

2021 Prior Authorization List and Utilization Guidelines – Behavioral Services



COMMUNITY HEALTH PLAN
of Washington™



COMMUNITY HEALTH NETWORK
of Washington™

APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE

CASCADE SELECT

Effective: January 1, 2021

Services for a specific program may not be a covered benefit; please call Customer Service to verify benefits and coverage or verify online by clicking on this link at mychpw.chpw.org/en/provider

NOTIFICATION REQUIRED

INPATIENT HOSPITALIZATION

PSYCHIATRIC & SUBSTANCE USE DISORDER (SUD) INPATIENT SERVICES

Types of Services:

- Acute Psychiatric Inpatient Care
- Any facility-based service providing 24 hours/day and 7 days/week services.
- Crisis Stabilization in residential setting
- Evaluation & Treatment Admission
- Inpatient Acute Withdrawal (Detoxification)
- Inpatient Rehab, Substance Use Disorder (SUD)
- Inpatient residential treatment center, psychiatric
- Inpatient residential treatment center, SUD.

HIGH INTENSITY OUTPATIENT PROGRAMS

Notification is required followed by ongoing concurrent review and authorization.

Types of Services:

- COMET Program **WAH**
- PACT Program **WAH**
- Partial Hospitalization Program (PHP) **WAH** and **CHNW**

AUTHORIZATION REQUIRED

GENERAL REQUIREMENTS

- All clinical trials require prior authorization
- All unlisted codes with a charge greater than \$250 require a prior authorization

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.

MENTAL HEALTH SERVICES

Types of Services:

- Elective Inpatient Psychiatric Services **WAH** and **CHNW**
- Electroconvulsive Therapy **WAH** and **CHNW**
- Neuropsychological Testing and Psychological Testing
- Repetitive Transcranial Magnetic Stimulation (rTMS) **WAH** and **CHNW**

Line of Business (LOB) Legend:

WAH = Washington Apple Health IMC & Behavioral Health Services Only

CHNW = Cascade Select

MA = Medicare Advantage

*If no LOB is highlighted next to the service, then Notification or Authorization applies across all LOBs for that service.

DOCUMENTATION REQUIRED TO SUPPORT DECISION-MAKING

Please provide documentation with the request to support medical necessity. Examples of appropriate documents include:

- Current (within 6 months, or more recent depending on condition) history and/or physician examination notes that address the problem and need for services requested
- Relevant lab and/or radiology results
- Relevant specialty consultation notes
- Other pertinent information

REFERRAL POLICY

The PCP to PCP Referrals:

For All Plans - If you are the member's assigned PCP or group, an authorization to provide primary care is required from the Plan if your member needs to see a PCP outside of your group.

CHNW-Cascade Select: Any service provided by a non-networked provider for a Cascade Select member requires prior authorization. Cascade Select members will be redirected to networked providers whenever possible. Any request for authorization to a non-network provider should include rationale why the member cannot receive those services with a networked provider.

INPATIENT HOSPITALIZATION

CHPW requires notification of all inpatient admissions, planned and urgent, within 24 hours or next business day.

All planned admissions also require prior authorization.

BENEFIT and COVERAGE LIMITATIONS

This PA list is not all-inclusive. Please refer to the coverage guidelines for each unique line of business.

Washington Apple Health IMC & Behavioral Health Services Only = HCA Provider Billing Guidelines Manual and/or Fee Schedule

Medicare Advantage = National Coverage Guidelines and/or Local Coverage Guidelines

Cascade Care – Cascade Select = CHNW - Cascade Select Explanation of Coverage (EOC)

Failure to obtain the required prior authorization may result in a denied claim. Services are subject to benefit coverage, limitations and exclusions as described in plan coverage guidelines.

Please refer to the PA Code Lookup Tool for additional details on services listed.

<https://forms.chpw.org/pclt>