

**Magellan Health Services**  
**Outpatient Authorization Management Process Training**  
**QUESTIONS and RESPONSES**  
**4-23-09**

| Number | Questions as Submitted by Providers  | Medicaid/Magellan Response  |
|--------|--|---|
| 1      | If a pretreatment assessment is not available, what would be the procedure? (If you usually get a H0002 and a 90801)                                   | You would need to try to obtain the previous H0002 via a release from the client. If the client cannot recall who the previous provider was, we can release that information to the client. If the H0002 from the previous provider cannot be obtained, we would authorize an H0002-52 Addendum and a 90801.  |
| 2      | If the supervising practitioner is contacted and bills for the 90801 out of their office, will they be able to obtain this auth separate from the PTA? | Yes. The Supervising Practitioner could get the authorization for the 90801, and the therapist could get the authorization for the H0002.   |
| 3      | Will this presentation be sent out to us?  | Yes. Send an email to djreeding@ magellanhealth.com and a copy will be e-mailed to you.   |
| 4      | Does this apply to new clients for op mh services or does this mean that we need to call in on all existing clients.                                   | The outpatient management process changes apply to initial authorizations that begin 3/2/09 or after. Care Managers will review those authorizations with start dates prior to 3/2/09 that have accrued 75 or more sessions for Medical Necessity. You do not need to call on all existing clients. When a re-authorization request is submitted, Magellan will notify you of any that need to be reviewed. |
| 5      | can we go back at the end and print these slides?  | Yes. Or send an email to djreeding@ magellanhealth.com and a copy will be e-mailed to you.  |
| 6      | Will we still use the CAP Dx when billing the CAP sessions?  | Yes. Please use Dx code V40.9. The new CAP CPT code will be H0046.  |
| 7      | How will Magellan know the Discharge date for a client?  | Providers need to call Magellan to D/C their clients at the conclusion of treatment.  |
| 8      | When should we expect to see a new Fee Schedule with the new codes?  | We will send out updated fee schedules as soon as possible.   |
| 9      | Also, will we be able to print all of the new information to have on hand...trying to head off mislabeled sessions?                                    | Yes. Please see question number (5).  |
| 10     | Will you count sessions specific to CPT code for existing auths?   | Yes. After 3/2/09 sessions claimed must match the CPT codes authorized. If your authorization needs to be revised please use the "Medicaid Change Request Form".  |
| 11     | If The client was seen by another agency, how do we know how many sessions have already taken place?   | You may not know that information in advance. But if a request for re-authorization requires review, you will be notified at that time and a review with a Care Manager will be scheduled.  |

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| 12 | Can you address authorization for group sessions. Are those considered part of the 24 or an additional authorization?  | Yes. Group therapy sessions are included as part of the 24 sessions authorized in a (6) month period. Please note that all Group Therapy Overviews must be approved by Medicaid and Magellan. An outline for Group Therapy Overviews is on the Medicaid provider enrollment website.   |
| 13 | If you initially authorize 5 cap sessions and they are all used, you then are able to receive an authorization for a PTA. However, after the biopsychosocial is complete by a LMHP the clients misses the Diagnostic Interview and can't see the LIMHP or PhD for several weeks (for the DI), how can the client still be seen by the therapist? | They cannot. The exception would be if the client presents in crisis. We could then authorize a Crisis Outpatient session. Five CAP sessions are available per 12 month period and are only to be used for clients who will not need ongoing treatment.  |
| 14 | If I meet with a client for 3 units of psychological testing (96101) on one day, does that mean that the client cannot be seen for any other service that week?  | No. Psychological testing is not included within the new outpatient authorization protocols.   |
| 15 | Will the 90862's be authed at the beginning of care in the same manner as the therapy code, i.e., the attestation of the completion of the PTA and MSE?  | No. 90862's can be authorized via telephone or paper TRF outside of the H0002/90801 process.   |
| 16 | Does this apply to new clients only or do we need to get authorization for existing clients?   | This applies to clients whose authorizations start on or after 3/2/09. For clients that have authorizations that started prior to 3/2/09 nothing will change except that providers need to ensure that for dates of service after 3/2/09 CPT codes billed match the CPT codes authorized. When the client needs additional units of service the provider should request those units via the online or paper Treatment Request Form. If at that point the client has received (75) or more sessions, the request would need to be reviewed by a Magellan care manager for Medical Necessity before additional services could be authorized. |
| 17 | Do we need to redo all current authorizations in place or will this go into effect as they expire?   | Please see Question # 16.  |
| 18 | What does CAP stand for?   | "Client Assistance Program".   |
| 19 | Will episodes of treatment start over after a hospital stay?   | Not necessarily. New episodes of care will be determined on a case by case basis.  |
| 20 | Are there recommended formats/protocols Magellan prefers we use for CD and SO assessments?   | Yes. These will be made available on the magellanprovider.com website.   |
| 21 | Currently we get the H0002 and our supervising practitioner calls in and gets auth for the 90801. So when we call in now, will we still be able to do this in this manner when this starts?  | Yes.   |
| 22 | Will 90804 and 90808 be interchangeable with 90806?  | No. Not after 3/2/09. Please see question (10).  |

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| 23 | Will the code for a group 90853 be included in the 48 sessions and only 1 unit per week   | The 90853's will be included in the 48 sessions. But they can occur more than once per week. If the units authorized are utilized in less than six months, Care Manager review will be needed to determine Medical Necessity before additional sessions can be authorized. Please note that all Group Therapy Overviews must be approved by Medicaid and Magellan. |
| 24 | Does this mean that we have to reauth everyone by March 1st?  | No. The process applies to authorizations that begin on or after 3/2/09. Please see question (16).   |
| 25 | If a provider has 90805 and a therapist is doing sessions but we already have the auth before march 2nd is sessions going to be denied if they aren't switched over if we already have auths?   | No. 90805's and 90807's can be done in conjunction with 90806's, but may require a coordination of care review.  |
| 26 | Do we need to do a pre-treatment assessment every year?   | No. If the client has been in continuous care with the same provider an H0002 should not be done annually.   |
| 27 | Do we have to specifically auth for 90804's and 90808's. These codes aren't always anticipated.   | Yes. After 3/2/09 sessions claimed must match the CPT codes authorized. If your authorization needs to be revised please use the "Medicaid Change Request Form".   |
| 28 | Can 90804 or 90808 be substituted for 90806   | No. Not after 3/2/09. Please see question (10).  |
| 29 | when going online to reauthorize sessions, the sessions are given for 1 year. will there be any changes to this?  | After 3/2/09 re-authorizations done either online or via paper will be for 6 months.   |
| 30 | I'm wondering about how we're supposed to predict the future -- for example, I have two clients from the same family who were sexual abuse victims. These clients trigger one another -- I don't know how to predict when I will need family sessions in addition to what I have planned. This seems an area that will be very problematic. | After 3/2/09 sessions claimed must match the CPT codes authorized. If circumstances require you to change the "mix" of sessions you initially authorized your authorization will need to be revised via the "Medicaid Change Request Form".  |
| 31 | A standard form for communication with care manager would be helpful.   | Magellan is developing a standardized form to address this question.   |
| 32 | So if someone else has done the PTA, do we need to request an addendum and the MSE?   | You would need to try to obtain the previous H0002. However, we would authorize an H0002-52 Addendum and the 90801.  |
| 33 | What authorizations can a MA therapist utilize while the Dr. completes the 90801? The MA might start and complete the PTA and it could be several weeks before the 90801 is completed due to Dr. scheduling. The CAP or 90806 ET or 90806?  | The concern is that the H0002 and 90801 be completed before therapy begins. If you have started the H0002 then CAP sessions would not be available. The exception would be if the client presents in crisis. We could then authorize a Crisis Outpatient session through a Magellan Care Manager.  |
| 34 | If more than 24 sessions are needed in first 6 months, can more sessions be requested through case review?  | Yes. You would need to contact a Magellan Care Manager.  |

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| 35 | Transferring from Therapist A to Therapist B, does the unit threshold only pertain to Same Office or transferring to a different Office, different provider.   | The threshold applies even if the client changes to another therapist in the same group, only the sessions remaining from what the first therapist had done would be available to the next therapist. However additional sessions could be authorized if Medically necessary.   |
| 36 | So, a client can not see a therapist for individual therapy and family therapy twice a week ? This will cause more then 3 units per week   | Correct.  |
| 37 | In our case, we already have an established relationship with the client (in-patient) prior to starting out-patient care. Out-patient care for us is a continuation of care. Will we be required to authorize the PTA and the Biopsychosocial that would have been done during in-patient care prior to the TRF being completed if the same therapist will be working with the client that worked with the client in in-patient? | You would not be required to do another H0002 if the one from the inpatient stay was available, but if the Supervising Practitioner changed, another 90801 would need to be completed.  |
| 38 | Please clarify: If auth obtained before 3/2/09 will the sessions still be interchangeable or will we have to count 90806 vs 90808 starting 3/209   | Please see Question #30.  |
| 39 | What about H0002 and H0031 HO, if client started with Therapist A then switched to Therapist B, what do we do about authorizations? Do we still authorize H0002 and H0031 HO?  | If the change in therapists entailed a change in Supervising Practitioner, a new 90801 or H0031-HO would need to be completed. If you could obtain the H0002 from the previous therapist another H0002 would not need to be completed. However we would authorize an H0002-52 if necessary.   |
| 40 | Who do we contact if we have other questions after this presentation?  | Don Reding 402-437-4261 or Kathy Dinges 402-437-4214.   |
| 41 | What are Magellan's requirements to use H0001? What paperwork needs to be done?  | The requirements for the H0001 will be made available on the magellanprovider.com website.  |
| 42 | I need to be clear on this. the prior auth before 3/02/09 is no good. Will they have to get a new auth and do a PTA and MSE all over again.  | The outpatient authorization process changes do not affect authorizations started before 3/2/09 other than that for dates of service after 3/2/09 CPT codes billed must match CPT codes authorized; and, if 75 sessions have been authorized at the time a re-authorization is requested, the re-authorization request must be reviewed by a Care Manager for Medical Necessity before additional sessions can be authorized. |
| 43 | What if the client presents and for some reason is only able to stay for 30 minutes, do we need to have 90804's in place or will these be interchangeable with 90806s? We never know if a client will leave early because they are ill, etc and we only have 90806s  | Please see Question #30.  |
| 44 | who can do sexual risk assessments?  | We are in the process of establishing those requirements and we will inform the provider network once they are completed.   |

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| 45 | do crisis sessions count against the 24 total sessions?   | Yes in that they will be deducted from subsequent reauthorization requests.   |
| 46 | Does this program go back to January 1, 09?   | No. The changes go into effect 3/2/09.  |
| 47 | could you please repeat what you said about people who have already reached 48 sessions?  | For authorizations started prior to 3/2/09 the threshold for the care management review of reauthorizations is (75) sessions. The threshold for care management review for authorizations started after 3/2/09 is (48) sessions.  |
| 48 | Does this include IOP or is it strictly OP?   | IOP is not included.  |
| 49 | Are 90806 and 90808 interchangeable?  | No.   |
| 50 | Will the website be adjusted so when you re-auth. you can get 20 ind and 4 fam, if that is what you need vs. 12 and 12  | We are looking into modifying the web-site so the CPT code combinations can be more individualized. For the moment the sessions available on the web are based on the number of CPT codes selected. If you select one code (24) sessions are available, if you select two codes (12) sessions of each are available, if you select three codes (8) sessions of each are available, etc. If you need something other than that, please use the paper Treatment Request Form (TRF). |
| 51 | for current authorizations that have passed the threshold established, will Magellan contact the provider prior when additional services are needed and will there be a disruption of services? | Magellan will contact providers at the time of the reauthorization request. We recommend that you make reauthorization requests two weeks before the end of the current authorization to avoid disruption of services.  |
| 52 | Is it still expected that a new PTA needs to be done annually? Can PTA Addendums be done anytime if more information comes to light? I am assuming H0031's still need to be done annually       | No. If the client has been in continuous care with the same provider an H0002 should not be done annually. The H0031-AH would need to be done annually if the Supervising Practitioner (SP) is a Psychologist. If the SP is a LIMHP the H0031-52 code is used. If the SP is a Psychiatrist then the 99211-214 or 99241-245 codes may be used.   |
| 53 | Do the new authorizations affect group therapy?   | The 90853 codes are part of the new outpatient authorization protocols and are included in the session total threshold that necessitates care manager review to establish Medical Necessity of reauthorization requests after 48 sessions have been provided.   |

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| 54 | I just want to clarify that if you don't use all 48 sessions in 1 year you would still need to get a care manager for the client. Is this Correct? | The 48 sessions are not annualized. If a client has received 48 sessions of outpatient services and a reauthorization request is submitted, it would have to be reviewed for Medical Necessity by a Magellan care manager before additional sessions could be authorized. This is irrespective of the timeframe in which the 48 sessions were provided. |
| 55 | What phone number do we call for a care manager?   | 1-800-424-0333.   |
| 56 | Do 90805 count for those sessions??  | Yes.  |
| 57 | I have a client that I have seen for 2 years. the last auth was through 2010 by trf. do I do anything?   | Please see Question #42.  |
| 58 | If the H0002 is completed before with another provider, what would you suggest that we start with??  | If this is for a new admission you would need to try to obtain the previous H0002. However, we would authorize an H0002-52 Addendum if necessary and a 90801 or H0031-HO.   |
| 59 | Where do we locate the attest form and is it to be completed by therapist or psychologist?   | The attestation is at the bottom of the online Treatment Request Form and the paper TRF form. It would need to be completed by the primary service provider.  |
| 60 | Where do I access the "change request form" or "Medicaid change form" (it was called both)   | The "Medicaid Change Request Form" will be made available on the magellanprovider.com website.  |
| 61 | Is the 75 units a Lifetime Maximum? Then we have to authorize through Care Manager.  | The (75) session threshold for authorizations that started prior to 3/2/09 is not a "Lifetime Maximum". What it means is that any subsequent reauthorization requests must be reviewed by a Magellan care manager. This is not to be construed as a benefit cap. It is a medical necessity review process for ongoing care.                             |
| 62 | We understand we cannot bill 90804 on a 90806 auth....is this the same for 90805 vs 90862? Do we need new auth for 90862 on current 90805 auths?   | For dates of service after 3/2/09 the CPT codes claimed must match the CPT codes authorized. This would include 90805's and 90862's. If your authorization needs to be revised please use the "Medicaid Change Request Form".   |
| 63 | CAN YOU REQUEST CAP SESSIONS TO COVER THE TIME BETWEEN THE PTA AND WHEN THE MSE IS COMPLETED? DO WE DO THAT BY PHONE OR ONLINE?                    | No. The H0002 and 90801 must be completed before therapy begins. If you have started the H0002 then CAP sessions would not be available. The exception would be if the client presents in crisis. We could then authorize Crisis Outpatient sessions through a Care Manager prior to the completion of the H0002/90801.                                 |

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| 64 | What about clients who come to us and have already had a PTA done by a former therapist? Right now we are unable to have a PTA authorized, so will that change  | If this is for a new admission you would need to try to obtain the previous H0002. However, we would authorize an H0002-52 Addendum if necessary and a 90801 or H0031-HO.   |
| 65 | There needs to be much clarification on the concept of re-authing current auths. What ones need to be re-auth'd etc.  | If you have an authorization that started before 3/2/09 and you need additional sessions you would need to request a reauthorization. If at that time the client had been seen for (75) or more sessions the reauthorization request would need to be reviewed by a Magellan care manager before additional sessions could be authorized.   |
| 66 | Is the 75 session limit before we call a care manager per year or per lifetime?   | There is no (75) session limit per year or per lifetime. The (75) session threshold for authorizations that started prior to 3/2/09 is not a "Lifetime Maximum". What it means is that any subsequent reauthorization requests must be reviewed by a Magellan care manager. This is not to be construed as a benefit cap. It is a medical necessity review process for ongoing care.                                  |
| 67 | Our consulting psychiatrist requested one 90805, due to this we were told that we could not have 90806's auth. Is this true and if so why would a 90805 with a MD invalidate a LIMHP's 90806?   | This is no longer correct as a result of a reassessment of the issue on 3/18/09. 90805's and 90806's can be authorized concurrently.  |
| 68 | If 90801 has not been billed by supervisor but done, claims have been denied for the 90806 or 90847 done. Will the attestation process do away with that problem?   | The attestation process does not address this concern. Please fax the date the 90801 or H0031-HO was conducted and the name and credentials of the clinician who did it to Tonye Eisenhower in the Medicaid Claims Payment Unit at 402-742-2373 and request that she add the information to the client's history.   |
| 69 | Is your new form TRF on the web currently? Does it include the new CPT codes with modifiers?  | The new TRF form is on the magellanprovider.com website. However CPT codes that use modifiers are not available through the website. Please use the paper TRF form for these requests.  |
| 70 | Recently, we have not been able to get authorization for a 90801 for the psychiatrist when we have used a 90801 for the PhD. What code would the physician use if the 90801 is not available? Is there a limit to the number of 90801's that a patient has in a year? | If the PhD is the Supervising Practitioner we would authorize a 90801 for the Initial Diagnostic Interview by the SP. If the client was also being seen by a Psychiatrist, and the MD was not comfortable with using the SP's 90801 we could authorize a 90801 for the MD. There is not a limit to 90801's per se, but they must be driven by Medical Necessity associated with changes in the client's presentation. |

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| 71 | When the PTA is not available, at the time of a first visit, and you have not yet been able to obtain the PTA from the previous therapist, a PTA addendum is not an option, because what are you adding? When we attest the PTA, we are just relaying from Magellan that it was done. Correct? | Providers are required to complete an H0002 and a 90801 before the initiation of treatment. With respect to the H0002 the requirement applies irrespective of whether or not payment is available for the H0002. In those instances providers can obtain the H0002 from the previous therapist, complete a new H0002, or request an H0002-52. However, the H0002 and the 90801 must be completed and available before the provider can attest to their completion and initiate treatment.                             |
| 72 | Do you still need to do a new H0002 and 90801 every year   | If the client has been in continuous care with the same provider an H0002 should not be done annually. The 90801 does not need to be completed annually unless changes in the clients presentation require it. For the annual face to face visit with the Supervising Practitioner the H0031-AH should be used if the SP is a Psychologist, or the 99211-215 or 99241-245 if the SP is an MD, or H0031-52 if the SP is an LIMHP.  |
| 73 | Is there going to be an update pay scale for sessions? What is the response time going to be like for the reviews from the care manager and the request for more sessions form?  | We will send out updated fee schedules as soon as possible. We anticipate a quick response time to reauthorization requests. However that will be impacted by how quickly providers respond to care manager requests for clinical information to support reauthorization requests. We recommend that you make reauthorization requests two weeks before the end of the current authorization to avoid disruption of services.   |
| 74 | Please address group services in the authorization request and whether they are part of the 24 per 6 months.   | Group therapy services are included in the (24) sessions available to providers when they reauthorize services and they will be counted within the 48 sessions a client can receive before care manager review is required for services beyond the 48 sessions. If the utilization rate of the group sessions means that they will be exhausted before the six month authorization period has lapsed, a care manager would need to review the case for Medical Necessity in order for more sessions to be authorized. |
| 75 | How does this decision fit with the new Parity law that indicates there cannot be a difference between medical & mental health provision?  | There is no relationship. The outpatient authorization management process does not limit the behavioral health services clients can receive. The process is intended to ensure that there is Medical Necessity for the services clients receive on an ongoing basis.  |



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| 76 | What about current clients. Will we need to call after 3/2/09 to start this number of sessions  | No. For clients that have authorizations that started prior to 3/2/09 nothing will change except that providers need to ensure that for dates of service after 3/2/09 CPT codes billed match the CPT codes authorized. At the point the client needs additional units of service the provider should request those units via the online or paper Treatment Request Form. If at that point the client has received (75) or more sessions, the request would need to be reviewed by a Magellan care manager to determine Medical Necessity before additional services could be authorized. |
| 77 | What is the timeframe to get new auths through a care manager?  | We anticipate a quick response time to reauthorization requests. However that will be impacted by how quickly providers respond to care manager requests for clinical information to support reauthorization requests. We recommend that you make reauthorization requests two weeks before the end of the current authorization to avoid disruption of services.  |
| 78 | who will do the attestation if the pre treatment is done by someone else  | If you obtain the H0002 from the previous provider and have a completed 90801, then the current provider can do the attestation. If you cannot obtain the H0002 Magellan will authorize the H0002-52 and then you can complete the attestation.  |
| 79 | We talked about ordering the individual sessions after attestation, do we ask for family sessions in conjunction and are those separate from the first 24 sessions or part of the 24? | The 90847's can be requested after the attestation is completed and they are included in the 24 session total.   |
| 80 | What about PTA Addendum   | We did not understand this question.   |
| 81 | Can sessions be authorized retroactively? If so, up to how long after session?  | No. With the exception of Crisis sessions, (which must be authorized within 24 hours) outpatient services must be pre-authorized.  |
| 82 | Is Group part of the 48 sessions  | Yes.   |
| 83 | Does this affect community support services in any way? Will their processes remain the same?   | Community Support services are not affected and the current processes remain in effect.  |
| 84 | Since there are 52 weeks in a year and you are allowing 6 months of auths, why are we not given 26 sessions??   | Please see Question # 50.  |
| 85 | For existing clients. Will we need to get auths for the March 2 start date for the new procedure? Does the 48 sessions begin then?  | Please see Question # 76.  |

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| 86 | How will pre-authorizations for consults be handled? We don't generally know how much time the doctor will spend with the patient. Will those codes be interchangeable? 99255, 99254, 99253 or 99252 & 99251 then the follow-ups?                                  | After 3/2/09 no CPT codes will be interchangeable. In the circumstances you describe we recommend you request the most frequently used of the "99" codes and if your authorization would subsequently need to be changed you can have it modified via the "Medicaid Change Request Form".  |
| 87 | In regards to the code by code match, does that include 90806, 90804, 90808? Or are they going to be interchangeable? Some situations are out of our control if we plan for an hour session but the client is late and we are only able to do a half hour session. | After 3/2/09 sessions claimed must match the CPT codes authorized. If your authorization needs to be revised due to unforeseen circumstances you will need to have your authorization modified via the "Medicaid Change Request Form".   |
| 88 | Is there a new code to be used for a PTA addendum?   | No. The current code H0002-52 will continue to be used.  |
| 89 | If the patient has used some of their visits out of the 48, will we be told the # of visits we have to use that are remaining?   | You may not know that information in advance. But if a request for re-authorization requires review, you will be notified at that time and a review with a Care Manager will be scheduled.   |
| 90 | Is there a limit on how the total authorizations are distributed between the CPT codes. For example, could all of the authorized sessions be used for Family Therapy?  | There is no limit on the distribution of the CPT codes within the 24 sessions. So if the treatment plan dictated the need for 24 Family Therapy sessions you could have 24 Family Therapy sessions authorized.   |
| 91 | Are existing auths going to be looked at from what was actually billed and used versus the total number requested when calculating the 75 authorizations?  | The utilization will be based on units authorized. Due to variances in the frequency that providers bill for services we could not rely on units billed.   |
| 92 | We have many patients that have 90805 with a nurse practitioners and 90806 with therapist but they will not pay for both because both are considered as therapy?   | Please see Question # 67.  |
| 93 | Will the electronic TRF change so we can identify the number of sessions we want for 90806 and 90847?  | Please see Question # 50.  |
| 94 | For existing clients with extremely large charts, how much past information will be required for additional auths? Will there be any reimbursement for our time in copying these extremely large charts?   | The documentation requirements for care manager review will be dictated by each particular case. In general we would not anticipate requiring an entire chart. The focus would be on the PTA, treatment plan and session notes. There will not be reimbursement for costs associated with providing those documents to Magellan. |
| 95 | Does the PTA/90801 have to be billed prior to getting authorizations for the therapy sessions?   | The H0002/90801 do not have to be billed prior to having therapy sessions authorized, but they do have to be completed.  |

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| 96  | Within the two auths for family (90846 and 90847) and three auths for individual (90804, 90806, 90808) are they interchangeable? Or do we need to obtain auth for specific lengths of sessions?   | Please see Question # 30. Please note that 90846's are authorized on a case by case basis by Magellan Clinical Supervisors.  |
| 97  | what about those with current authorization?  | Please see Question # 76.  |
| 98  | Do we need to notify you when we have discharged a client?  | Yes. Please.   |
| 99  | If I go to the hospital for an emergency, but leave thinking the person needs more sessions, how should I auth/bill that?   | We did not understand this question.   |
| 100 | Does the 90801 automatically come with the initial auth, because my supervisor gets her own auths?  | In that case your Supervising Practitioner would obtain the authorization for the 90801 and you would get the authorization for the H0002. When they are both completed you could then complete the attestation via the online or paper TRF and obtain the authorization for the therapy sessions.   |
| 101 | If sessions are not interchangeable, what about 90804's and 90806's? Like if 90806's are auth'd, but a client leaves early because of illness or a personal emergency?  | Please see Question # 30.  |
| 102 | When you have a moment, what are the licensure requirements to complete the Substance Abuse Evaluation.. I am LMHP, LADC,CPC . Thank you.   | We are requiring at least one non provisional license, but prefer dually credentialed clinicians.  |
| 103 | If a client does not present for therapy for the initial 90806 or 90847 and decides not to return should we call and release those authorized sessions?   | Yes. Please.   |
| 104 | Are group sessions counted towards the original 24 that are authorized?   | Yes.   |
| 105 | If I understand correctly what you said, if a therapist has an ongoing client who has major mental illness such as bipolar disorder or schizophrenia; does this 48 session rule apply ongoing to them also? Some of them will need therapy ongoing to just support them in life. I am concerned that a couple of people that I see will soon no longer be eligible for services following the 48 session; perhaps another 12 if a case manager ok's it. Then they are done unless they have a 'new episode" of therapy with a different therapist. Is this correct? | The (48) session threshold for authorizations is not a "Lifetime Maximum" and should not be construed as a benefit cap. What it means is that any subsequent reauthorization requests beyond the 48 sessions must be reviewed by a Magellan care manager. It is a medical necessity review process for ongoing care. As long as the client continues to meet Medical Necessity criteria, sessions will continue to be authorized. However you may also want to consider a referral to Medicaid Rehabilitation Option services. |
| 106 | when billing do we now use 90806-ET   | The 90806 ET, 90808 ET, and 90847 ET are to be used for billing Crisis outpatient services.  |
| 107 | How does this affect straight Medicaid?   | Medicaid Fee-for-Service clients are not affected by these changes. However, the Medical Necessity requirements are the same regardless of the client's managed care status.   |

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| 108 | We still haven't seen a formal LIMHP fee schedule, is there one out there we missed or going to be avl?   | We will send out updated fee schedules as soon as possible.  |
| 109 | If a psychiatrist does the H0002 and the 90801 will LIMHP provider still request a H0031 HO?  | An LIMHP would not have a Supervising Practitioner. They would do their own H0002 (or addendum) and H0031-HO. A psychiatrist could do both the H0002 and 90801 for their own client, or if they are supervising an LMHP. If the client is transferring from a psychiatrist to an LIMHP who already knows the client, new assessments would not be necessary. |
| 110 | Please re-explain the issue of " those with current authorization". I have people here who are having difficulties understanding what you said.   | Please see Question # 76.  |
| 111 | How long before the 6-month cut-off should the provider request reauthorization or ask to speak with a Care Manager in order to ensure continuity of services? With the request of the new Biopsychosocial Assessment, does an H002-52 NEED to be performed if an H0002 was performed in the last 12 months? Does that change if we have a copy of the original H0002 forwarded from the other agency? How do we get a hold of the new change forms used to request changes from 90806 to 90847 (or vice versa) for use on and after March 2? | We recommend that you submit re-authorization requests two weeks before the current authorization expires. An H0002 or H0002-52 should not be completed annually. The Medicaid Change Request Forms are available at <a href="http://www.magellanprovider.com">www.magellanprovider.com</a> or can be requested by calling 800-424-0333.                     |
| 112 | The 48 sessions that will be authorized for 6 months at a time; what sessions are these? Individual or family or both?  | There will be 24 sessions authorized for a six month period with another 24 sessions available for another 6 month period, or 48 sessions within 12 months. The sessions can be any combination of Individual/Family/Group sessions.   |
| 113 | So, for current auths. we use the auth. number until it expires and then call the care manager, but if they have been seen for over 75 sessions, we should call on the March start date to talk to the care manager.  | Please see Question # 76.  |
| 114 | We have been told (and even gotten written denials from Magellan) that if there is a 90801 authorized with another provider in our clinic (for instance a PhD) then we are not able to get auth for another 90801 (for a MD). Is this still true? If so, what code should we use for this?  | Please see Question # 70.  |
| 115 | How are we going to know how many sessions have been done by transfer clients? What if the other therapist bills some sessions late?  | Please see Question # 89.  |
| 116 | Doesn't the MSE address the medical necessity of continuing treatment for the long term mentally ill patient?   | No. It is established through the application of clinical criteria developed by Medicaid and Magellan consistent with the requirements of Centers for Medicare and Medicaid Services (CMS).  |

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| 117 | Good afternoon, I recall seeing a memo in Oct 2008, about LIMHP's no longer needed a supervising MD's, with that being said, can LIMHP's do their own MSE's or will they still have to have a MD do their MSE's?  | LIMHP's do not require a Supervising Practitioner. The LIMHP version of the Initial Diagnostic Interview is coded as the H0031-HO (Initial Assessment by LIMHP).   |
| 118 | Does that mean that PTA needs to be done even for the 5 caps sessions?  | No. If CAP sessions are authorized a PTA is not required.  |
| 119 | How will this effect/change authorizations for Intensive Outpatient groups? (youth and adult)   | Intensive Outpatient services are not affected by the Outpatient Management Process changes.   |
| 120 | Regarding the Substance abuse eval, can that be authorized for sub-acute clients?   | No.  |
| 121 | Will be able to choose the number of each cpt code? Like 18 06 and 6 47s?   | Please see Question # 50.  |
| 122 | do cap sessions or crisis sessions need pre-auth?   | Yes. The exception would be in the case of an after hours crisis presentation (which must be authorized within 24 hours).  |
| 123 | Will you allow 90804's?   | Yes.   |
| 124 | Will and when will this PowerPoint be available?  | Send an email to djreding@ magellanhealth.com and a copy will be e-mailed to you.  |
| 125 | If a family and an individual happen in the same week on a regular basis, can this be handled (pre-auth) prior to those particular weeks.   | The provider has the discretion to use the therapy sessions as needed up to 3 sessions per week. If the units authorized are utilized in less than six months, Care Manager review will be needed to determine Medical Necessity before additional sessions can be authorized. |
| 126 | How will group sessions be impacted by these new changes?   | Please see Question # 12.  |
| 127 | Do we have a specific care manager we contact?  | No.  |
| 128 | For those clients who already have both 90804 and 90847, but have not been sorted separately, will that need to be done by the therapist before March 2 or just before reauth?  | Please see Question # 16.  |
| 129 | will we have to get new auths for our current patients or do these changes go into affect after their current auth expires?   | Please see Question # 16.  |
| 130 | Can the supervising MD do the 90801 first and than the LMHP do the H0002 next?  | The sequence should be determined by the supervising MD who needs to review and approve the H0002.   |
| 131 | We have two separate clinics and the psychiatrists do not supervise therapists from the other clinic. We have been running into difficulties with authorizing 90801s for both the psychiatrist and for the supervising practitioner (psychologist) at the other clinic. We both were able to auth 90801s in the past. Is this changing? | No.  |
| 132 | can you explain when the codes of hoo31-ho and hoo31-52 for the limhp, and what do those forms look like or what is required?   | The H0031-HO is the Initial Assessment conducted by the LIMHP. The H0031-52 is the Annual face to face Supervision assessment with the client conducted by the LIMHP.  |

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| 133 | In relation to the LMHP requesting the 90801, do we authorize it under the supervising practitioner's MIS number rather than our own or does the supervising practitioner have to authorize the 90801 for themselves?  | The 90801's can be authorized either way depending on the arrangement the LMHP has made with the supervising practitioner.                                    |
| 134 | If I have 90805s auth'd for our psychiatrist, and the other clinic is trying to auth 90806s, their request has been denied until we cancel our 90805s and re-auth as "99" codes. Can you explain this? Which "99" codes can we use and will online auths "99" codes be added to the choices.                       | Please see Question # 67. Providers may call Magellan to request authorization for procedure codes 99211-99215 or 99241-99245. they are not available online. |
| 135 | Who is the best person to contact with questions about LIMHP and the LIMHP acting as the Supervising Practitioner  | Don Reding 402-437-4261 or Kathy Dinges 402-437-4214.   |
| 136 | Did I understand correctly, the current auths that are interchanging 90846 and 90847, are still interchangeable until re-authing   | No CPT codes are "interchangeable" after 3/2/09. Please note that 90846's are authorized on a case by case basis by Magellan Clinical Supervisors.            |
| 137 | I would like to ask you to consider paying for couples therapy with the 90847s as the couple relationship is the foundation of so many family problems   | Nebraska Medicaid does not pay for Couples Therapy.   |
| 138 | I was under the assumption that an LIMHP could not be use CAPS or crisis sessions. Is that correct.  | LIMHP's can use either of those outpatient services as determined by what the client needs.   |
| 139 | when does the 75 session count begin? March 2? or from the beginning of their using Magellan?  | The (75) session count applies to authorizations with start dates prior to 3/2/09 and goes back to that authorization start date.                             |
| 140 | we have been told if the patient is seeing a therapist, our doctors can no longer bill a 90805 for their services. We can only get authorizations for a 90862 is this correct? We have also been told if they are seeing the therapist in our office, we can get the 90805 for our doctors. Please clarify for us. | Please see Question # 67.   |
| 141 | Earlier in the presentation you discussed an authorization code of a modifier of HO for the LIMHP and later stated it was an AH modifier, which is it?   | The H0031-HO is the Initial Assessment done by an LIMHP. The H0031-AH is the Annual Supervision Assessment done by a Psychologist.                            |
| 142 | if you just did a pta/90801 within the last say 90 days...will we need to redo?  | No.   |
| 143 | When we send a consumer to our Supervision Prac. for an MSE, she uses a 90801. If we then refer to our APRN for Med. Mng., another 90801 is requested for the APRN's initial eval. Will both 90801s be authed?   | Yes.  |

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| 144 | How often is the 90801 required? Right now, we are having the clients seen at the beginning of therapy as required and then every 6 months they are re-evaluated by our supervising practitioner. Is this going to remain the same?  | The 90801 is required at the beginning of treatment. It is not required again at any specified intervals as long as the client is in continuous care and should not be confused with the annual supervision assessment required of the supervising practitioner. Annual Supervision codes are H0031-AH (PhDs), H0031-52 (LIMHP's) and 99211-214 or 99241-254 (MD's). |
| 145 | Today there was no discussion from other psychiatrist in regards to "duplication of therapy" with use of the 90805 when the patient see's a therapist  | Please see Question # 67.  |
| 146 | I am seeing an 11 yr old schizophreniform client twice a week. This will exceed limits allowed. Do I wait until I need the reauth to request extra units, or request the extra units from the beginning of the auth period?  | This should occur when the reauthorization is needed so that the review can be based on current clinical information rather than prospective assumptions.  |
| 147 | Where do we get the Medicaid Change Request Forms and where are they sent to when filled out?  | The form is available at <a href="http://www.magellanprovider.com">www.magellanprovider.com</a> . Send them to: Magellan Health Services, 1221 N Street Ste 700, Lincoln, NE 68508   |
| 148 | The content and direction of the therapy is totally different in both context.... and I have yet to have a med check only session with a psychiatric patient also has a therapist am I suppose to halt the session and tell the patient I can not help them deal with that - consult there therapist?? when I have had just as much if not more training | If this question relates to 90805's and 90806's being done concurrently the process has changed as a result of a reassessment of the issue on 3/18/09. 90805's and 90806's can be authorized concurrently.   |
| 149 | I heard that a therapist can do a H0031-AH, does that take the place of a 90801, or does the supervising still have to do a 90801?   | No. A therapist cannot do an H0031-AH, and a supervising practitioner would need to complete the 90801.  |
| 150 | When a LIMHP starts seeing a new client will they just call for an authorization for H0002 or will they have to complete another CPt code before they can reattest for 90806 sessions  | LIMHP's would need to complete the H0031-HO and the H0002 or H0002-52 before they could do the attestation and request therapy services.   |
| 151 | what if client coming in already had a PTA done by another provider?   | You would need to try to obtain the H0002 done by the previous provider. However, we would authorize an H0002-52 Addendum if necessary and a 90801 or H0031-HO.  |
| 152 | Does this mean that we can only use 24 sessions in 6 months?   | No. Additional sessions may be authorized by a Magellan care manager if there is Medical Necessity.  |
| 153 | How much clinical experience and in what type of setting does each care manager for Nebraska have?   | No response warranted.   |
| 154 | what does CAP mean?  | "Client Assistance Program".   |
| 155 | How would a provider find out if a client had used their 5 cap sessions for the year?  | Our Customer Service Associates can provide that information at the time your request for CAP sessions is made.  |

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| 156 | I have been told that the cap sessions may not be paid as they will be review and determined by payor if they were justified to use is that still going to be the case  | Yes. However all Medicaid services are subject to review but will be paid if they are delivered consistent with Medicaid guidelines.   |
| 157 | How can we possibly know the needs of the family 6 months ahead of time?  | Outpatient services should be authorized consistent with the treatment plan. If a change in CPT codes is necessary after the authorization is made, the authorization can be modified via the Medicaid Change Request Form.      |
| 158 | Will authorizations that are in effect now be affected by new policy of non-interchangeable CPT Codes?  | Please see Question # 10.  |
| 159 | Will 99251-99255 inpatient consult codes still be "interchangeable"?  | No. Please see question #86.   |
| 160 | If client is in weekly group and 2 times a month individual session then 24 sessions in a 6 month period will not cover all sessions  | Correct. If the units authorized are utilized in less than six months, Care Manager review will be needed to determine Medical Necessity before additional sessions can be authorized.   |
| 161 | Are members being advised of the number of sessions they have and the procedure of the care manager involvement after the standard sessions are used up?  | No. All Medicaid covered services must be Medically Necessary. This is not a benefit cap, but a Medical Necessity review process.  |
| 162 | If a client needs to be seen in between the PTA and 90801 or H0031 HO, it is my understanding that we use crisis services (If crisis). If a clients initial visit was a cap session and then a PTA was completed and client needs to be seen before 90801 is done but is not a crisis can we use a cap session? | No. With the exception of CAP or Crisis outpatient sessions the H0002 and the 90801 or H0031-HO must be completed before the initiation of treatment. CAP sessions may not be used in the interim.                               |
| 163 | Are 90808 codes excluded? or are they interchangeable with 90806  | No CPT codes will be "interchangeable" after 3/2/09.   |
| 164 | My supervising practitioner bills under her own tax number and gets her own authorizations. Once we have both done our part, can I attest to the completed PTA?   | Yes.   |
| 165 | Where will we be able to read your company's choice of data collection raw material and conclusions?  | Raw data will not be made available to providers.  |
| 166 | If a change is needed with the initial authorization and a change request form is used, how will we be notified that the change was approved. If approved, how many days will it be before we are notified?   | Changes in authorization will be reflected in a new authorization letter which should be received 3 - 5 days after the change is made.   |
| 167 | If I have 12 and 12 ind/family and I use 12 family and they do not look like ind will be use I must submit a request for the 90806 to be changed to 98047 , what is the time frame that the request must be submit and the dates are able to be used  | The change would need to be made before you submit your claims for any dates of service that you needed the additional 90847's. Any changes would be valid for the dates of service covered by the 6 month authorization period. |
| 168 | What about Substance abuse evals for those over 20?   | This is a Medicaid covered service provided by qualified Adult Substance Abuse providers.  |



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| 169 | If Medicare is primary and Medicaid is secondary does this affect the authorization or lack of for no payment?   | There must be an authorization in place for any dates of service that may be covered by Medicaid. The fact that Medicare is the primary payor does not effect the Medicaid requirements.  |
| 170 | How does one treat the pt already authorized pre March 2nd and how do those pts move to new system?  | For clients that have authorizations that started prior to 3/2/09 nothing will change except that providers need to ensure that for dates of service after 3/2/09 CPT codes billed match the CPT codes authorized. When the client needs additional units of service the provider should request those units via the online or paper Treatment Request Form. If at that point the client has received (75) or more sessions, the request would need to be reviewed by a Magellan care manager before additional services could be authorized. |
| 171 | What happens with current clients authorizations? Do we have to reauth current clients?  | For clients that have authorizations that started prior to 3/2/09 nothing will change except that providers need to ensure that for dates of service after 3/2/09 CPT codes billed match the CPT codes authorized. When the client needs additional units of service the provider should request those units via the online or paper Treatment Request Form. If at that point the client has received (75) or more sessions, the request would need to be reviewed by a Magellan care manager before additional services could be authorized. |
| 172 | what if several weeks into therapy, the client presents new info requiring a need for Sub Abuse Eval, would that require a different number besides 90806 since it wasn't evident during the 90801?  | Should that situation arise you could request an H0001, but the request would be reviewed by a care manager who would need to determine why that information was not obtained in the H0002.   |
| 173 | MOST TIMES, clients do not even identify to us that they saw another provider prior to us. How are we to get the PTA? Also, can the MSE be obtained from previous provider also or does my client still have to have an MSE from MY consulting provider? | Providers are required to complete an H0002 and a 90801/H0031-HO before the initiation of treatment. If the H0002 from the previous therapist cannot be obtained the current provider can complete an H0002, or an H0002-52. However, the H0002 and the 90801 must be completed and available before the provider can complete the attestation and obtain outpatient therapy sessions.  |
| 174 | Will there be an accelerated process to appeal/refute a care manager's decision?   | The current peer review/appeal process guidelines will be used.   |
| 175 | Doesn't all of this punish those of us who are willing to take difficult clients?  | Please see Question # 161.  |

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| 176 | If you initially get the 24 sessions for 90806 and then realize the patient needs 90847, what next step should the therapist do in order obtain authorization/payment for the 90847?   | Please see Question # 30.   |
| 177 | It's sure a lot less trouble and paperwork to very much avoid difficult clients. Is this going to help the problems we are already having with our families in Nebraska?!!!!   | Please see Question # 161.  |
| 178 | What type of peer review or panel is available when a provider has a different theoretical stance than Magellan?   | Please see Question # 174.  |
| 179 | what is the length of time between the attestation being sent if by mail and when the first individual or family session can be done   | You should receive your authorization letter for therapy services within 3-5 days of Magellan receiving your TRF form.  |
| 180 | How will OJS evaluations affect this process? They cannot be obtained without a court order?   | OJS evaluations are not within the scope of the Outpatient Authorization Management process. However, if a CCAA has been done within the past year, an H0002 will not be authorized. The clinician should obtain a copy of the CCAA.  |
| 181 | When Medicaid is secondary, how should we bill the primary ins. for a procedure code. Other ins. will not recognize or pay for "H0046 or H0031-HO. Should we just bill these codes and bill Medicaid as secondary when they refuse payment?    | Yes.  |
| 182 | How do 90805's done by a Psychiatrist play into authorizations?  | 90805's are included in this process and managed in the same manner as the other outpatient therapy services.   |
| 183 | I am license independent mental health practitioner and I have been told as Independent license I can do the 90801 if I am correct. you finish to say this code only can be done by a psychiatrist? Please give me your input or clarification | LIMHP's can conduct an H0031-HO which is the Initial Assessment by an LIMHP. The H0031-HO is the LIMHP equivalent of the 90801. The 90801 is not a billable code for LIMHP's.   |
| 184 | How does one treat the pt already authorized pre March 2nd and how do those pts move to the new system   | Please see Question # 16.   |
| 185 | What rules/system do you follow for a dual dx client being treated for mental health & SA ?  | Outpatient services for Dual Dx clients are included in the Outpatient Authorization Management process and follow the same "rules" as Mental Health or Substance Abuse services.   |
| 186 | Do MD's and PhD's need to complete an H0002 IN ADDITION to a 90801? (sorry if this is a dumb questions but I am new to mental health billing)  | If the MD or PhD are acting as Supervising Practitioners, they do not need to complete an H0002 in addition to their 90801. However, the therapist(s) they supervise must have a 90801 and H0002 completed for each client. If the MD is providing only Medication Management (90862) just the 90801 would be required. |

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| 187 | So, if you use CAP sessions, there is no PTA or MSE required?  | Correct. Five CAP sessions are available per 12 months for clients who do not need ongoing treatment.  |
| 188 | If a PTA and 90801 is completed by psychologist can another 90801 be authorized for the initial psychiatrist visit?  | If the PhD is the Supervising Practitioner we would authorize a 90801 for the Initial Diagnostic Interview by the SP. If the client was also being seen by a Psychiatrist, and the MD was not comfortable with using the SP's 90801 we could authorize a 90801 for the MD.         |
| 189 | Do these new procedures apply to non-mgd Fee for Service as well?  | No. However, the Medical Necessity requirements are the same regardless of the client's managed care status.   |
| 190 | 90862 codes are not subject to reauth protocol, I did not catch what was said about 90805 or 90807 codes. Are we to follow the re authorization protocol for those codes?  | Yes.   |
| 191 | Is data being collected related to this issue of not enough supervisory Mds and PHDs, especially in Western Nebraska?  | Not specifically, but we are aware of the concern.   |
| 192 | One thing that would greatly help providers when the PTA and MSE were done somewhere else, if you could give us the name(s) of those providers. We all are working for the same entity -- Medicaid. It seems that on some form that the client signs they could be giving permission for the next therapist to know who did the last documents. Many times they don't remember or just don't give a #@&*. As a result, we have to put off needed services. | We cannot provide this information absent a release from the client due to HIPPA requirements.   |
| 193 | If the client is required to have a face to face yearly with the supervising practitioner what do they bill for. I was told that at 90801 is not needed yearly, but Medicaid will not pay for on going therapy without a yearly MSE.   | If the Supervising Practitioner is a Psychologist they would use the H0031-AH for their Annual Supervision Assessment. If the Supervising Practitioner is an MD they could use the 99211-215 or 99241-245 codes for their Annual Supervision Assessment. For LIMHP's use H0031-52. |
| 194 | I also have a question to make sure I understand. Client is seen by supervising practitioner to do the 90801 with auth of course , and LMHP could request H0031 Ho and when both are done, and in client file, then can call for authorizations for 90806's or whatever codes needed. And once both 90801 and biopsych done, can begin to see client and get pd  | You are correct except that LMHP's cannot do H0031-HO's. Once the 90801 or H0031-HO (if an LIMHP) and the H0002 are completed then the sessions for outpatient therapy can be authorized and the client can begin services.  |
| 195 | The clients who require a 90801 and 90847 per week, am I understanding this correctly that they can only receive 1 txt session per week to maintain the 48 session threshold.  | The provider has the discretion to use the therapy sessions as needed up to 3 sessions per week. If the units authorized are utilized in less than six months, Care Manager review will be needed to determine Medical Necessity before additional sessions can be authorized.     |