

ProviderAlert

To: Select Health of South Carolina Licensed Independent Practitioners (LIPs) and Rehabilitative Health Services (RBHS) Providers

From: Select Health Behavioral Health Utilization Management

Date: May 5, 2022

Subject: IMPORTANT CLARIFICATION: Individual Psychotherapy Medical Necessity Review Update

Summary: Based upon feedback/questions we have received from providers, this communication is to clarify that **the medical necessity review update applies for all private practice Licensed Independent Practitioners (LIPs) and Rehabilitative Health Services (RBHS) providers who render outpatient individual psychotherapy.**

At Select Health of South Carolina, we are committed to helping ensure our members receive the most appropriate behavioral health services to meet their needs. As a part of our provider monitoring activities and to streamline the medical necessity review process, Select Health will require a medical necessity review once the member has reached 24 individual psychotherapy visits, **effective May 1, 2022.**

This medical necessity review process will only apply once the member has reached 24 **individual psychotherapy visits** (any combination of 90832, 90834 and 90837). The six visits per month limitation still applies. For calendar year 2022, the count of 24 visits runs from May 1 through December 31. The visit count will start over with the new calendar year beginning January 1, 2023 and the limit of six visits per month will still apply.

Prior authorization requirements for all other codes will remain the same. This will **not** apply for children and youth in Foster Care, the Department of Mental Health (DMH) or the Medical University of South Carolina (MUSC).

How will this affect you?

Once the member has reached 24 visits, submit a prior authorization request for subsequent visits. If you choose to wait until after the 25th visit, you will receive a claims denial for **X01 – authorization or referral not obtained.**

You will be required to:

- Submit an authorization request through the NaviNet/JIVA prior authorization provider portal.
- Upload the most recent individual plan of care (IPOC) and progress note as well as the three (3) most recent clinical service notes with the request.
 - Please note: It is imperative that the provider upload all of these documents in one file into JIVA. Failure to do so will result in a denial of the request.
- Specify the number of additional visits you are requesting for each code.
 - Remember the remaining benefit limit is 48 visits for the three codes combined.

You will receive an automatic notification of your approval and certification number in the provider portal.

IMPORTANT: After you receive the approval, submit the claim for the 25th visit or if you received a denial, you will need to resubmit the denied claim.

A reference guide with **instructions for submitting your request is posted on the Select Health website on the Behavioral Health webpage at: www.selecthealthofsc.com>Providers>Behavioral Health>Submitting prior authorization requests.**

For questions or concerns, please feel free to contact your Provider Network Management Behavioral Health Account Executives:

- **RBHS:** Kathy McLaurin, email: kmclaurin@selecthealthofsc.com
Phone: 843-806-6708
- **Upstate/Piedmont:** Aimee Shivers, email: ashivers@selecthealthofsc.com
Phone: 843-414-8365
- **Lowcountry/Central:** Michelle Reid, email: mreid@selecthealthofsc.com
Phone: 843-609-7072

Thank you for your cooperation and the valuable services you provide our First Choice members.