



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

May 15, 2003

MEMORANDUM

ACS M03-03

TO: Providers of Behavioral Health Care Services

FROM: Aileen Hiramatsu, Med-QUEST Division Administrator

SUBJECT: REMOVAL OF THE PRIOR AUTHORIZATION REQUIREMENT FOR PSYCHOTHERAPY

Effective immediately, prior authorization for Medicaid Fee-for-Service outpatient individual and group psychotherapy and inpatient psychotherapy will no longer be required. The claims system will pay for 24 hours of outpatient psychotherapy services and 30 one hour inpatient individual and group psychotherapy sessions per benefit year.

The CPT codes that do not require prior authorization are:

- Outpatient Psychiatric Therapeutic Procedures – 90804, 90805, 90806, 90807, 90810, and 90811.
- Other Outpatient Psychotherapy – 90847 and 90853.
- Outpatient Psychotherapy performed by the Department of Health's (DOH's) Adult Mental Health Division (AMHD) and the Child and Adolescent Mental Health Division (CAMHD) clinics.
- Inpatient Hospital Psychotherapy Services – 90817, 90819, 90822, 90824, 90827, and 90829. (These codes are not covered in a partial hospital and/or residential care facility – outpatient psychiatric service procedure codes should be used).

The following psychiatric services that did not require authorization in the past, can continue to be provided without authorization:

- Psychiatric Diagnostic or Evaluative Interview – 90801 and 90802 (Only one 90801 or 90802 is allowable per provider for each new hospitalization or new patient evaluation).
- Other Psychiatric Services or Procedures – 90862.

All other outpatient behavioral health services will require prior-authorization.

These services include but are not limited to neuropsychological testing, psychological testing, electroconvulsive therapy, and Clozaril case management.

Authorizations for inpatient hospitalization will continue to be required within 5 days of admission for acute psychiatric conditions.

Additional clarification:

- Psychiatric services without medical evaluation and management services (90816, 90818, 90821, 90823, 90826, and 90828) are not covered in partial hospital and/or residential care facility settings--outpatient psychiatric service procedure codes should be used. Prior authorization is required if performed in the acute inpatient hospital setting.
- Hawaii Medicaid does not cover psychiatric therapy services performed in a nursing facility. The only instance in which Medicaid will make a payment is for Medicare crossover claims.
- Providers are strongly urged to refer their Seriously Mentally Ill (SMI) adult patients to the Med-QUEST contracted program Community Care Services (CCS). CCS is available on all islands to both QUEST and Medicaid Fee-For-Service patients. CCS will provide your patients with intensive case management, unlimited medically necessary benefits beyond the 24 outpatient hours and 30 inpatient days.
- If a provider's claim is denied because either the 24 outpatient hours or 30 inpatient days per year limits were exceeded and the Medicaid recipient had a medical need for services beyond the limit, the provider may ask for an adjustment. A legible treatment plan with measurable goals and legible written justification of the recipient's medical needs must be attached to the resubmitted claim. Additionally, an exchange of two outpatient hours for one inpatient day may be requested by submitting a legible written request for this exchange along with the treatment plan and medical justification.
- For those patients who are dually eligible for Medicare Part B and Medicaid, no authorizations are required for any behavioral health service covered by Medicare.
- Medicare requirements and limits must be followed and Medicare must be billed first.

/s/ Aileen Hiramatsu
Med-QUEST Division Administrator