

KMAP GENERAL BULLETIN 22073

Coverage of Family Psychotherapy Without Patient Present

Effective with dates of service on and after May 1, 2022, HCPCS code 90846 will be covered for family psychotherapy without the patient present. The identified member's Medicaid identification number will be used for billing purposes and the maximum allowed for this service is one unit per day. This service cannot be billed if the identified member has an acute or residential level of care.

This service is covered based on clinical judgment. When the member is not present at the time the service is delivered, the identified member must remain the focus of the service. Family therapy services involving the participation of a non-Medicaid eligible individual(s) must be documented in the medical records as having a direct benefit for the Medicaid eligible member. The documentation must address the identified member's individual needs on the treatment plan and outline the expected interventions and improvements in behavioral health.

A licensed clinical practitioner will determine that family psychotherapy must be included in the member's treatment plans. When the member is an adult, their permission must be obtained in writing.

Note: The effective date of the policy is May 1, 2022. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday