Str MA Authorization

Refer to Authorization for general authorization policy and procedures. For psychotherapy services, authorization is required if the hours or units of services exceed the following:

• 26 hours psychotherapy (with patient) (including biofeedback) per calendar year, cumulative

• 26 units of family psychotherapy (with patient or family member or both), per calendar year, cumulative

• 10 sessions of multiple family group psychotherapy per calendar year

• 52 sessions of group psychotherapy per calendar year, cumulative

Submit the following as part of the authorization process for continuation of services:

• Copy of the most current diagnostic assessment

• Clinical summary (including justification for each diagnosis)

• Individual treatment plan that includes same items as under documentation of covered service

• Progress notes that include same items as under documentation of covered service

• Other elements that may apply, including:

• Current risk factors the member may be experiencing

• Emergency interventions

• Consultations with or referrals to other professionals

• Summary of effectiveness of treatment, prognosis, discharge planning, etc.

• Test results and medications

• Symptoms

When requesting authorization for services that are to be performed with interactive complexity, include the interactive complexity add-on code on the authorization request.

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| **KEPRO website:** | [**mhcp.kepro.com**](http://mhcp.kepro.com/)**.** | **Contact KEPRO for access to the Atrezzo provider portal.** | |
| **Mail:** | KEPRO  Attention MN Medicaid  2810 N Parham Rd. Suite 305  Henrico, VA 23294 |  | |
| **For authorization requests:** | |  | |
| **Phone:** | 612-354-5589 866-433-3658 |  |  |
| **Fax:** | 866-889-6512 |  |  |