

Behavioral Health Utilization Management Prior Authorization Guidelines

***** Prior to reviewing the guidelines below, please review COVID flexibilities for Behavioral Health Services found [here](#). *****

Note: Please include the name and contact information of anyone that is able to provide additional clinical information for the request, if needed.

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](#). For Children and Adolescents with Medicaid, EPSDT is applied to reviews outside of benefit limits. **EPSDT does not apply to NC Health Choice.**

Within the prior authorization form, include current clinical presentation, treatment plan goals/interventions, and discharge/transition plan. It is the expectation that with reauthorization requests, updated information be noted related to clinical presentation, goals/interventions (as clinically applicable) and transition/discharge plan. Assessments should include LOCUS/CALOCUS and/or ASAM information as applicable. Additionally, for Inpatient services, Facility-Based Crisis, and Detoxification/Withdrawal Management services, ensure that documentation available includes medications.

Note: Please include NPI and Tax ID numbers on Prior Authorization form when noting Provider information.

BH UM Authorization Fax Numbers

Inpatient (Inpatient, Facility-Based Crisis, Partial Hospitalization, Detox Services)	1-833-596-2768
Outpatient	1-833-596-2769

Defer to [SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities](#) for flexibilities related to authorization requirements

Service	Service Code	Authorization Guidelines	Documentation to Submit (in additional to Prior Authorization form)	Clinical Coverage Policy	Funding Source
Ambulatory Detoxification	H0014 1 unit = 15 minutes	Initial Authorization: up to 7 days	<ul style="list-style-type: none"> Admission Assessment Planned Interventions (found in assessment, treatment plan, or PA form) 	8A: Enhanced Mental Health and Substance Abuse Services	Medicaid
		Reauthorization: up to 3 days *10 day maximum benefit limit per treatment episode	<ul style="list-style-type: none"> Discharge/Transition Plan 		
BH Medication Management	Refer to policy for CPT codes	No prior authorization required for in-network providers	-	8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers-	Medicaid and Health Choice
Diagnostic Assessment	Refer to policy for CPT codes	No prior authorization required for in-network providers		8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers	Medicaid and Health Choice

Professional Treatment in Facility-Based Crisis Programs	S9484 1 unit = 1 hour (up to 16 hours in a 24 hour period)	Facility to notify of admission: 7 day pass-through per treatment episode Up to 8 days for authorizations (after 7 day pass-through) *benefit limit of 30 days per 12-month period	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) • Discharge/Transition Plan 	8A: Enhanced Mental Health and Substance Abuse Services	Medicaid and Health Choice
Facility-Based Crisis for Children and Adolescents	S9484 HA 1 unit = 1 hour (can be billed up 24 hours/day)	Initial Authorization: up to 7 days Reauthorization: up to 8 days *benefit limit of 45 days in a 12 month period (EPSDT applies for Medicaid)	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) • Discharge/Transition Plan 	8A-2: Facility-Based Crisis for Children and Adolescents	Medicaid and Health Choice
Inpatient Hospitalization (non SUD)	Provider(s) shall report the appropriate code(s) used which determines the billing unit(s). Medical, psychiatric, and substance	Initial Authorization: up to 3 days	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) <p>*Certificate of Need for Children/Adolescents in</p>	8B: Inpatient Behavioral Health Services	Medicaid and Health Choice

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	abuse therapeutic interventions are reimbursed at a per diem rate based on occupancy on the inpatient unit during midnight bed count.		Free-Standing Facilities (Medicaid beneficiary less than 21 and Health Choice beneficiary ages 6-18)		
		Reauthorization: up to 3 days	<ul style="list-style-type: none"> • Discharge/Transition Plan <p>*Ensure information specific to MD notes are included in request to include any medication changes</p>		
Inpatient Hospitalization (Substance Abuse Treatment)		Initial Authorization: up to 7 days	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) <p>*Certificate of Need for Children/Adolescents in Free-Standing Facilities (Medicaid beneficiary less than 21 and Health Choice beneficiary ages 6-18)</p>		
		Reauthorization: up to 7 days	<ul style="list-style-type: none"> • Discharge/Transition Plan 		

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			*Ensure information specific to MD notes are included in request to include any medication changes		
Medically Supervised or ADATC Detoxification Crisis Stabilization	H2036 1 unit = 1 day	Initial Authorization: up to 5 days	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) 	8A: Enhanced Mental Health and Substance Abuse Services	Medicaid
		Reauthorization: up to 3 days *benefit limit of 30 days per 12-month period	<ul style="list-style-type: none"> • Discharge/Transition Plan <p>*Ensure information specific to MD notes are included in request to include any medication changes</p>		
Mobile Crisis	H2011 1 unit = 15 minutes	No prior authorization required for in-network providers *out-of-network providers to provide notice of service use within 24 hours	-	8A: Enhanced Mental Health and Substance Abuse Services	Medicaid and Health Choice

Non-Hospital Medical Detoxification	H0010 1 unit = 1 day	Initial Authorization: up to 10 days	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) 	8A: Enhanced Mental Health and Substance Abuse Services	Medicaid
		Reauthorization: up to 10 days *benefit limit of 30 days in a 12 month period	<ul style="list-style-type: none"> • Discharge/Transition Plan <p>*Ensure information specific to MD notes are included in PA Form to include any medication changes</p>		
Outpatient Opioid Treatment	H0020 1 unit = 1 event	Notify of admission	<ul style="list-style-type: none"> • Most recent assessment 	8A: Enhanced Mental Health and Substance Abuse Services	Medicaid and Health Choice
		Reauthorization after 90 days in treatment: up to 180 days	<ul style="list-style-type: none"> • Plan Goals/Interventions (if not noted in PA form) • List of Medications (if not noted in PA form) 		
Outpatient Therapy (Individual, Family, and Group)	Refer to policy for CPT codes	*24 unmanaged units/visits available per member per state fiscal year for in-network providers	<ul style="list-style-type: none"> • Initial Request: Most recent assessment • Plan Goals/Interventions 	8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers	Medicaid and Health Choice

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		Authorization time-frame for requests: up to 3 months	<ul style="list-style-type: none"> List of Medications (if applicable) 		
Partial Hospitalization	H0035 1 unit = 1 event	Initial Authorization: up to 7 days	<ul style="list-style-type: none"> Admission Assessment Planned Interventions 	8A: Enhanced Mental Health and Substance Abuse Services	Medicaid and Health Choice
		Reauthorization: up to 7 days	<ul style="list-style-type: none"> Discharge/Transition Plan <p>*Ensure information specific to MD notes are included in request to include any medication changes</p>		
Peer Support Services	H0038 H0038 HQ 1 unit = 15 minutes	*24 unmanaged units available per member per state fiscal year	<ul style="list-style-type: none"> Assessment Person-Centered Plan or Treatment Plan 	8G: Peer Support Services (PSS)	Medicaid and Health Choice
		Initial authorization: up to 90 days (270 units, inclusive of individual and group)			
		Reauthorization: up to 90 days (270 units, inclusive of individual and group)	<ul style="list-style-type: none"> Person-Centered Plan or Treatment Plan 		

<p>Psychological and Neuropsychological Testing</p>	<p>Refer to policy for CPT codes</p>	<p>12 units available without authorization for in-network proviers then authorization required</p> <p>Authorization request time-frame: up to a 6 months</p>	<p>The following information should be included in submitted documentation:</p> <ul style="list-style-type: none"> • Are the instruments/tests indicated consistent with the diagnoses being considered? • Does the time/units requested fall in the range of standard administration times for instruments chosen? • Is testing required to determine diagnoses or would a diagnostic interview and collateral information gathering suffice? • Are the instrument/tests age appropriate? 	<p>8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</p>	<p>Medicaid and Health Choice</p>
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			<ul style="list-style-type: none"> • Is testing of educational, forensic or vocational purposes? • Are all instruments/tests selected required to determine diagnoses being considered? • How will testing results impact care? • Has there been prior testing? If so, when? 		
Research-Based Behavioral Health Treatment for Autism Spectrum Disorders	Refer to policy for CPT codes	-	<i>Refer to Additional Tip Sheet</i>	8F: Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)	Medicaid and Health Choice