call or fax in the information to request a change. Must include:

- Participant name and DCN
- Type of therapy (approval on the current Precertification)
- Description of the desired change

A client may have an open Precertification with one provider for Individual Therapy and/or Family Therapy and a second Precertification open with a different provider for Group Therapy. **Only one Family Therapy Precertification per family will be open at a time.**

When client changes providers, documentation is required to authorize a new Precertification. The new provider will be authorized any balance of **unused** hours on the original Precertification, **not** receive an additional 10 or 20 hours for therapy. The intent is to limit therapy services for any participant regardless of provider. However, Clinical Exceptions may be granted based upon documentation of extenuating circumstances.

Do not request overlapping dates from a previous Precertification; overlapping dates will cause the new Precertification request to deny. Do not indicate the four (4) non-Precert hours as used hours on the Precertification request.

Individual providers that are not seeing a participant through an RHC, FQHC, or other clinic/group must request a Precertification using their individual NPI. Providers seeing participants in an FQHC or other clinic/group setting must request a Precertification using the FQHC or other clinic/group NPI. Providers seeing participants in a RHC setting must use the RHC NPI when requesting a Precertification.

Precertification is required even when there is coverage through a third party insurance (i.e. Blue Cross/Blue Shield; Prudential). Medicare is not considered third party insurance; however, if there is no precertification and Medicare does not cover the service, MO HealthNet cannot pay.

Precertification Exceptions

Inpatient hospital stays

Psychotherapy for Crisis

Testing

Diagnostic Evaluation

Evaluation and Management codes

Narcosynthesis

Electroconvulsive Therapy

Medicare primary