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## Behavioral Health Utilization Management Authorization Guidelines

\*\*\*Prior to reviewing the guidelines below, please review the latest bulletin related to the Federal Public Health Emergency [Special Bulletin COVID-19 #265](#).

**Note:** Please include the name and contact information of anyone that can provide additional clinical information for the request, if needed. Please include NPI and Tax ID numbers on Prior Authorization form when noting provider information.

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 members under the age of 21, EPSDT is applied to reviews outside of benefit limits.

Within the request, 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 any required elements specific to the Clinical Coverage Policy for the service, as applicable. Additionally, for Inpatient services, Facility-Based Crisis, Detoxification/Withdrawal Management, and Partial Hospitalization services, ensure that documentation available includes medications.

\*All documentation requirements outlined in Clinical Coverage Policies are expected to be maintained in the provider/member record even if not specifically requested as part of the authorization process.

### BH UM Authorization Fax Numbers

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

Service	Service Code	Authorization Guidelines	Documentation to Submit (in additional to Prior Authorization form)	Clinical Coverage Policy
Ambulatory Detoxification	H0014  1 unit = 15 minutes	Initial Authorization: up to 7 days	<ul style="list-style-type: none"> <li>Admission Assessment</li> <li>Person-Centered Plan</li> <li>Service Order</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
		Reauthorization: up to 3 days	<ul style="list-style-type: none"> <li>Discharge/Transition Plan</li> </ul>	
BH Medication Management	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>
Behavioral Health Urgent Care (BHUC)	T2016-U5 (without observation)	No prior authorization required		<a href="#">Carolina Complete Health In Lieu of Service</a>
	T2016-U8 (with observation) 1 unit = 1 event			

<b>Diagnostic Assessment</b>	Refer to policies for specific codes	No prior authorization required for in-network providers		<a href="#">8A:5: Diagnostic Assessment</a>
<b>Professional Treatment in Facility-Based Crisis Programs</b>	S9484  1 unit = 1 hour (up to 16 hours in a 24 hour period)	<b>Facility to notify of admission within 1 business day:</b> 7 day pass-through per treatment episode	<ul style="list-style-type: none"> <li>• Admission Assessment</li> <li>• Provider’s Service Plan</li> <li>• Service Order</li> <li>• Discharge/Transition Plan</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
		Up to 8 days for authorizations (after 7 day pass-through)		
<b>Facility-Based Crisis for Children and Adolescents</b>	S9484 HA  1 unit = 1 hour (can be billed up 24 hours/day)	Initial Authorization: up to 7 days	<ul style="list-style-type: none"> <li>• Clinical Assessment</li> <li>• Treatment Plan</li> <li>• Service Order (see policy for provisions related to Service Order requirements)</li> <li>• Discharge/Transition Plan</li> </ul>	<a href="#">8A-2: Facility-Based Crisis for Children and Adolescents</a>
		Reauthorization: up to 8 days		

<p><b>Inpatient Hospitalization (non SUD)</b></p>	<p>Provider(s) shall report the appropriate code(s) used which determines the billing unit(s). Medical, psychiatric, and substance abuse therapeutic interventions are reimbursed at a per diem rate based on occupancy on the inpatient unit during midnight bed count.</p>	<p><b>Initial Authorization:</b> up to 3 days</p>	<ul style="list-style-type: none"> <li>• Admission Assessment</li> <li>• Planned Interventions (found in assessment, treatment plan, or PA form)</li> </ul> <p>*Certificate of Need for Children/Adolescents in Free-Standing Facilities (Medicaid beneficiary less than 21 and Health Choice beneficiary ages 6-18)</p>	<p><a href="#">8B: Inpatient Behavioral Health Services</a></p>
<p><b>Inpatient Hospitalization (Substance Abuse Treatment)</b></p>		<p><b>Reauthorization:</b> up to 3 days</p>	<ul style="list-style-type: none"> <li>• Discharge/Transition Plan</li> </ul> <p>*Ensure information specific to MD notes are included in request to include any medication changes</p>	
<p><b>Initial Authorization:</b> up to 3 days</p>		<ul style="list-style-type: none"> <li>• Admission Assessment</li> <li>• Planned Interventions (found in assessment, treatment plan, or PA form)</li> </ul> <p>*Certificate of Need for Children/Adolescents in Free-Standing Facilities</p>		

			(Medicaid beneficiary less than 21 and Health Choice beneficiary ages 6-18)	
		<b>Reauthorization:</b> up to 3 days	<ul style="list-style-type: none"> <li>Discharge/Transition Plan</li> </ul> <p>*Ensure information specific to MD notes are included in request to include any medication changes</p>	
<b>Medically Supervised or ADATC Detoxification Crisis Stabilization</b>	H2036  1 unit = 1 day	<b>Initial Authorization:</b> up to 5 days	<ul style="list-style-type: none"> <li>Admission Assessment</li> <li>Person-Centered Plan</li> <li>Service Order</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
		<b>Reauthorization:</b> up to 3 days	<ul style="list-style-type: none"> <li>Discharge/Transition Plan</li> </ul> <p>*Ensure information specific to MD notes are included in request to include any medication changes</p>	
<b>Mobile Crisis</b>	H2011  1 unit = 15 minutes	No prior authorization required for in-network providers  *out-of-network providers to provide notice of service use within 1 business day	-	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>

Non-Hospital Medical Detoxification	H0010  1 unit = 1 day	<b>Initial Authorization:</b> up to 10 days	<ul style="list-style-type: none"> <li>Assessment</li> <li>Person-Centered Plan</li> <li>Service Order</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
		<b>Reauthorization:</b> up to 10 days	<ul style="list-style-type: none"> <li>Discharge/Transition Plan</li> </ul> <p>*Ensure information specific to MD notes are included in PA Form to include any medication changes</p>	
Opioid Treatment Program Service	H0020  1 unit = 1 week	No prior authorization required for in-network providers	<ul style="list-style-type: none"> <li>Assessment</li> <li>Provider's Service Plan</li> <li>Service Order</li> <li>List of Medications (if not noted in PA form)</li> </ul>	<a href="#">8A-9: Opioid Treatment Program Service</a>
Outpatient Therapy (Individual, Family, and Group)	Refer to policy for CPT codes and section 5.3.2 regarding limitations	No prior authorization required for in-network providers	<ul style="list-style-type: none"> <li>CCA (or Diagnostic Assessment)</li> <li>Treatment Plan or PCP</li> <li>Service Order</li> </ul>	<a href="#">8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a>
Partial Hospitalization	H0035  1 unit = 1 event	<b>Initial Authorization:</b> up to 7 days	<ul style="list-style-type: none"> <li>Assessment</li> <li>Person-Centered Plan</li> <li>Service Order</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
		<b>Reauthorization:</b> up to 7 days	<ul style="list-style-type: none"> <li>Discharge/Transition Plan</li> </ul> <p>*Ensure information</p>	

\*\*\*Defer to [SPECIAL BULLETIN COVID-19 #265](#) related to ending of the Federal Public Health Emergency

			specific to MD notes are included in request to include any medication changes	
Peer Support Services	H0038 H0038 HQ  1 unit = 15 minutes	*24 unmanaged units available per member per State fiscal year  <b>Initial authorization:</b> up to 90 days (270 units, inclusive of individual and group)	<ul style="list-style-type: none"> <li>Comprehensive Clinical Assessment</li> <li>Person-Centered Plan</li> <li>Service Order</li> </ul>	<a href="#">8G: Peer Support Services (PSS)</a>
		<b>Reauthorization:</b> up to 90 days (270 units, inclusive of individual and group)	<ul style="list-style-type: none"> <li>Person-Centered Plan</li> </ul>	

<p><b>Psychological and Neuropsychological Testing</b></p>	<p>Refer to policy for CPT codes</p>	<p>16 units available without authorization for in-network providers then authorization required</p> <p><b>Authorization request timeframe:</b> up to 6 months</p>	<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 for instruments chosen?</li> <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> </ul>	<p><a href="#">8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a></p>
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			<ul style="list-style-type: none"> <li>• Is testing of 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 Outpatient Program</b>	H0015  1 unit = 1 event per day (3 hours minimum)	*30 day pass-through available per member per State fiscal year <b>Reauthorization:</b> up to 30 days	<ul style="list-style-type: none"> <li>• Comprehensive Clinical Assessment</li> <li>• Person-Centered Plan</li> <li>• Service Order</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
<b>Substance Abuse Comprehensive Outpatient Treatment</b>	H2035  1 unit = 1 hour	*60 day pass-through available per member per State fiscal year <b>Reauthorization:</b> up to 30 days	<ul style="list-style-type: none"> <li>• Comprehensive Clinical Assessment</li> <li>• Person-Centered Plan</li> <li>• Service Order</li> </ul>	<a href="#">8A: Enhanced Mental Health and Substance Abuse Services</a>
<b>Research-Based Behavioral Health Treatment for Autism Spectrum Disorders</b>	Refer to policy for CPT codes	-	<i>Refer to Additional Tip Sheet</i>	<a href="#">8F: Research-Based Behavioral Health Treatment (RB-BHT)</a>

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				<a href="#">for Autism Spectrum Disorder (ASD)</a>
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