



PROVIDER BULLETIN

No. 06-17

August 4, 2006

TO: Medicaid Mental Health/Substance Abuse Providers

FROM: Mary Steiner, Medicaid Director

BY: Jerry Easterday, M.D., Medical Director
Michele Marsh, M.D., Medical Director
Margaret VanDyke, R.N., Psychiatric Nurse Consultant
Medicaid Mental Health/Substance Abuse Unit

RE: Documentation for Mental Health and Substance Abuse Services

PLEASE SHARE THIS INFORMATION WITH ALL ADMINISTRATIVE, CLINICAL AND BILLING STAFF

Medicaid considers reimbursement for mental health/substance abuse services when the service meets medical necessity requirements, is identified as a covered service in Medicaid regulations, and is necessary to improve the Medicaid eligible client's mental health and/or substance abuse condition.

Documentation Requirements for All Services

In order to support medical need, a progress note must be kept for each treatment service delivered to a Medicaid client. The service must be recommended in the supervising practitioner's initial assessment and identified in the client's treatment plan. Each therapy progress note must include the name of the client, the date of service, the therapist's time spent in the therapy session documenting the beginning and end time of the session, and must identify all individuals present in the therapy session and their relationship to the identified client. The note must be legible and signed by the licensed clinician performing the service. Please refer to documentation requirements in 471 NAC 20-001.19 Clinical Records, 20-002.07 Documentation in Client's Clinical Records, 471 NAC 32-001.04 Clinical Records, and 471 NAC 32-002.07 Documentation in Client's Clinical Records.

Documentation Requirements When Billing Family Therapy Without the Client Present (90846)

Effective with the date of this memo, all sessions (CPT code 90846) submitted for payment must include the therapy progress notes. A copy of authorization for the service as well as the progress note is required for all claims for managed care clients. All claims submitted to Medicaid are subject to pre- and post-payment review (see Utilization Review 471 NAC 20-002.09, 471 NAC 32-002.09, Audits 471 NAC 2-002.06 and Post-Payment Review 471 NAC 3-002.03).

In order to be reimbursed, the service must meet the Medicaid regulation and definition for family therapy (please see 471 NAC 32-001.15K and 471 NAC 20-001.12 Service Definitions). Meetings with caseworkers, assisted living facility staff, nursing home staff, other therapy providers, etc., do not meet the definition of family therapy. Parenting sessions, information exchange or time spent completing forms does not meet the definition of family therapy. For services provided to managed care clients, please continue to follow the directions provided by Magellan in the family therapy letter sent on May 13, 2005 (copy enclosed).

Please call Margaret Van Dyke at 402-471-1608 for information regarding Medicaid policy and billing practices.

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Enclosure



[Type Return Address Street here]
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<Date>

Dear Provider:

Magellan Behavioral Health* recognizes the importance of family psychotherapy as part of the member's treatment plan. We want to clarify aspects of the delivery of family psychotherapy in the outpatient setting that are reimbursable through the Medicaid Mental Health/Substance Abuse Program.

Family psychotherapy services must focus on the family as a system and include a comprehensive assessment of the family. The specific objective of family psychotherapy is to alter the family system in order to increase the functional level of the member. This therapy must be provided with the appropriate family members and the member together. Session progress notes must identify **every family member involved in the session and the date and start/end time of each family session.**

Family psychotherapy services must:

- Be medically necessary for a behavioral health/substance condition.
- Focus on the level of family functioning as a whole and address issues related to the entire family system.
- Be recommended in the Pretreatment Assessment (biopsychosocial assessment and the initial diagnostic interview). A complete Pretreatment Assessment includes a comprehensive family assessment.
- Be based upon family-focused goals and objectives that are clearly stated in the individualized treatment plan.
- Demonstrate that the licensed therapist has an appropriate understanding of the family dynamics as evidenced in the content of the Pretreatment Assessment, treatment plan and the session progress notes.
- Include goals that are clearly identified in the session progress notes of the treatment plan and discharge plan.

Family psychotherapy is not:

- An encounter between a family member(s) and a licensed therapist in which the family member(s) briefs the therapist about the behaviors, symptoms and problems of the member.
- An encounter between a family member(s) and a licensed therapist in which the therapist briefs the family member(s) about the member's behaviors and problems, progress or barriers to progress.
- A supportive and/or educational discussion between the family member(s) and a licensed therapist.
- A therapeutic encounter between a family member(s) and a licensed therapist in which the therapist provides psychotherapy to address the family member's individual treatment issues.
- A segment of an individual therapy session that is used by a licensed therapist or family member(s) to clarify the member's therapy progress, prognosis, intervention success, homework completion, etc.

Magellan authorizes outpatient family psychotherapy services based upon the following guidelines:

- One family psychotherapy session on any particular day per family.
- Procedure code 90846 (family psychotherapy without the member present) only by exception.
- One family psychotherapy session even though the family may have multiple Medicaid-eligible members with a psychiatric and/or substance abuse disorder. Only one Medicaid-eligible family member may be billed for family psychotherapy even though another identified Medicaid-eligible member is present in the session.
- A family psychotherapy session must be a minimum of 60 minutes.

If you have questions regarding this information, please contact Kathy Dinges at (402) 437-4214 or email at KMDinges@magellanhealth.com. We thank you for your commitment to providing quality behavioral health care.

Sincerely,

The Nebraska Care Management Center

*Magellan Behavioral Health, Inc., Magellan Behavioral Health Systems, LLC, f/k/a Human Affairs International, CMG Health, Inc., Green Spring Health Services, Inc., Merit Behavioral Care and their respective affiliates and subsidiaries are affiliates of Magellan Health Services, Inc. (collectively "Magellan").