

Payment Policy: Behavioral Health Services for Children with Severe Trauma

Reference Number: MO.PP.801

Product Types: Medicaid

Last Review Date: 10-12-2021

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

This policy is effective with July 1, 2020 dates of service.

MO HealthNet Division (MHD) behavioral health fee schedule includes procedure codes for individual, family, and group therapy that are subject to alternative reimbursement when a practitioner bills **with an HK modifier**. This change provides enhanced reimbursement to practitioners who are **certified** in specific evidence-based practices (dialectical behavior therapy, trauma-focused CBT, EMDR) for services provided to **children who have experienced severe trauma**.

Provider certifications:

- DBT-Linehan Board of Certification (<https://dbt-lbc.org/>) or DBTmo certification (<http://www.dbtmo.org/dbtmo1.0/>);
- Missouri Academy of Child Trauma Studies (MOACTS) roster (<https://www.moacts.org/>) or TF-CBT National Therapist Certification Program (<https://tfcbt.org/members/>);
- Certification in EMDR by the EMDR International Association (<http://emdria.site-ym.com/>).
- Child-Parent Psychotherapy (CPP) roster ([CPP Provider Roster | Child Trauma Research Program \(ucsf.edu\)](#)).

Providers must notify HSH if changes in certification occur (e.g. loss of certification or name change).

Provider Criteria

Enhanced reimbursement applies to the following specialties:

- Psychiatrist, psychiatric clinical nurse specialist (PCNS), psychiatric/mental health nurse practitioner (PMHNP)
- Licensed psychologist, provisional licensed psychologist (PLP), doctoral psychology intern;
- Licensed clinical social worker (LCSW) and licensed master social worker (LMSW);
- Licensed professional counselor (LPC) and provisional licensed professional counselor (PLPC);
- Licensed marital and family therapist (LMFT) and provisional licensed marital and

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- family therapist (PLMFT)

Member Criteria

- Eligible Members are MO HealthNet individuals under age 21 who have experienced severe physical, sexual, or emotional trauma as a result of abuse or neglect.

Home State Health complies with this MHD requirement.

Application

Home State Health limits payment of the enhanced rate to claims that include the -HK modifier from appropriately certified participating practitioners.

Payment of the enhanced rate is subject to payment of the underlying service. NOTE: if the underlying service is subject to prior authorization, no payment will be made if authorization is not obtained prior to provision of the service.

All claims payments are subject to retrospective review. If it is determined that providers are not certified on the date of service, the enhanced payment will be recouped. Providers will receive the standard rate, as set by MO HealthNet, for the procedure code billed.

Reimbursement

Home State Health issues payment in accordance with the MHD fee schedule rate and reach provider’s specific contract percentage for claims submitted with the –HK modifier.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Modifier	Descriptor
HK	Specialized mental health programs for high risk populations

Procedure Code	Descriptor
90832	PSYTX W PT 30 MINUTES
90834	PSYTX W PT 45 MINUTES
90837	PSYTX W PT 60 MINUTES

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90846	FAMILY PSYTX W/O PT 50 MIN
90847	FAMILY PSYTX W/PT 50 MIN
90853	GROUP PSYCHOTHERAPY

Definitions: N/A

References

1. *MHD Provider Bulletin*: Volume 40 Number 48 issued February 26, 2018 - Enhanced Reimbursement of Evidence-Based Treatment for Children Who Have Experienced Severe Trauma
2. *MHD Provider Bulletin*: Volume 41 Number 56 issued May 22, 2019 - Enhanced Reimbursement of Evidence-Based Treatment for Children Who Have Experienced Severe Trauma Program
3. *MHD Provider Bulletin*: Volume 42 Number 43 issued June 17, 2020 – New Billing Process for Evidence-Based Treatment of Children Who Have Experienced Severe Trauma
4. *MHD Provider Bulletin*: Volume 44 Number 16 issued September 27, 2021 – Update for Evidence-Based Treatment of Children Who Have Experienced Severe Trauma

Revision History	
5/1/2020	Initial Policy Draft
6/22/2020	Final Policy Draft
5/24/2021	Added Applicable Procedure Codes, Provider Specialties, and specificity of recoupment for ineligible providers.
10/12/2021	Added CPP within Provider Certifications section and MHD Bulletin Vol. 44 Num.16 within References section.

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

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discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of patients. This payment policy is not intended to recommend treatment for patients. Patients should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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