

## **MO HealthNet Behavioral Health Manual Update**

Updates have been made to the MO HealthNet Behavioral Health Manual. The manual is posted on the web at: <http://manuals.momed.com/manuals/>.

As a reference, the summary of changes is outlined below:

### **Section 12**

- 12.3.A Updated link to MHD fee schedule.
- 12.7 Deleted section

### **Section 13**

- 13.1 changed “mental” to “behavioral”
- 13.1.B Added Community Mental Health Center as a site where LCSW/LMSW can see adults. Added information regarding ME code 38.
- 13.2 Changed the word “patient” to “participant”.
- 13.3 Changed “mental health provider” to “provider”.
- 13.3.A Added Registered Behavior Technician (RBT) information.
- 13.3.C Added information regarding ME code 38 and added Community Mental Health Center to the places MHD reimburses for LCSW/LMSW services to adults.
- 13.3.D Added information regarding ME code 38.
- 13.3.E Added child-adolescent psychiatric mental health clinical nurse specialist to the Document of Recognition types.
- 13.3.F Changed this section to Applied Behavior Analysis (ABA) Providers.
- 13.3.G Updated information and hyperlink for Provider Update Request form.
- 13.4 and 13.4.A Changed timeframe for documentation from 72 hours to 5 business days per revised regulation.
- 13.4.A(1) Changed “substance abuse” to “substance use disorder”. Removed extraneous words from J.
- 13.4.A(3) Clarifying language added regarding identifying specific service in progress notes.
- 13.5.D Revised the definition of emergency services.
- 13.7 Revised the definition of emergency services.
- 13.8.A Changed “prior authorization” to “precertification”.
- 13.9 Added information regarding ME code 38
- 13.9.A Changed “prior authorization” to “precertification”, clarified use of the Diagnostic and Statistical Manual of Mental Disorders to establish diagnosis, clarified Family Therapy, updated precertification process and added information regarding CyberAccessSM.
- 13.9.B Updated exception process.

- 13.9.C Changed “prior authorization” to “precertification” and updated psychotherapy for crisis.
- 13.9.D Clarified family therapy without patient present.
- 13.9.E Updated address for the Participant Services Unit.
- 13.10 Changed section to “Covered Psychotherapy Services - Adults and Children” and added updated service descriptions
- 13.10.H Tobacco Cessation information updated and moved from 13.24 to 13.10.H
- 13.10.I Added Health And Behavior Assessment And Intervention (HBAI) Services.
- 13.11 Changed “prior authorization” to “precertification” and clarified DSM and ICD information.
- 13.11.A Added table for maximum hours precertified per 6 months and removed narrative with same information; updated information regarding precertification process.
- 13.12 Changed “prior authorization” to “precertification” and updated and clarified information.
- 13.12.A Added table for maximum hours precertified per 6 months, updated narrative, and removed redundant information.
- 13.12.B Added table for maximum hours precertified per 6 months, updated narrative, and removed redundant information.
- 13.13 Added section for Procedure Codes for Psychotherapy Services – Adults and Children and added link to fee schedule
- 13.13.C Added section with table for procedure codes by provider type showing procedures specific to each provider type, billing modifiers, and indicator for precertification requirement.
- 13.14 Changed heading from “School-Based Services” to “School-Based Individualized Education Plan (IEP) Direct Services” and included charter schools in program services; updated, corrected, and removed redundant information.
- 13.14.A Added “School-Based Services” to heading, updated information.
- 13.14.B Added “School-Based Services” to heading, clarified information.
- 13.14.C Added “For School-Based Services” to heading. Clarified first paragraph. Added reference to use of modifiers in manual and corrected the modifier order in the table. Added family psychotherapy with and without patient, group psychotherapy and psychotherapy for crisis to table. Removed outdated and inaccurate information following this section and eliminated separate tables for provider types.
- 13.15 Updated time-based information per current CPT® manual. Added “Travel time is not reimbursed and must not be included as part of the scheduled appointment time”.
- 13.18 Removed services descriptions following this section (now incorporated into section 13.10).
- 13.19 Added Applied Behavior Analysis (ABA) Services.
- 13.21.A Added testing when performed by a PCNS and PMHNP as non-allowed under the Behavioral Health Services Program.
- 13.21.B Removed “with the exception of 90791 and 90792 (see Section 13.14)” . Updated sections referenced for specific documentation requirements.
- 13.22 Added “Please refer to Section 8.9 of the Behavioral Health manual for out-of-state, non-emergency services.”
- 13.22.A Changed “substance abuse” to “substance use disorder”.
- 13.22.D In the table, corrected the modifier order and deleted “and/or family member” from 90832 and 90834 per current CPT® manual. Deleted “(Telehealth originating site facility fee). Reimbursement will be made at the lesser of the actual charge or \$14.60”.
- 13.22.E Changed “prior authorization” to “precertification”.
- 13.22.I Updated website for Missouri Telehealth Network.
- 13.23 Added “(Do not use AH modifier with ABA codes)” and deleted “or private school (99)”

- 13.24 Changed “substance abuse” to “substance use disorder” and changed “99 – Private School” to “99 - Other Place of Service (Other place of service not identified above)”
- 13.24.A Deleted “The only valid setting for using place of service code 99 is a private/parochial school. (Head Start is not considered a private school.)
- 13.27 Added ABA services.

#### **Section 14**

- Updated Section 14 - Special Documentation Requirements
- Deleted sections 14.1, 14.2, 14.3, 14.4, 14.5, 14.6

#### **Section 15**

- 15.2 Added link to web site and changed “Apply for Internet Access” to “Apply for EMOMED.”

#### **Section 18**

- 18.1 Changed the word “recipient” to “participant”. Changed the sentence “The diagnosis code must be entered on the claim form exactly as it appears in the ICD, current edition” to “The current edition ICD diagnosis code must be entered on the claim form”. Deleted “Note that the appropriate code(s) may be three, four or five digits, depending upon the patient’s diagnosis The fourth and fifth digits give greater detail or specificity and must be used as applicable to the patient’s diagnosis(es) when available”. Deleted ICD current edition ordering information.
- 18.3 Added “For precertification” and “(excluding for HBAI services)”  
Added F17203, F17208, F17209, F17213, F17218, F17219, F17223, F17228, F17229, F1793, F17298, F17299, F3181, F3481, F422, F423, F434, F428, F429, F640, F5081 and F5089 list of diagnosis codes. Removed codes F42, F508, F641. Removed “An appropriate 4th or 5th digit may be required for the diagnosis code to be valid.”

#### **Section 19**

- Section 19 Procedure Codes - Replaced HCFA with CMS
- 19.1 deleted information for ordering CPT manual, updated sections referenced and added ABA information
- Deleted sections 19.2, 19.3, 19.4, and 19.5.

For provider and policy issues regarding MHD Clinical Services Programs, including Pharmacy, The Missouri Rx Plan (MORx), Psychology, Exceptions, and Medical Precertifications, email us at: [clinical.services@dss.mo.gov](mailto:clinical.services@dss.mo.gov).

Questions and comments regarding any other issues should be directed to: [ask.MHD@dss.mo.gov](mailto:ask.MHD@dss.mo.gov)