Behavioral Health Provider Services Reference Guide

	PRIOR AUTHORIZATION REQUIRED? *LENGTH OF INITIAL AND CONTINUED STAY AUTHORIZATION ***Please send current (within past 7 days) clinical information to support initial request for "bedded" services. Interval update to recent assessment is acceptable.***					
SERVICE TYPE AND DESCRIPTION	**AMERIGROUP**	**CHPW**	**COORDINATED CARE**	**MOLINA**	**UNITED**	**GREAT RIVERS BH ASO** BASED ON AVAILABILITY OF STATE BLOCK GRANT FUNDS
ACUTE INPATIENT CARE – MENTAL HEALTH AND SUD • Acute Psychiatric Inpatient; Evaluation and Treatment • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital • Inpatient Acute Withdrawal (Detoxification) ASAM 4.0 * MEMBERS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS. **IF ITA, PLEASE ATTACH COURT DOCUMENTS.**	**No.** Emergent admissions require notification only within 24 hours followed by concurrent review. Voluntary Admission requires initial review within 24 hours of admission. **Coordinate with Transitions of Care/Health Home Care coordinator.** **Initial: 3-5 days*	**No.** Emergent admissions require notification only within 24 hours followed by concurrent review. Voluntary Admission requires initial review within 24 hours of admission. **Coordinate with Transitions of Care/Health Home Care coordinator.** **Initial: 3-5 days*	**No.** Emergent admissions require notification only within 1 business day followed by concurrent review. Voluntary Admission requires initial review within 24 hours of admission. **Coordinate with Transitions of Care/Health Home Care coordinator.** ** Initial and concurrent: 3-5 days*	**No.** Emergent admissions require notification only within 24 hours followed by concurrent review. **Coordinate with Transitions of Care/Health Home Care coordinator.Authorization length segments:** ** **Voluntary admissions** - Initial and continued stay: 3-5 days (or Medical Director discretion)* ** **ITA admissions** – Initial for 72 hours, then dependent on further commitment will authorize 7 day increments. Upon confirmation of 90 day commitment, will authorize 14 day increments (or at Medical Director discretion).*	**No.** Emergent Acute admissions require notification only within 24 hours followed by concurrent review. Voluntary Admission requires initial review within 24 hours of admission. **Coordinate with Whole Person Care/Health Home Care coordinator.** **Initial: 3-5 days*	**No.** ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day. **Voluntary Admission** requires prior authorization and concurrent review to determine continued stay. Authorization decision can be made 24 hours a day seven (7) days a week. **Initial: 3-5 days, depending on medical necessity*

Behavioral Health Provider Services Reference Guide

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Service Type and Description	**Amerigroup**	**CHPW**	**Coordinated Care**	**Molina**	**United**	**Great Rivers BH ASO** Based on Availability of State Block Grant Funds
Withdrawal management (In a Residential setting) • ASAM 3.7 • ASAM 3.2 * Members admitted on an ITA are reviewed for change in legal status, confirmation of active treatment and transition of care needs. **If ITA, please attach court Documents.**	**No,** if Emergent – requires notification only within 24 hours followed by concurrent review. **Yes**, if planned – requires pre-service review and concurrent review. **Initial: 3-7 days*	**No,** if Emergent – requires notification only within 24 hours followed by concurrent review. **Yes**, if planned – requires pre-service review and concurrent review. **Initial: 3-5 days*	**No,** if Emergent – requires notification only within 1 business day followed by concurrent review. **Yes**, if planned – requires pre-service review and concurrent review. ** Initial and concurrent: 3-5 days*	**No,** if Emergent –requires notification only within 24 hours followed by concurrent review. **Yes,** if planned – requires prior authorization and concurrent review. *Initial: 3-7 days depending on severity of detoxification and types of substances used Authorization length segments: For Secure Detox: * ITA admissions – Initial for 72 hours, then dependent on further commitment will authorize 7 day increments (or Medical Director discretion).	**No,** if Emergent – requires notification only within 24 hours followed by concurrent review. **Yes**, if planned – requires pre-service review and concurrent review. **3-4 days*	**Yes,** if Emergent – requires notification only for the first 24 hours of admission and then will be reviewed by UM/CM SUD team member for ongoing care. **Yes**, if planned – requires prior authorization and concurrent review to determine continued stay. **Initial: 3-5 days depending on MNC*
Crisis stabilization in a Residential Treatment setting	**No,** if Emergent – requires notification only within 24 hours followed by concurrent review.	**No,** if Emergent – requires notification only within 24 hours followed by concurrent review.	**No,** if Emergent – requires notification only within 1 business day	**No,** if Emergent –requires notification only within 24 hours followed by concurrent review.	**No,** if Emergent – requires notification only within 24 hours	**Yes**, if Emergent – requires prior authorization and concurrent review to

Behavioral Health Provider Services Reference Guide

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SERVICE TYPE AND DESCRIPTION	**AMERIGROUP**	**CHPW**	**COORDINATED CARE**	**MOLINA**	**UNITED**	**GREAT RIVERS BH ASO** BASED ON AVAILABILITY OF STATE BLOCK GRANT FUNDS
IF LRA OR CR, PLEASE ATTACH COURT DOCUMENTS.	**Yes,** if planned – requires pre-service review and concurrent review. **Initial: 3-5 days*	**Yes,** if planned – requires pre-service review and concurrent review. **Initial: 3-5 days* **If on ITA: 7 Days Initial, 14 days after*	followed by concurrent review. ** Initial and concurrent: 3-5 days*	**Yes,** if planned – requires prior authorization and concurrent review. **Authorization length segments:** **Initial: 3-7 days (or Medical Director discretion) Continued stay: Based on medical necessity and at Medical Director's discretion*	followed by concurrent review. **Yes,** if planned – requires pre-service review and concurrent review. **Initial: 3-5 days*	determine continued stay. Authorization decision can be made 24 hours a day seven (7) days a week. **Yes,** if planned – requires prior authorization and concurrent review to determine continued stay. **Initial: 2-4 days depending on medical necessity*
RESIDENTIAL TREATMENT – MENTAL HEALTH AND SUBSTANCE USE DISORDER **IF FOR SUD:** • **ASAM 3.5** • **ASAM 3.3** • **ASAM 3.1** **IF LRA OR CR, PLEASE ATTACH COURT DOCUMENTS.**	**Yes,** if planned – requires pre-service review and concurrent review. ***Initial: 14 days**	**Yes,** if planned – requires pre-service review and concurrent review. ***Initial: 14 days**	**Yes,** if planned – requires pre-service review and concurrent review. ** Initial and concurrent:* *7 days for short term* ***SUD*** *14 days for long term* ***SUD*** *14 days for short term* ***MH***	**Yes,** requires prior authorization and concurrent review. **Authorization length segments:** **Initial and Concurrent: 7 to 14 days (or Medical Director discretion)*	**Yes,** if planned – requires pre-service review and concurrent review. **Initial 14 days: Short Term non-hospital residential: ASAM 3.5 code H0018*	**Yes** – requires prior authorization and concurrent review to determine continued stay. **MH - Per supervisor consult depending on medical necessity.* **SUD – 7-10 days for initial authorization depending on medical*

Behavioral Health Provider Services Reference Guide

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			30 days for long term ***MH***		*Initial 30 Days: Long Term non-hospital: ASAM 3.1 code H0019*	*necessity.*
PARTIAL HOSPITALIZATION/DAY TREATMENT/DAY SUPPORT **IF FOR SUD: ASAM 2.5**	**Yes.** **Initial: 10 days*	**Yes.** **Initial: 10 days*	**Yes.** *Initial and concurrent: 7 business days	**Yes,** requires prior authorization and concurrent review. **Authorization length segments:** **Initial: 10 days* **Continued stay: Based on request and medical necessity*	**Yes.** **Initial: 4 days*	**Not covered through Great Rivers BH ASO**
INTENSIVE OUTPATIENT SERVICES/PROGRAM **IF FOR SUD: ASAM 2.1**	**No**, not for in network providers. **Yes**, if non network provider requests.	**No,** not for in network providers. **Yes**, if non network provider requests.	**No,** not for in network providers. **Yes**, if non network provider requests.	**No**, not for in network providers. **Yes**, if non network provider requests. Outlier monitoring with concurrent and post-service medical necessity reviews.	**No,** for Code: 96153 **Yes**, if non network provider requests. *Initial: Less than or equal to 12 visits based on Authorization / Notification Rules and Outlier Monitoring*	**Yes. Prior Authorization required.** **Initial: 10-15 days depending on medical necessity.*

Behavioral Health Provider Services Reference Guide

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Medication Evaluation and Management	**No,** not for in network providers. **Yes,** if non network provider requests.	**No,** not for in network providers. **Yes,** if non network provider requests.	**No,** not for in network providers. **Yes,** if non network provider requests.	**No,** not for in network providers. **Yes,** if non network provider requests.	**No,** not for in network providers. **Yes,** if non network provider requests.	**Yes. Prior Authorization required.**
Medication Assisted Therapy	**No,** not for in network providers. **Yes**, if non network provider requests.	**Yes**, if non network provider requests. For all providers: Buprenorphine monotherapy AND non-preferred medication require prior authorization	**No**, not for in network providers. **Yes**, if non network provider requests.	**No,** not for in network providers. **Yes**, if non network provider requests. For all providers: Buprenorphine monotherapy AND non-preferred medication require prior authorization	**No,** not for in network providers. **Yes**, if non network provider requests.	**Yes. Prior Authorization required.**

Behavioral Health Provider Services Reference Guide

	Prior Authorization Required? *Length of Initial and Continued Stay Authorization ***Please send current (within past 7 days) clinical information to support initial request for "bedded" services. Interval update to recent assessment is acceptable.***					
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Initial Assessment (MH and SUD/ASAM) and Outpatient Psychotherapy Services	**No,** not for in network providers. **Yes,** if non network provider requests. Outlier monitoring with concurrent and post-service medical necessity reviews.	**No,** not for in network providers. **Yes,** if non network provider requests.	**No,** not for in network providers. **Yes,** if non network provider requests.	**No,** not for in network providers. **Yes,** if non network provider requests. Outlier monitoring with concurrent and post-service medical necessity reviews.	**No,** not for in network providers. **Yes,** if non network provider requests. Outlier monitoring with concurrent and post-service medical necessity reviews.	**Yes. Prior Authorization required.**
High Intensity Outpatient/Community Based Services (WISe, PACT)	**Notification only.** Members in WISe/PACT are case managed by AMG case manager and participate in case conferences.	**Notification only required for initial 6 month of services.** Followed by ongoing concurrent review and authorization to extend past the 6 months.	**Notification only.**	**Notification only.** Notification referral to Molina CM only.	**Yes:** MH IOP S9480 **WISe requires Notification only**	**Yes. Prior Authorization required** *Initial 90 day authorization depending on medical necessity.*
Applied Behavior Analysis	**No.** ABA services will not require a Pre-Service Authorization.	**Yes.** Pre-Service Authorization is required for ABA Therapy and Continued Treatment Authorization every 6 months.	**Yes.** Pre-Service Authorization is required for ABA Therapy and Continued Treatment every 6 months.	Most ABA services no longer require Pre-service authorization effective 1/1/2018.	**Yes.** Pre-Service Authorization is required for ABA Therapy and Continued Treatment Authorization every 6 months.	ABA is not covered through Great Rivers BH ASO.

Behavioral Health Provider Services Reference Guide

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ECT - Electroconvulsive Therapy	**Yes.** Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment. **Initial: 6-10 sessions.*	**Yes.** Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment. **Initial: 6 sessions. Beyond 6 sessions is subject to MD review (for initial and ongoing/ maintenance)*	**Yes.** Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment. **Initial and concurrent: 10-12 sessions*	**Yes.** Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment. **Authorization details:** **Initial: 6 sessions (or at Medical Director discretion) for acute/initiation requests.* **Continuation: 6 sessions (or at Medical Director discretion)*	**Yes.** Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment. **6-12 initial visits*	ECT is not covered through Great Rivers BH ASO.
TMS – Transcranial magnetic Stimulation	**Yes.** Pre-Service Authorization Required for Initial or Acute treatment.	**Yes.** Pre-Service Authorization Required for Initial or Acute treatment.	**Yes.** Pre-Service Authorization Required for Initial or Acute treatment.	**Yes.** Pre-Service Authorization Required for Initial or Acute treatment. **Authorization details:** **Initial: Up to 36 treatments over 1 year period*	**Yes.** Pre-Service Authorization Required for Initial or Acute treatment.	TMS not covered through Great Rivers BH ASO.

Behavioral Health Provider Services Reference Guide

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PSYCHOLOGICAL TESTING	**No** prior authorization required for first 2 units of service per client per lifetime. **Yes,** Prior Authorization required for additional units of service. Notification Only required for COEs if purpose of evaluation is for ABA services.	**No** prior authorization required for first 2 units of service per client per lifetime. **Yes,** Prior Authorization required for additional units of service. 7 units of psych testing covered for ABA for clients age 20 or younger when evaluation performed by a COE – notification only. Other qualified providers require pre-service authorization for ABA evaluation for more than 2 units of testing, up to 4.	**No** prior authorization required for first 9 units of service per client per lifetime. **Yes,** Prior Authorization required for additional units of service.	**No** prior authorization required for first 9 units of service per client per lifetime. **Yes.** Prior Authorization required for additional units of service.	**No** prior authorization required for first 2 units of service per client per lifetime. **Yes,** Prior Authorization required for additional units of service.	**Yes**. Prior Authorization required
NEUROPSYCHOLOGICAL TESTING	**Yes.** Prior-Authorization required except for neurobehavioral status examination.	**Yes.** Prior Authorization required.	**No** prior authorization required.	**Yes.** Prior Authorization required.	**No** prior authorization required.	**Yes**. Prior Authorization required

Behavioral Health Provider Services Reference Guide

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Telehealth/TelePsych	**No,** not for in network providers. **Yes**, if non network provider requests.	**No,** not for in network providers. **Yes**, if non network provider requests.	**No,** not for in network providers. **Yes**, if non network provider requests.	**No,** not for in network providers. **Yes**, if non network provider requests.	**No,** not for in network providers. **Yes**, if non network provider requests.	**Yes**. Prior Authorization required
"Wrap-Around Services" – State General Fund Services	**No.** Payment limited to GFS allocated amount identified in Provider contract.	**No** prior authorization required.	**No.** Payment limited to GFS allocated amount identified in Provider contract.	**No.** Payment limited to GFS allocated amount identified in Provider contract.	**No.** Payment limited to GFS allocated amount identified in Provider contract.	**Yes**. Prior Authorization required
Clubhouse	**No.** Covered under Procedure Codes H2030, H2031.	**No.**	**No.**	**No.**	**No.** Payment limited to GFS allocations and agreement in Provider Contract	Club House is not covered through Great Rivers BH ASO.
Respite Care	**No.** Registration/ Notification only. Covered under Procedure Codes H0045, S9125, T1005.	**No.**	**No.**	**No.**	**No.** Payment limited to GFS allocations and agreement in Provider Contract	Respite is not covered through Great Rivers BH ASO.

Behavioral Health Provider Services Reference Guide

“Notification Only”

Emergent, unplanned admissions to acute inpatient BH facilities (such as E & T or acute inpatient detoxification) do not require prior authorization but do require notification of the admission by means of electronic file, fax or phone call within 24 hours of that admission. Clinical information shall be provided for medical necessity determination, known as concurrent review, following this notification. This can apply to lower level services as well.