

# Behavioral Health Provider Services Reference Guide

	PRIOR AUTHORIZATION REQUIRED? <i>*LENGTH OF INITIAL AND CONTINUED STAY AUTHORIZATION</i>					
SERVICE TYPE AND DESCRIPTION	AMERIGROUP	CHPW	COORDINATED CARE	MOLINA	UNITED	
<p><b>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUD</b></p> <ul style="list-style-type: none"> <li>Acute Psychiatric Inpatient; Evaluation and Treatment</li> <li>Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital</li> <li>Inpatient Acute Withdrawal (Detoxification) ASAM 4.0</li> </ul> <p><i>* MEMBERS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</i></p>	<p><b>No.</b> Emergent admissions require notification only within 24 hours followed by concurrent review.</p> <p>Voluntary Admission requires initial review within 24 hours of admission.</p> <p><b>Coordinate with Transitions of Care/Health Home Care coordinator.</b></p> <p><i>*Initial: 3-5 days</i></p>	<p><b>No.</b> Emergent admissions require notification only within 24 hours followed by concurrent review.</p> <p>Voluntary Admission requires initial review within 24 hours of admission.</p> <p><b>Coordinate with Transitions of Care/Health Home Care coordinator.</b></p> <p><i>*Initial: 3-5 days</i></p>	<p><b>No.</b> Emergent admissions require notification only within 1 business day followed by concurrent review.</p> <p>Voluntary Admission requires initial review within 24 hours of admission.</p> <p><b>Coordinate with Transitions of Care/Health Home Care coordinator.</b></p> <p><i>* Initial and concurrent: 3-5 days</i></p>	<p><b>No.</b> Emergent admissions require notification only within 24 hours followed by concurrent review.</p> <p>Voluntary Admission requires initial review within 24 hours of admission.</p> <p><b>Coordinate with Transitions of Care/Health Home Care coordinator.</b></p> <p><i>*Initial: 3-5 days (or Medical Director discretion)</i></p>	<p><b>No.</b> Emergent Acute admissions require notification only within 24 hours followed by concurrent review.</p> <p>Voluntary Admission requires initial review within 24 hours of admission.</p> <p><b>Coordinate with Whole Person Care/Health Home Care coordinator.</b></p> <p><i>*Initial: 3-5 days</i></p>	
<p><b>WITHDRAWAL MANAGEMENT</b> (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> <li>ASAM 3.7</li> <li>ASAM 3.2</li> </ul> <p><i>* MEMBERS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</i></p>	<p><b>No,</b> if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes,</b> if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 3-7 days</i></p>	<p><b>No,</b> if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes,</b> if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 3-5 days</i></p>	<p><b>No,</b> if <u>Emergent</u> – requires notification only within 1 business day followed by concurrent review.</p> <p><b>Yes,</b> if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>* Initial and concurrent: 3-5 days</i></p>	<p><b>No,</b> if <u>Emergent</u> –requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes,</b> if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 3-7 days depending on severity of detoxification and types of substances used</i></p>	<p><b>No,</b> if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes,</b> if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*3-4 days</i></p>	

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<b>CRISIS STABILIZATION IN A RESIDENTIAL TREATMENT SETTING</b>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 3-5 days</i></p>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 3-5 days</i></p> <p><i>*If on ITA: 7 Days Initial, 14 days after</i></p>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 1 business day followed by concurrent review.</p> <p><i>* Initial and concurrent: 3-5 days</i></p>	<p><b>No</b>, if <u>Emergent</u> –requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 3-7 days (or Medical Director discretion)</i></p>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 3-5 days</i></p>	
<b>RESIDENTIAL TREATMENT – MENTAL HEALTH AND SUBSTANCE USE DISORDER</b>  <b>IF FOR SUD:</b> <ul style="list-style-type: none"> <li>• ASAM 3.5</li> <li>• ASAM 3.3</li> <li>• ASAM 3.1</li> </ul>	<p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 14 days</i></p>	<p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial: 14 days</i></p>	<p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>* Initial and concurrent: 14 days for short term SUD and short term MH</i></p> <p><i>30 days for long term MH</i></p>	<p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial and Concurrent: 7 to 14 days (or Medical Director discretion)</i></p>	<p><b>Yes</b>, if <u>planned</u> – requires pre-service review and concurrent review.</p> <p><i>*Initial 14 days: Short Term non-hospital residential: ASAM 3.5 code H0018</i></p> <p><i>Initial 30 Days: Long Term non-hospital: ASAM 3.1 code H0019</i></p>	

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<b>PARTIAL HOSPITALIZATION/DAY TREATMENT/DAY SUPPORT</b> <b>IF FOR SUD: ASAM 2.5</b>	<b>Yes.</b> <i>*Initial: 10 days</i>	<b>Yes.</b> <i>*Initial: 10 days</i>	<b>Yes.</b> <i>*Initial and concurrent: 7-10 business days</i>	<b>Yes.</b> <i>*Initial: 10 days</i>	<b>Yes.</b> <i>*Initial: 4 days</i>	
<b>INTENSIVE OUTPATIENT SERVICES/PROGRAM</b> <b>IF FOR SUD: ASAM 2.1</b>	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.  Outlier monitoring with concurrent and post-service medical necessity reviews.	<b>No</b> , for Code: 96153  <b>Yes</b> , if non network provider requests.  <i>Initial: Less than or equal to 12 visits based on Authorization / Notification Rules and Outlier Monitoring</i>	
<b>MEDICATION EVALUATION AND MANAGEMENT</b>	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	
<b>MEDICATION ASSISTED THERAPY</b> <b>(HIGHLIGHTED AREAS ARE SPECIFIC TO PHARMACY BENEFIT)</b>	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>Yes</b> , if non network provider requests.  <b>For all providers:</b> <b>Buprenorphine monotherapy AND non-preferred medication require prior authorization</b>	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	<b>Yes</b> , if non network provider requests.  <b>For all providers:</b> <b>Buprenorphine monotherapy AND non-preferred medication require prior authorization</b>	<b>No</b> , not for in network providers.  <b>Yes</b> , if non network provider requests.	

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<b>INITIAL ASSESSMENT (MH AND SUD/ASAM) AND OUTPATIENT PSYCHOTHERAPY SERVICES</b>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</p>	
<b>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES (WISE, PACT)</b>	<p><b>Notification only.</b></p> <p>Members in WISE/PACT are case managed by AMG case manager and participate in case conferences.</p>	<p><b>Notification only required for initial 6 month of services.</b></p> <p>Followed by ongoing concurrent review and authorization to extend past the 6 months.</p>	<p><b>Notification only.</b></p>	<p><b>Notification only.</b></p> <p>Notification referral to Molina CM only.</p>	<p><b>Yes: MH IOP S9480</b></p> <p><b>WISE requires Notification only</b></p>	
<b>APPLIED BEHAVIOR ANALYSIS</b>	<p><b>No.</b></p> <p>ABA services will not require a Pre-Service Authorization.</p> <p>Amerigroup is putting this into effect now.</p>	<p><b>Yes.</b> Pre-Service Authorization is required for ABA Therapy and Continued Treatment Authorization every 6 months.</p>	<p><b>Yes.</b> Pre-Service Authorization is required for ABA Therapy and Continued Treatment every 6 months.</p>	<p><b>No.</b> Most ABA services no longer require Pre-service authorization effective 1/1/2018.</p>	<p><b>Yes.</b> Pre-Service Authorization is required for ABA Therapy and Continued Treatment Authorization every 6 months.</p>	

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<b>ECT - ELECTROCONVULSIVE THERAPY</b>	<p><b>Yes.</b> Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment.</p> <p><i>*Initial: 6-10 sessions.</i></p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment.</p> <p><i>*Initial: 6 sessions. Beyond 6 sessions is subject to MD review (for initial and ongoing/ maintenance)</i></p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment.</p> <p><i>*Initial and concurrent: 10-12 sessions</i></p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment.</p> <p><i>*Initial: 12 sessions (or at Medical Director discretion) or acute/initiation requests.</i></p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment.</p> <p><i>*6-12 initial visits</i></p>	
<b>TMS – TRANSCRANIAL MAGNETIC STIMULATION</b>	<p><b>Yes.</b> Pre-Service Authorization Required for Initial or Acute treatment.</p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initial or Acute treatment.</p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initial or Acute treatment.</p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initial or Acute treatment.</p> <p><i>*Initial: Up to 20 treatments over 1 year for continuation or maintenance requests.</i></p>	<p><b>Yes.</b> Pre-Service Authorization Required for Initial or Acute treatment.</p>	

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<b>PSYCHOLOGICAL TESTING</b>	<p><b>No</b> prior authorization required for <u>first 2 units of service</u> per client per lifetime.</p> <p><b>Yes</b>, Prior Authorization required for additional units of service.</p> <p>Notification Only required for COEs if purpose of evaluation is for ABA services.</p>	<p><b>No</b> prior authorization required for <u>first 2 units of service</u> per client per lifetime.</p> <p><b>Yes</b>, Prior Authorization required for additional units of service.</p> <p>7 units of psych testing covered for ABA for clients age 20 and younger when evaluation performed by a COE – <u>notification only</u>. Other qualified providers require pre-service authorization for ABA evaluation for more than 2 units of testing, up to 4.</p>	<p><b>No</b> prior authorization required for <u>first 2 units of service</u> per client per lifetime.</p> <p>Up to 7 units without Prior Authorization when billed with UC Modifier.</p> <p>No authorization required for COEs if purpose of evaluation is for ABA services.</p>	<p><b>No</b> prior authorization required for <u>first 2 units of service</u> per client per lifetime.</p> <p><b>Yes</b>, Prior Authorization required for additional units of service.</p> <p>7 units of psych testing covered for ABA for clients age 20 and younger when evaluation performed by a COE – <u>notification only</u>. Other qualified providers require pre-service authorization for ABA evaluation for more than 2 units of testing, up to 4.</p>	<p><b>No</b> prior authorization required for <u>first 2 units of service</u> per client per lifetime.</p> <p><b>Yes</b>, Prior Authorization required for additional units of service.</p>	
<b>NEUROPSYCHOLOGICAL TESTING</b>	<p><b>Yes</b>. Prior-Authorization required except for neurobehavioral status examination.</p>	<p><b>Yes</b>. Prior Authorization required.</p>	<p><b>No</b> prior authorization required.</p>	<p><b>Yes</b>. Prior Authorization required.</p>	<p><b>No</b> prior authorization required.</p>	
<b>TELEHEALTH/TELEPSYCH</b>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p>	

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<b>“WRAP-AROUND SERVICES” – STATE GENERAL FUND SERVICES</b>	<b>No.</b> Payment limited to GFS allocated amount identified in Provider contract.	<b>No</b> prior authorization required.	<b>No.</b> Payment limited to GFS allocated amount identified in Provider contract.	<b>No.</b> Payment limited to GFS allocated amount identified in Provider contract.	<b>No.</b> Payment limited to GFS allocated amount identified in Provider contract.	
<b>CLUBHOUSE</b>	<b>No.</b> Covered under Procedure Codes H2030, H2031.	<b>No.</b>	<b>No.</b>	<b>No.</b>	<b>No.</b> Payment limited to GFS allocations and agreement in Provider Contract	
<b>RESPITE CARE</b>	<b>No.</b> Registration/Notification only. Covered under Procedure Codes H0045, S9125, T1005.	<b>No.</b>	<b>No.</b>	<b>No.</b>	<b>No.</b> Payment limited to GFS allocations and agreement in Provider Contract	

**“Notification Only”**

*Emergent, unplanned admissions to acute inpatient BH facilities (such as E & T or acute inpatient detoxification) do not require prior authorization but do require notification of the admission by means of electronic file, fax or phone call within 24 hours of that admission. Clinical information shall be provided for medical necessity determination, known as concurrent review, following this notification. This can apply to lower level services as well.*