

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

October 28, 2019

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

Dear Provider,

Effective January 1, 2020, Kaiser Permanente will implement changes to authorizations regarding outpatient psychotherapy. Outpatient psychotherapy will be authorized as CPT Code 90834, which will no longer be limited to 20 visits and reauthorization is only required annually via an abbreviated reauthorization form (enclosed and online).

The length of the authorization and frequency of visits will be based on the member's contracted benefit and supporting clinical documentation. If treatment requires billing of longer visit times and/or complexity codes, the providers will need to follow the current reauthorization process providing medical necessity documentation supporting these needs. This change affects Commercial HMO (Core & SoundChoice) and Point of Service (Options) plans, and Medicare Advantage network members. Prior authorization is not required for PPO (Access PPO & Elect PPO) network members.

Key Points:

The frequency of visits will be based on supporting clinical documentation regarding the needs of the member and diagnosis or diagnoses at time of prior authorization, not to exceed one visit per week.

If the member requires longer treatment sessions and/ or more frequent visits, follow the process for both initial and reauthorization requests. These requests will need to be submitted using the Mental Health Therapy Reauthorization form found on Kaiser Permanente for Providers at <https://wa-provider.kaiserpermanente.org/resources/forms> under Mental health care. The request will be reviewed using medical necessity criteria and a determination will be made and communicated to both the member and provider.

Only authorizations granted on or after January 1, 2020, will be subject to the new authorization process. All authorization received prior to January 1, 2020, will be held to the date and visit limitations on the authorization.

If you have any questions, please contact the Mental Health Access Center at (206) 630-1680 or toll free at (888)-287-2680.

What will I need to do differently for my patients with Kaiser Permanente coverage?

Kaiser Foundation Health Plan of Washington Core and SoundChoice HMO members: Prior authorization is required. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing.

- **Kaiser Foundation Health Plan of Washington Options, Inc. Options Point of Service members:** Prior authorization is required for in-network coverage. Services without prior authorization will pay against the member out-of-network benefit.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Access PPO and Elect PPO Preferred Provider Organization (PPO) members:** Prior authorization is not required.

- **Medicare Advantage:** Prior authorization is required. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

These criteria, along with a complete list of Kaiser Permanente Clinical Review Criteria can be found on Kaiser Permanente for Providers at <https://wa-provider.kaiserpermanente.org/> under Authorization & Clinical Review.

If you have any questions about these changes, please contact the Provider Assistance Unit toll-free at 1-888-767-4670.

Sincerely,

A handwritten signature in black ink, appearing to read "Roger Dowdy". The signature is fluid and cursive, with a long horizontal stroke at the end.

Roger Dowdy MSW, MHA
Director, Mental Health and Wellness