

# **Quick Reference Guide**

### **BEHAVIORAL HEALTH NOTIFICATION & PRIOR APPROVAL**

### **REQUIREMENTS 2023**

Clarification update: 3.1.2023



## Behavioral Health (BH) – mental health and substance use disorders

#### Submit authorization requests:

- Provider Portal (preferred):
  <u>Provider.HealthOptions.org</u>
- 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 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 <u>BH Notification and</u> <u>Prior Approval form</u> is required for all services that require Prior Approval (unless request is submitted through our provider portal).

#### Services that generally do not require Prior Approval

- Emergency Services: 9-1-1 ambulance transports 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* by 12 noon the first business day following a weekend admit)

- Admission from an ED
- Acute Inpatient Admissions
- Crisis Stabilization
- Inpatient Medical Withdrawal
  Management

Notification is required prior to *interfacility transfer or transport* 

## 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)
- Urine Drug Testing (UDT)
  - Alcohol biomarkers
  - $\circ \quad \text{All out-of-network UDT} \\$

#### **UDT Limit** (calendar year)

- 20 Qualitative UDT
- 20 Quantitative UDT

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 Summary Plan Description, contract terms and medical review.

Effective 3/1/2023.