

Behavioral Health Notification & Prior Approval Requirements



Behavioral Health (BH) – Mental Health and Substance Use Disorders

Submit Authorization Requests:

- Provider portal (preferred - for contracted providers only): provider.healthoptions.org
- Fax: (877) 314-5693
- Phone: (855) 542-0880
 - Please call only for urgent requests. Urgent requests are based on clinical presentation that could seriously jeopardize the Member's life or health, ability to regain maximum function, or subject the Member to severe pain that cannot be adequately managed without the requested care or treatment.

Authorization Requests:

Written clinical documentation is required for all services that require Prior Approval. Use of our current [BH Notification and Prior Approval form](#) is required for all services that require Prior Approval (unless a request is submitted through our provider portal).

Services that generally do not require Prior Approval:

- Emergency services: 9-1-1 ambulance transport and emergency department
- Medication management
- Medication-assisted treatment (MAT)
- Psychotherapy services
- Diagnostic psychiatric evaluation
- Health behavior assessment and intervention services
- Interprofessional consultation services
- Behavioral health integration services
- Developmental, psychological, and neuropsychological testing

Notification Requirements

Notification is required within 48 hours of admission or by noon on the first business day following a weekend admission, even if the Member has been discharged.

- Admission from an ED
- Acute inpatient admissions
- Crisis stabilization
- Inpatient medical withdrawal management

Services requiring Prior Approval (medical necessity review)

- Admissions (acute care, crisis stabilization, inpatient medical withdrawal management)
- Applied Behavioral Analysis (ABA)
- Assertive Community Treatment (ACT)
- Electroconvulsive Therapy (Outpatient ECT)
- Intensive Outpatient (IOP)
- Partial Hospitalization (PHP)
- Residential treatment
- Transcranial Magnetic Stimulation (Outpatient TMS)

This document provides general guidance regarding Notification and Prior Approval Requirements. It is not all-inclusive and is subject to change without notice. Providers will receive 60-day notice of any substantive changes. Providers should reference the Provider Portal or call Member Services for specific benefit coverage. All benefits listed are subject to Member Benefit Agreement or Summary Plan Description, contract terms and medical review Effective 1/1/2025.