Quick Reference Guide

Behavioral Health Notification & Prior Approval Requirements

2020

Clarification update: 11.1.19
Submit Behavioral Health (BH) authorization requests via:
- Provider Portal: Provider.HealthOptions.org
- Fax: (877) 314-5693
- Phone: (855) 542-0880 (urgent requests only)

Please use phone line for urgent requests only. Urgent requests are based on clinical presentations 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.

BH Services that generally do not require Prior Approval
- Emergency Services: 9-1-1 ambulance transports and Emergency Department evaluation/treatment
- Medication Management E/M codes
- Substance Use Medication Assisted Treatment (MAT) of Opioid Dependence
- Psychiatric Evaluation
- Health and Behavioral Assessment/Intervention
- In-network Individual/Group therapy

Out-of-Network BH Services that require Prior Approval
- Requires submission of written clinical documentation.

Please see Health Options Prior Approval Overview document for more information about Plan Benefits.

BH Services Requiring Notification
- Crisis Evaluation (within 10 business days)
- In-network Acute Inpatient Psychiatric Admissions (within 48 hours of admission)
- Medical Detoxification (within 48 hours of admission)
- Transfer from one Acute Care Hospital to another Acute Care Hospital (call prior to transfer)
- Observation (overnight whether or not Member uses a bed)

Note: Observation is limited to 48 hours; admit or discharge to lower level of care.
- Once care is transitioned from the ED (i.e., observation or admission), notification is required within 48 hours of admission.

BH Services Requiring Prior Approval
- Out-of-Network Acute Inpatient Psychiatric and Medical Detox admissions (requires submission of written clinical documentation)
- Crisis Stabilization
- Residential Detoxification and Rehabilitation
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)
- Psychological and Neuropsychological Testing
- Observation stays are subject to medical necessity review. Prior Approval requirements apply to services/procedures rendered during Observation stay
- Outpatient Electroconvulsive Therapy (ECT)
- Transcranial magnetic stimulation (TMS)
- Assertive Community Treatment (ACT)
- Applied Behavioral Analysis:
- Out-of-Network individual/group therapy at the 9th visit and beyond
- Out-of-Network medication management at the 9th visit and beyond
- Drug Screening (see below)

Drug Screening Requirements
- Health Options Medical Management team reviews all Urine Drug Screening (UDS) Prior Approval requests.
- Complete the UDS portion of the Behavioral Health Prior Approval/Notification Form, attach applicable clinical documentation and submit via fax to Health Options Medical Management team for review.

UDS Requirements
- All UDS tests performed by Out-of-Network labs require Prior Approval.
- UDS tests performed by In-network labs do not require Prior Approval with the exception of alcohol biomarkers.
- Alcohol biomarker tests require Prior Approval when performed by In-network and Out-of-Network labs.

UDS Benefit Limit per calendar year)
- 20 Qualitative UDS
- 20 Quantitative UDS

Please consult Health Options Provider Directory for a current listing of In-Network labs.
https://lookup.healthoptions.org/individualfamily

NOTE: Health Options will review medical necessity of the entire Admission/Observation Stay to include any services or procedures rendered during the stay. Submit all applicable supporting clinical documentation to Health Options. Subject to claim review.