

Behavioral Health – Tip Sheet for Submitting Authorization Requests

Purpose: This process outlines the steps for attaching clinical information to support requests for authorization of mental health and substance use treatment services.

General Guidelines

- **Attachment Length:** Aim for 5-10 pages of clinical information.
- **Legibility:** All clinical information must be legible.
- **Provider Licensing:** All providers must be licensed for the level of care they are requesting.

Required Information

All Clinical Attachments

- **Member Information:** Name, Date of Birth, Unique Member Identifier (UMI).
- **Facility Information:** Name and Address.
- **Level of Care:** Specify the level of care requested (e.g., Psychiatric (Inpatient), Psychiatric Residential, Withdrawal Management, Residential-Rehab (Substance Use Rehab)).
- **Provider Contact Information:** Phone and Fax Numbers.

Specific Information Based on Level of Care

1. Psychiatric (Inpatient) and Psychiatric Residential

- **Precert:**
 - Clinical Review: Include a clinical review for precertification.
 - Admission Date
 - Level of Care
 - Presenting Problem
 - Prior Treatment
 - Psychotropic Medications
- **Concurrent:**
 - LCD: Include the date of the LCD (Last Date of Coverage).
 - Current Symptoms: Describe current symptoms requiring continued stay.
 - Psychotropic Medications
 - Discharge Planning

2. Substance Use Disorders (Withdrawal Management and Residential-Rehab)

- **Precert:**
 - Chemical History: Detail substance, amount, frequency, duration of current use, and last use.
 - Admission Date
 - Level of Care

- Prior Treatment
- Psychotropic Medications/MAT/Detox Taper(s)
- Withdrawal/PAWs: Include CIWA/COWs scores if applicable.
- Medical Comorbidity: Include history or current symptoms.
- Mental Health Issues: Include past diagnosis and current symptoms.
- Readiness for Treatment/Risk Factors
- Relapse Potential/Ability to Function/Supports
- Barriers to Treatment/Preferences
- **Concurrent:**
 - Psychotropic Medications/MAT/Detox Taper(s):
 - Withdrawal/PAWs: Include CIWA/COWs scores if applicable.
 - Medical Comorbidity Symptoms
 - Mental Health Issues: Include current symptoms only.
 - Engagement in Treatment/Risk Factors
 - Relapse Potential/Ability to Function/Supports
 - Barriers to Treatment/Preferences
 - Discharge Planning

Prohibited Attachments

- Entire Chart: Do **not** attach the entire chart. Provide a synopsis of the clinical information.
- Insurance Verification Notes
- Copies of Member Benefits
- Past Clinical Records
- Group Notes: Only include patient-specific notes relevant to the continued stay request.
- Clinical Notes Outside the Review Period
- Call Logs
- Checklists/Q15 Minute Checklists
- Clothing Lists
- Educational Handouts
- ROIs and Non-Patient Specific Care Plans

Timeframes and Submission

- **Initial Clinical:** Must be submitted within 7 days of admission.
- **Concurrent:** Must be submitted on the LCD. Requests submitted 7 days or more after the LCD will not be reviewed.
- **Face-to-Face Requirements:**
 - **Psychiatric (Inpatient) and Withdrawal Management:** Face-to-face within 24 hours of admission.
 - **Psychiatric Residential and Residential-Rehab (Substance Use Rehab):** Face-to-face within 7 days of admission.

Levels of Care

- **Reviewed Levels of Care:**
 - Psychiatric (Inpatient)
 - Psychiatric Residential
 - Withdrawal Management
 - Residential-Rehab (Substance Use Rehab)
- **Urgent Levels of Care:** Psychiatric (Inpatient) and Withdrawal Management
- **Non-Urgent Levels of Care:** Psychiatric Residential and Residential-Rehab (Substance Use Rehab)
- **Escalation:** Cases can be escalated by request.

- **ABA, PHP, IOP:** Managed for specific policies only.
- **Outpatient MH Services:** Most outpatient MH services require prior authorization. Check the prior authorization list for specific services.

Helpful Tips

- **Synopsis:** Provide a synopsis of the clinical information instead of attaching the entire chart.
- **Pertinent Notes:** Attach most current MD notes, pertinent nursing notes, and family sessions/collateral information.
- **Clarity:** Be clear in the level of care requested and submit the correct CPT codes.

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