

Kaiser Foundation Health Plan of Washington
Provider Communications, RCB-C2W-02
PO Box 34262, Seattle WA 98124-1262

**CHANGES TO PRIOR AUTHORIZATION PROCESS FOR
MENTAL HEALTH AND WELLNESS**

90834 Q&A

Key Points

1. This process is only for new authorizations made on or after 1/1/2020
2. This change does not impact PPO or Options members
3. Provider has the option of choosing 90834 process or continue current process under 90837
4. If opting for 90834 process, can only bill 90834 CPT code
5. Authorization valid for 1-year from date of approval
6. Frequency of visits covered based on diagnosis (up to 1 visit per week)

Frequently Asked Questions

1. *What if I need to bill CPT code(s) other than 90834?*
 - a. If the member requires treatment that is not met by a 45-50-minute session, you can follow the previous process for both initial and reauthorization requests. There is no change to the current process for requesting 90837 and/or other CPT code(s). These requests will need to be submitted using the “Mental Health Therapy Reauthorization Request” form on the Kaiser Permanente of Washington website, and faxed per the instructions on the form. The request will be reviewed using medical necessity criteria and a determination will be made and communicated to both the member and provider.
2. *If I am requesting CPT code(s) other than 90834, how many visits should/can I request?*
 - a. You will follow the previous process of requesting 20 visits by submitting the “Mental Health Therapy Reauthorization Request” form on the Kaiser Permanente of Washington website, and faxed per the instructions on the form.
3. *Are there specific clinical criteria KPWA can share regarding what qualifies for 90837 vs 90834?*
 - a. No. The decision to request extended sessions and/or add-on or complexity CPT codes is based on the clinical discretion of the treating provider. The request will be reviewed using medical necessity criteria and a determination will be made and communicated to both the member and provider.
4. *If I received an authorization for 90834 prior to 1/1/2020, do the new rules apply?*
 - a. No. Only an authorization received on or after 1/1/2020 will be subject to the new rules. Any authorization received prior to 1/1/2020 will have the visit/date limitations listed on the authorization and additional visits will require a reauthorization request using form “90834 ONLY – Mental Health Therapy Reauthorization Request”.

5. *How many visits are covered in the new 90834 authorization?*
 - a. The frequency of visits should reflect the needs of the member, based on diagnosis or diagnosis', not to exceed 1 visit per week. If there are questions regarding the frequency of visits or the length of treatment, Kaiser Permanente may reach out to the provider for supporting clinical documentation.
6. *What if I need to see the member more than once per week?*
 - a. If the member requires a treatment frequency that exceeds 1 visit per week, you can follow the current process for both initial and reauthorization requests. These requests will need to be submitted using the "Mental Health Therapy Reauthorization Request" form on the Kaiser Permanente of Washington website, and faxed per the instructions on the form. The request will be reviewed using medical necessity criteria and a determination will be made and communicated to both the member and provider.
7. *How do I request additional sessions for 90834 once the 12-month authorization timeframe ends?*
 - a. These requests will need to be submitted using the "90834 ONLY – Mental Health Therapy Reauthorization Request" form on the Kaiser Permanente of Washington website, and faxed per the instructions on the form.
8. *How do I verify coverage if a member contacts me to initiate treatment with a "blanket" authorization?*
 - a. You can contact the Provider Assistance Unit at 1-888-767-4670. Beginning April 2020, all new authorizations will be available in the online provider portal.
9. *How does this impact PPO/Options members?*
 - a. This process does not impact PPO/Options members at all. PPO/Options members do not require prior authorization for outpatient mental health therapy services and there is no specific limitation on what CPT codes can be billed.