



Multi-Systemic Therapy THR-004

Iowa Medicaid Program	Prior Authorization	Effective Date	03/01/2023
Revision Number	3	Last Rev Date	01/16/2026
Reviewed By	Medicaid Medical Director	Next Rev Date	01/15/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	10/20/2023

Descriptive Narrative

Multi-Systemic Therapy (MST) is an evidenced-based intensive treatment process that focuses on diagnosed behavioral health disorders and on environmental systems (family, school, peer groups, culture, neighborhood, and community) that contribute to, or influence a member’s involvement, or potential involvement in the juvenile justice system. The therapeutic modality uses methods to reinforce positive behavior, use family strengths to promote positive coping strategies, and help the family increase accountability and problem solving. In accordance with the treatment model, practitioners collaborate and have collateral contacts with significant others that affect the member. Treatment occurs in the member’s home and community, with practitioners being geographically located within a 90-minute drive of the member.

Practitioners are encouraged to become certified and utilize MST-ID® (Multi-Systemic Therapy- Intellectual Disabilities) for youth and/or caregivers with a known or suspected intellectual disability (ID) who also meet the usual criteria for MST.

Iowa Medicaid was directed by the legislature to establish coverage in 2022 (HF 2578, Section 13, Item 21, Page 29).

Expectations of MST

Expectations of MST include **ALL** the following:

- MST treatment providers must meet qualifications detailed in the State’s Behavioral Health Services Provider Manual. must obtain certification to provide MST services from an HHS approved agency. They must

demonstrate adherence to the treatment model including involvement with a clinical team, participation in ongoing supervision; **AND**

- All psychiatric/therapy services for provisionally licensed practitioners will be provided under direct supervision of a licensed psychologist, psychiatrist, or independently licensed qualified mental health professional as outlined in 645—280.6(154C) and 645—31.7(154D) Supervision is not a billable service; **AND**
- Supervision entails critical oversight of a treatment activity or course of action; review of the treatment plan and progress notes; member-specific case discussion; periodic assessments of the member; and diagnosis, treatment intervention or specific discussion. Involvement of the supervising practitioner will be reflected in the member’s clinical documentation; **AND**
- An initial diagnostic interview/assessment will be completed prior to initiation of treatment and will serve as the initial treatment plan until a comprehensive treatment plan is completed; **AND**
- Assessments and treatment shall address mental health/substance use needs, and mental health and/or emotional issues related to medical conditions; **AND**
- The treatment plan will be individualized and include specific problems and behaviors to be addressed; specific, attainable, and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement, target dates; methods for evaluating the member’s progress; and the responsible professional. The treatment plan should be developed with the member, appropriate family members, and key participants as part of the outpatient family therapy treatment process; **AND**
- Treatment plans will be reviewed by the provider every 90 days or more frequently if clinically indicated; **AND**
- After hours crisis assistance to be available; **AND**
- Services should be culturally sensitive, age and developmentally appropriate, and incorporate evidenced based practices when appropriate.

Admission Criteria

Prior authorization is required.

MST is considered medically necessary when **ALL** the following are met:

1. Member is 21 years of age or younger; **AND**
2. Externalizing behavior systems such as chronic or violent juvenile offenses, resulting in a DSM (current version) diagnosis of conduct disorder or other diagnoses consistent with such symptoms (ODD, behavior disorder NOS, etc.); **AND**
3. Member is at risk for out of home placement or is transitioning back from an out of home setting; **AND**

4. Ongoing multiple system involvement due to high-risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems; **AND**
5. Less intensive treatment has been ineffective or is inappropriate; **AND**
6. **ONE** of the following:
 - a. Member with behavioral health issues that manifest in outward behaviors that negatively impact multiple systems (e.g., family, school, community); **OR**
 - b. Member with substance use disorder issues may be included if they meet the mandatory criteria, and MST is deemed clinically more appropriate than focused drug and alcohol treatment.

Continued Stay Criteria

Continuation of MST is considered medically necessary when **ALL** the following are met:

1. Treatment does not require more intensive level of care; **AND**
2. The treatment plan has been developed, implemented, and updated based on the member's clinical condition and response to treatment, as well as the strengths of the family, with realistic goals and objectives clearly stated; **AND**
3. Progress is clearly evident in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address the lack of progress are evident; **AND**
4. The family is actively involved in treatment, or there are active, persistent efforts being made which are expected to lead to engagement in treatment.

Discharge Criteria

MST is considered completed or no longer medically necessary when **ANY** of the following have been met:

1. Member's documented treatment plan goals have been substantially met, including discharge planning; **OR**
2. Member/family no longer meets admission criteria or meets criteria for a less or more intensive level of care; **OR**
3. Member and/or family have not benefited from MST despite documented efforts to engage and there is no reasonable expectation of progress at this level of care despite treatment.

Exclusion Criteria

ANY of the following criteria are sufficient for exclusion from MST services:

1. The member is currently experiencing active suicidal, homicidal or psychotic behavior that requires continuous supervision that is **not** available through the provision of this therapy; **OR**
2. Members living independently, or members for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends, and other potential surrogate caregivers; **OR**
3. Referral problem is limited to serious sexual misbehavior.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
H2033	Multisystemic therapy for juveniles, per 15 minutes.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

EncoderPro.

HHS Behavioral Health Provider Manual.
<https://hhs.iowa.gov/sites/daefault/files/BehaviorHealth.pdf>.

Blueprints for Healthy Youth Development.
<https://www.blueprintsprograms.org/>.

MST Services. <http://www.mstservices.com>

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History			
Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
01/16/2026	CAC	Annual Review. Expectations of MST section updated.	3
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
10/18/2024	CAC	Annual Review. Updated Descriptive Narrative and Expectations of MST sections.	2
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
10/20/2023	CAC	Criteria implementation.	1
Signature			
William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee