

Brian Sandoval
Governor



Marta Jensen
Administrator
Division of Health Care Financing and
Policy

Public Workshop Neurotherapy (Biofeedback with Psychotherapy) and Psychotherapy

June 29th, 2018



Objectives

- What is Neurotherapy
- Proposed Policy Clarifications
 - Prior Authorization Required

- What is Psychotherapy
- Proposed Policy Clarifications
 - Prior Authorization Required



What is Neurotherapy

Medicaid Services Manual (MSM), Chapter 400:
MSM 403.4(c)(4)

- Neurotherapy is individual psychological therapy incorporating biofeedback training combined with psychotherapy as a treatment for mental health disorders. Medicaid will reimburse for medically necessary neurotherapy when administered by a licensed QMHP within the scope of their practice and expertise. A certified Biofeedback Technician may assist in the provision of biofeedback treatment; however, a QMHP must provide the associated psychotherapy. Reimbursement for biofeedback treatment provided by a Biofeedback Technician is imbedded in the QMHP rate.



Proposed Policy Change

- Neurotherapy will require a Prior Authorization (PA) upfront for any diagnosis for services demonstrating medical necessity.
- Service limitations can be exceeded with a PA demonstrating Medical Necessity.
- Providers cannot ‘switch’ diagnosis codes for a recipient to gain additional sessions.



What is Psychotherapy

- Medicaid Services Manual (MSM), Chapter 400 – MSM 403.4(c)
- Mental health therapy is covered for individual, group and/or family therapy with the recipient present and for family therapy without the recipient present and described as follows:



Family Therapy

Family Therapy:

Mental health treatment service provided to a specific recipient by a QMHP using the natural or substitute family as the means to facilitate positive family interactions among individuals. The recipient does not need to be present for family therapy services; however, the services must deal with issues relating to the constructive integration/reintegration of the recipient into the family.



Group Therapy

Group Therapy:

Mental Health treatment service facilitated by a QMHP within their scope of licensure or practice, which utilizes the interactions of more than one individual and the focus of the group to address behavioral health needs and interpersonal relationships. The therapy must be prescribed on the Treatment Plan and must have measurable goals and objectives. Group therapy may focus on skill development for learning new coping skills, such as stress reduction, or changing maladaptive behavior, such as anger management. Participation in group therapy must be documented on the clinical record. Minimum group size is three and maximum therapist to participant ratio is one to ten. Group therapy can be less than three but more than one based on unforeseen circumstances such as a no-show or cancellation, but cannot be billed as individual therapy. Group therapy may also include a family without the recipient present and/or multi-family groups.



Individual Therapy

Individual Therapy:

Mental health treatment service provided to a specific recipient for a presenting need by an individual therapist for a specified period of time. The amount, scope and duration of individual therapy services may vary depending on the stage of the presenting mental health need, treatment program and recipient's response to the treatment approach. Individual is one recipient. Each direct one-on-one episode must be of a sufficient length of time to provide the appropriate skilled treatment in accordance with each patient's treatment/rehabilitative plan.



Proposed Policy Change

- All Psychotherapy services (individual, group and family) will require a Prior Authorization (PA) upfront for any diagnosis for services demonstrating medical necessity.
- Service limitations can be exceeded with a PA demonstrating Medical Necessity.



MHPAEA

- The Mental Health Parity and Addictions Equity Act (Parity) requires Medicaid programs to ensure that Mental Health and Substance Use Disorder (MH/SUD) must be no more restrictive than the service limitation that are applied to all Medical/Surgical benefits.
- Proposed changes align with Parity requirements.



Anticipated Implementation

The anticipated implementation date for this will be July 27th, 2018 after the Public Hearing date of July 26th, 2018.



Questions?