



Behavioral Health Prior Authorization Guide

Please Note:

- For all FIMC Medical Services Prior Authorization requirements, please refer to the 2016 Prior Authorization list at www.chpw.org
- All billed services must meet medical necessity requirements, regardless of authorization requirements.
- **Emergency Services do not require Prior Authorization.**
- **All services provided by a non-contracted provider require Prior Authorization.**

Emergency Services definitions:

- **Psychiatric:** When the patient is a danger to them self, others, or is gravely disabled.
- **Medical:** A medical condition with acute symptoms of sufficient severity that the absence of immediate medical attention may result in place the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, or serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Service Type	Description of Services	Notification Required?	Authorization Required?	Type of Authorization	Additional Requirements
Psychiatric & Substance Use Disorder (SUD) Inpatient Services	<ul style="list-style-type: none"> • Acute Psychiatric Inpatient Care • Evaluation & Treatment Admission • Inpatient Acute Withdrawal (Detoxification) • Crisis Stabilization in residential setting • Inpatient Rehab, Substance Use 	Yes. Admission notification is required within one business day of admission.	Yes.	<p>Prior Authorization required for non-emergency services.</p> <p>Concurrent Review conducted after admission notification.</p>	Please see above for definitions of emergency services.



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Service Type	Description of Services	Notification Required?	Authorization Required?	Type of Authorization	Additional Requirements
	Disorder (SUD) <ul style="list-style-type: none"> • Inpatient residential treatment center, psychiatric • Inpatient residential treatment center, SUD • Any facility based service providing 24 hours/day and 7 days/week services. 				
High Intensity Outpatient Programs	<ul style="list-style-type: none"> • Intensive Outpatient Program (IOP) • Partial Hospitalization Program (PHP) • Day Treatment Program • WISe Program • PACT Program • COMET Program 	Yes.	Yes.	Prior Authorization required for Program admission. Concurrent Review conducted after admission authorization.	Enrollees will be referred for intensive care management services. Referral to care management is also made is to identify the need for care coordination, education about their condition and access to supportive community services.



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Initial Assessment & Outpatient Therapy & Counseling Services	Includes Psychiatric AND SUD Treatment. Individual, family, and group psychotherapy and counseling to treat behavioral health conditions.	No.	No.	No medical necessity review required unless requested by CHPW.	CHPW may require records for medical necessity review on a case-by-case basis.
Community Support Services	Includes SUD Recovery Services, Psychosocial Case Management, Psychosocial Rehabilitation, Peer Supports	No.	Required after 64 visits (16 hours) per month for 2 rolling months (60 day period).	Prior Authorization required after 64 visits (16 hours) per month for 2 rolling months (60 day period).	
Applied Behavioral Analysis (ABA) for Autism Spectrum Disorder	Treatment provided to members diagnosed with Autism Spectrum Disorder and other Developmental Disorders between the ages of 0-21.	Yes.	Yes.	Prior Authorization.	
Electroconvulsive Therapy (ECT)		Yes.	Yes.	Prior Authorization.	
Psychological Testing		No, for first 2 units (hours) per lifetime.	Yes, for additional services beyond 2 units	Prior Authorization.	2 Units is benefit limit. Request for additional

Effective April 1, 2016

CHPW Washington Apple Health – Fully Integrated Managed Care (FIMC) and CHPW Behavioral Health Services Only (BHSO)

Additional questions and benefit clarification, please call 1-866-418-1009

CHPW_MM_310_07_2016_FIMC_Prior_Authorization_List

Last updated: 9/16/16



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		Yes, for additional units	per lifetime.		units beyond 2 units will be a benefit limitation exception request.
Neuropsychological Testing		Yes.	Yes.	Prior Authorization.	
Telehealth/TelePsych		No.	No.	No medical necessity review required unless requested by CHPW.	Covered outpatient behavioral health services may be delivered through telehealth with the appropriate telehealth modifier code.
Repetitive Transcranial Magnetic Stimulation (RTMS)		Yes.	Yes.	Prior Authorization.	