

# PROVIDER BULLETIN

No. 09-11

April 6, 2009

TO: Medicaid Mental Health Substance Abuse Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid and Long-Term Care

BY: Bonnie Brown, R.N.  
Mental Health and Substance Abuse Unit

RE: Update of Medicaid Managed Care Outpatient Utilization Review Processes

**Please share this information with administrative, clinical, and billing staff**

Effective March 2, 2009, Nebraska Medicaid and Magellan Behavioral Health initiated new outpatient authorization management processes to ensure that clients received effective, appropriate and medically necessary services. Please reference Provider Bulletin No. 09-05, titled "Improved Medicaid Managed Care Outpatient Utilization Review" which was dated February 27, 2009.

Based on provider input, some changes will be implemented to the Medicaid Managed Care Outpatient Utilization Review Process.

The procedure codes 90805 and 90807 for Individual Therapy with Medication Management will be available to psychiatrists and nurse practitioners via the usual Outpatient Authorization Process. These will be authorized in addition to individual therapy codes authorized to other providers. These codes will be included as part of the 24 outpatient codes that Magellan will authorize for 6 months. If more than 24 sessions are needed in 6 months, a Care Manager may authorize additional medically necessary sessions.

Psychiatrists and nurse practitioners may call Magellan to request the Pharmacologic Management code 90862 in addition to their 90805 or 90807 authorizations. The 90862 code is not included in the 24 outpatient sessions that Magellan will authorize per 6 months. For new clients, a 90801 and twelve (12) 90862's will be authorized for 12 months.

Psychiatrists may also request the Evaluation and Management Outpatient codes 99211-99215 or the Consultation codes 99241-99245. Initially, a Pretreatment Assessment will be authorized. When the PTA is complete and attested to, a paper Treatment Request Form (TRF) may be completed to request the Evaluation and Management codes. Up to six of these codes will be authorized per 6 months. These codes are included in the 24 Outpatient sessions per 6 months. If more than 24 sessions are needed in 6 months, a Care Manager may authorize additional medically necessary sessions.

To assist adult and child/adolescent clients to successfully transition from higher levels of care to outpatient treatment, the MESA Crisis codes (90806 ET, 90808 ET and 90847 ET) will be authorized by Magellan after discharge from either 24 hour treatment facilities or Partial Hospital treatment (not Day Treatment). This will allow the client to immediately begin outpatient treatment while the provider obtains an updated 90801/H0031 HO, updates the treatment plan and requests the necessary outpatient authorization/s.

If the client was in outpatient treatment prior to an acute psychiatric inpatient or partial hospital episode and the provider has an open outpatient authorization, the remaining services in that authorization may be used. If the client is being discharged from longer-term 24 hour care, such as residential levels of care, the crisis services may be used while obtaining a new outpatient authorization as noted above.

If an H0002 or 90801 was completed prior to the client becoming Medicaid eligible, the provider does not need to repeat the Pretreatment Assessment. The provider should call Magellan and they will authorize outpatient therapy sessions based on the provider's attestation that the Pretreatment Assessment has been completed. The provider should fax that information to Tonye Eisenhauer at (402) 742-2373 and request that the information be added to the client's history. The provider must legibly document the client's Medicaid number, which assessment/s were completed (the Biopsychosocial Assessment or the Initial Diagnostic Interview), the date they were completed and the name and credentials of the person completing the assessment/s. Doing this prior to submitting claims will prevent the claims from being denied for no H0002 or 90801/H0031 HO.

If you have questions about this provider bulletin, you may contact either:  
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