

## Carelon Behavioral Health Prior-Authorization List

### INPATIENT SERVICES

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
Inpatient Services Prior Authorization Required  <b>TX Medical Necessity Criteria</b>	Inpatient Mental Health including Eating Disorder  <b>PA Effective Date: 10/1/2013</b>	<b>Revenue Codes:</b> 114, 124, 134, 144, 154, 204	Call 800-945-4644  Visit the Provider Portal - <a href="#">Click Here</a>
	Inpatient Substance Use – Withdrawal Management Services <b>PA Effective Date: 10/1/2013</b>	<b>Revenue Codes:</b> 116, 126, 136, 146, 156	
	Residential Treatment – Mental Health <b>PA Effective Date: 10/1/2013</b>	<b>Revenue Code</b> 1001	
	Residential Treatment – Substance Use <b>(must be CDTF licensed)</b> <b>PA Effective Date: 10/1/2013</b>	<b>Residential SUD</b> H2035  <b>Residential Withdrawal Management</b>  H0012, H0031, S9445, T1007	

## OUTPATIENT DIVERSIONARY SERVICES

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
Diversionary Services Prior Authorization Required  <b>TX Medical NecessityCriteria</b>	Partial Hospitalization (PHP)  <b>PA Effective Date: 10/1/2013</b>	<b>CPT Code:</b> H0035  <b>Revenue Codes:</b> 912 & 913	Call 800-945-4644  Visit the Provider Portal - <a href="#">Click Here</a>
	Intensive Outpatient (IOP)  <b>PA Effective Date: 10/1/2013</b>	<b>CPT Code:</b> S9480 (MH) H0015 (SUD)  <b>Revenue Codes:</b> 905 & 906	

## TRADITIONAL OUTPATIENT

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
<p>Outpatient Prior Authorization Required</p> <p><b>TX Medical Necessity Criteria TMHP Provider Manual</b></p>	<p>Psychiatric Diagnostic Evaluation</p> <p><b>PA Effective Date: 10/1/2013</b></p>	<p>90791 and 90792</p> <p>after the one evaluation per client, per provider, per rolling year limitation has been met</p>	<p><b>Submit an Outpatient Review FORM</b></p> <p>Fax form to 781-994-7111</p> <p><b>Submit A Psych/ Neuropsych Request FORM</b></p> <p>Fax form to 781-994-7111</p>
	<p>Individual, Family, or Group Psychotherapy</p> <p><b>PA Effective Date: 10/1/2013</b></p>	<p>90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, and 90853</p> <p>after the 30 visit per calendar year limitation has been met</p>	
	<p>Neurobehavioral Testing</p> <p>Psychological Testing Evaluation</p> <p>Neuropsychological Testing Evaluation</p> <p>Psychological or Neuropsychological Testing Administration and Scoring</p> <p><b>PA Effective Date: 1/1/2019</b></p>	<p><b>Neurobehavioral testing</b> (procedure codes 96116 and *96121) after the 4 hour per day limitations is met.</p> <p><b>Psychological Testing Evaluation</b> (procedure code 96130 and *96131) after the 8 hour per calendar year limitations have been met</p> <p><b>Neuropsychological Testing Evaluation</b> (procedure code 96132 and *96133) after the 8 hour per calendar year limitations have been met</p> <p><b>Psychological or Neuropsychological Testing Administration and Scoring</b> (procedure code 96136 and *96137) after the 8 hour per calendar year limitations have been met</p> <p>*add-on code</p>	

# Resources

**Texas Medicaid Provider Procedures Manual**

**Carelton Forms, Guides and Resources**

**Parkland Provider Specific Resources**

**Parkland Community Health Plan**

**Carelton Provider Portal**

**Carelton Provider Training and Webinars**

**Carelton Medical Necessity Criteria**

**Utilization Management Guidelines & Manual**

## **Information and Supporting Documentation Required to Make a Request for Prior Authorization**

Carelton Behavioral Health clinicians review a member's clinical presentation as described by an appropriate behavioral health (BH) practitioner. Carelton Behavioral Health clinicians document the available clinical information provided in the appropriate Information System. This information is assessed to make a medical necessity determination for the requested level of care and may include any or all the following elements:

1. Presenting problem, or reason for referral
2. Current symptomatology, including risk factors (suicidality, homicidality, psychosis, hallucinations, delusions, fire setting, depressive symptoms, etc.)
3. Current and prior agency involvement
4. Current and prior treatment history (including treatment response)
5. Coordination amongst BH providers
6. Treatment plan
7. Medical history individual needs and characteristics of the member include age, linguistic, or ethnic factors, comorbidities, and complications, progress of treatment, psychosocial situation, and home environment
8. General level of functioning
9. Job / School functioning
10. Psychological stressors and supports
11. Family and social supports
12. Primary Care Physician (PCP) communication and coordination with BH Provider (making note of member consent or refusal to allow for such communication), if applicable
13. Primary diagnosis
14. Current medications
15. Substance use history
16. Discharge plan
17. Rationale for meeting the LOC.
18. Results of assessment of local delivery system
19. Information from treating practitioner
20. Geographic access to Health Plan network practitioners
21. Financial Resources for Healthcare (i.e. identification of type of insurance member has, flexible spending accounts, etc.).
22. End of life care plan including Advanced Medical Directives, Health Care Proxy, Guardian, or Power of Attorney

23. Screening for Carelon Behavioral Health CM services

24. Consultation with either a supervisor and / or PA

25. For members admitted to 24-hour LOC, confirmation of a member's address and phone number for aftercare purposes