

Quick Reference Guide

BEHAVIORAL HEALTH NOTIFICATION & PRIOR APPROVAL REQUIREMENTS

2021

Clarification update: 11.1.20



Submit Behavioral Health (BH) authorization requests via:

- Provider Portal (preferred): 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.

Written clinical documentation is required for services subject to Prior Approval."

Services requiring notification are subject to medical necessity review.

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
- Medication-assisted treatment (MAT of opioid and alcohol use disorders)
- Psychiatric Evaluation
- Health and Behavioral Assessment/ Intervention

BH Services Requiring Notification

- Crisis Evaluation (medical necessity waived if submitted within 10 business days)
- Acute Inpatient Behavioral Health Admission (within 48 hours of admission)
- Inpatient medical withdrawal management (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

- Crisis Stabilization
- Residential treatment
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)
- Psychological and Neuropsychological Testing
- Observation stays are subject to medical necessity review for all services and procedures rendered during the Observation stay.

- Outpatient Electroconvulsive Therapy (ECT)
- Outpatient Transcranial Magnetic Stimulation (TMS)
- Assertive Community Treatment (ACT)
- · Applied Behavioral Analysis

Drug Screening Requirements

- All UDT tests performed by Out-of-Network labs require Prior Approval.
- UDT tests performed by In-network labs do not require Prior Approval except for alcohol biomarkers.
- Alcohol biomarker tests require Prior Approval when performed by Innetwork and Out-of-Network labs.
- UDT Benefit limit (per calendar year)
- 20 Qualitative UDT
- 20 Quantitative UDT

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

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 a 60-day notice of any substantive changes. All benefits listed are subject to Member Benefit Agreement or plan document, contract terms and medical review. Effective 1/1/2021.