



### Behavioral Health Utilization Management Authorization Guidelines

This grid serves as an outline to the authorization guidelines. For additional information, please reference the identified Clinical Coverage Policy for each service. Links to Clinical Coverage Policies can be found by clicking [here](#).

**Notes:**

- When requesting prior authorization, please include the name and contact information of staff that can provide additional clinical information for the request, if needed.
- Ensure that Clinical Coverage Policies are referenced for all required documentation and provider requirements for service delivery.

Service	Service Code	Initial Authorization Guidelines	Continued Stay/Service Authorization Guidelines	Documentation to Submit (in addition to Prior Authorization form)	Clinical Coverage Policy
<b>Ambulatory Withdrawal Management with Extended On-Site Monitoring</b>	<ul style="list-style-type: none"> <li>• H0014 HF 1 unit = 15 minutes</li> </ul>	No authorization required for in-network providers	-	-	<a href="#">8A-8: Ambulatory Withdrawal Management with Extended On-Site Monitoring</a>
<b>Ambulatory Withdrawal</b>	<ul style="list-style-type: none"> <li>• H0014</li> </ul>	<ul style="list-style-type: none"> <li>• No authorization</li> </ul>	-	-	<a href="#">8A-7: Ambulatory</a>

<b>Management without Extended On-Site Monitoring</b>	<ul style="list-style-type: none"> <li>• 1 unit = 15 minutes</li> </ul>	required for in-network providers			<a href="#">Withdrawal Management without Extended On-Site Monitoring</a>
<b>BH Medication Management</b>	Refer to policy for CPT codes	No prior authorization required for in-network providers	-	-	<a href="#">8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a>
<b>Behavioral Health Urgent Care (BHUC)</b>	<ul style="list-style-type: none"> <li>• T2016-U5 (without observation)</li> <li>• T2016-U8 (with observation)</li> <li>• 1 unit = 1 event</li> </ul>	No prior authorization required	-	-	<a href="#">Carolina Complete Health In Lieu of Service</a>
<b>Diagnostic Assessment</b>	T1023	No prior authorization required for in-network providers	-	-	<a href="#">8A:5: Diagnostic Assessment</a>

<b>Professional Treatment in Facility-Based Crisis Programs</b>	<ul style="list-style-type: none"> <li>• S9484</li> <li>• 1 unit = 1 hour</li> </ul>	No prior authorization required for in-network providers	-	-	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
<b>Facility-Based Crisis for Children and Adolescents</b>	<ul style="list-style-type: none"> <li>• S9484 HA</li> <li>• 1 unit = 1 hour</li> </ul>	No prior authorization required for in-network providers	-	-	<a href="#">8A-2: Facility-Based Crisis for Children and Adolescents</a>
<b>Inpatient Hospitalization (Substance Abuse Treatment and non-SUD)</b>	Provider(s) shall report the appropriate code(s) used which determines the billing unit(s). Medical, psychiatric, and substance abuse therapeutic interventions	<b>Facility to notify of admission within 48 hours.</b> <ul style="list-style-type: none"> <li>• 72-hour pass-through without authorization for in-network providers, then authorization required.</li> </ul>	Concurrent authorization up to 3 days (approved days based on member's medically necessary need)	<ul style="list-style-type: none"> <li>• Admission Assessment</li> <li>• Planned Interventions (found in assessment, treatment plan, or PA form)</li> <li>• Medications</li> <li>*Certificate of Need for Children/Adolescents in Free-Standing Facilities (Medicaid beneficiary less than 21)</li> </ul>	<a href="#">8B: Inpatient Behavioral Health Services</a>

	are reimbursed at a per diem rate based on occupancy on the inpatient unit during midnight bed count.			<ul style="list-style-type: none"> <li>• Discharge/Transition Plan</li> <li>• Ensure information specific to MD notes is included in request to include any medication changes</li> </ul>	
<b>Medically Monitored Inpatient Withdrawal Management Services</b>  (previously Non-Hospital Medical Detoxification)	<ul style="list-style-type: none"> <li>• H0010</li> <li>• 1 unit = 1 day</li> </ul>	No prior authorization required for in-network providers	-	-	<a href="#">8A-11: Medically Monitored Inpatient Withdrawal Management Services</a>
<b>Mobile Crisis</b>	<ul style="list-style-type: none"> <li>• H2011</li> <li>• 1 unit = 15 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• No prior authorization required for in-network providers</li> </ul>	-	-	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
<b>Opioid Treatment Program Service</b>	<ul style="list-style-type: none"> <li>• H0020</li> </ul>	No prior authorization	-	-	<a href="#">8A-9: Opioid Treatment</a>

	<ul style="list-style-type: none"> <li>• 1 unit = 1 week</li> </ul>	required for in-network providers			<a href="#">Program Service</a>
<b>Outpatient BH Services (Comprehensive Clinical Assessment; Individual, Family, and Group Therapy)</b>	Refer to policy for CPT codes and section 5.3.2 regarding limitations	No prior authorization required for in-network providers at this time <b>(additional information forthcoming)</b>	-	-	<a href="#">8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a>
<b>Partial Hospitalization</b>	<ul style="list-style-type: none"> <li>• H0035</li> <li>• 1 unit = 1 event</li> </ul>	Initial Authorization: timeframe and units based on clinical presentation, medical necessity, and treatment plan goals	Reauthorization: timeframe and units based on clinical presentation, medical necessity, and treatment plan goals	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Treatment Plan</li> <li>• Service Order</li> <li>• Discharge/Transition Plan</li> <li>• Medication, to include any medication changes</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
<b>Peer Support Services</b>	<ul style="list-style-type: none"> <li>• H0038</li> <li>• H0038 HQ (group)</li> <li>• 1 unit = 15 minutes</li> </ul>	24 unmanaged units available per member per State fiscal year for in-	Reauthorization: timeframe and units based on clinical necessary need	<ul style="list-style-type: none"> <li>• Comprehensive Clinical Assessment</li> <li>• Person-Centered Plan (with updated clinical</li> </ul>	<a href="#">8G: Peer Support Services (PSS)</a>

		<p>network providers</p> <ul style="list-style-type: none"> <li>• <b>Initial authorization:</b> timeframe and units based on clinically necessary need and Person-Centered Plan goals</li> </ul>	and treatment plan goals	<p>information/progress towards goals)</p> <ul style="list-style-type: none"> <li>• Service Order</li> </ul>	
<b>Psychological and Neuropsychological Testing</b>	Refer to policy for CPT codes	16 units available without authorization for in-network providers, then authorization required.	-	<p>The following information should be included in submitted documentation:</p> <ul style="list-style-type: none"> <li>• Are the instruments/tests indicated consistent with the diagnoses being considered?</li> <li>• Does the time/units requested fall in the range of standard administration times</li> </ul>	<a href="#">8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a>

				<p>for instruments chosen?</p> <ul style="list-style-type: none"> <li>• Is testing required to determine diagnoses or would a diagnostic interview and collateral information gathering suffice?</li> <li>• Are the instrument/tests age appropriate?</li> <li>• Is testing for educational, forensic, or vocational purposes?</li> <li>• Are all instruments/tests selected required to determine diagnoses being considered?</li> <li>• How will testing results impact care?</li> <li>• Has there been prior testing? If so, when?</li> </ul>	
<b>Substance Abuse Intensive</b>	<ul style="list-style-type: none"> <li>• H0015</li> <li>• 1 unit = 1 event per day</li> </ul>	30 day pass-through available per	Reauthorization: timeframe and units based on	<ul style="list-style-type: none"> <li>• Comprehensive Clinical Assessment</li> </ul>	<a href="#">8A: Enhanced Mental</a>

<p><b>Outpatient Program</b></p>	<p>(3 hours minimum/date billed)</p>	<p>member per State fiscal year for in-network providers</p> <ul style="list-style-type: none"> <li>• <b>Authorization following pass-through:</b> timeframe and units based on clinical presentation, medical necessity, and Person-Centered Plan goals</li> </ul>	<p>clinical presentation, medical necessity, and Person-Centered Plan goals</p>	<ul style="list-style-type: none"> <li>• Person-Centered Plan (with progress towards goals)</li> <li>• Service Order</li> </ul>	<p><a href="#">Health and Substance Abuse Services</a></p>
<p><b>Substance Abuse Comprehensive Outpatient Treatment</b></p>	<ul style="list-style-type: none"> <li>• H2035</li> <li>• 1 unit = 1 hour (4 hours minimum/date billed)</li> </ul>	<p>30 day pass-through available per member per State fiscal year for in-network providers</p> <ul style="list-style-type: none"> <li>• <b>Authorization following pass-through:</b> timeframe</li> </ul>	<p>Reauthorization: timeframe and units based on clinical presentation, medical necessity, and Person-Centered Plan goals</p>	<ul style="list-style-type: none"> <li>• Comprehensive Clinical Assessment</li> <li>• Person-Centered Plan (with progress towards goals)</li> <li>• Service Order</li> </ul>	<p><a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a></p>

		and units based on clinical presentation, medical necessity, and Person-Centered Plan goals			
<b>Research-Based Behavioral Health Treatment for Autism Spectrum Disorders</b>	Refer to policy for CPT codes	Initial and Reauthorization Required (see <a href="#">checklist</a> )		<i>Refer to Additional Tip Sheet</i> <a href="#">Applied Behavioral Analysis Outpatient Treatment Request Checklist (PDF)</a>	<a href="#">8F: Research-Based Behavioral Health Treatment for Autism Spectrum Disorders</a>