

# 2022 Prior Authorization List and Utilization Guidelines – Behavioral Health Services



COMMUNITY HEALTH PLAN  
of Washington



COMMUNITY  
HEALTH NETWORK  
of Washington™

APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE

CASCADE SELECT

Effective: January 1, 2022

For specific benefit questions, please call Customer Service at 1-800-440-1561 or go to the code lookup tool to find benefit by CPT/HCPCS code at: [forms.chpw.org/pclt](https://forms.chpw.org/pclt)

## GENERAL REQUIREMENTS:

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

### 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.

## NOTIFICATION WITH CONCURRENT CLINICAL REVIEW

Emergent, unplanned admissions to inpatient settings or entry into certain levels of high-intensity outpatient services do not require prior authorization but do require notification of the admission within 24 hours (or next business day). Clinical information shall be provided for medical necessity determination, known as concurrent review, following this notification.

### Types of Services:

- Acute Psychiatric Inpatient Care
- Evaluation & Treatment Admission
- Crisis Stabilization in a residential setting
- Inpatient residential treatment center, psychiatric
- PACT **WAH**

*Requires notification of admission in order to be authorized.*

*PACT is authorized for six months before medical necessity review occurs.*

## PROVIDER OPTION

Prior Authorization (PA) or Notification with Concurrent Clinical Review (CCR) accepted for these services.

Notification is required followed by ongoing concurrent review and authorization.

### Types of Services:

- MH Residential Treatment (Provider has option to request PA or Notification with CCR)
- SUD Residential Treatment (Provider has option to request PA or Notification with CCR)
- SUD Withdrawal Management (Provider has option to request PA or Notification with CCR)
- SWMS (Secure Withdrawal Management Services)

## PRIOR AUTHORIZATION REQUIRED

Prior Authorization must be obtained before the below services are rendered.

### Types of Services:

- Partial Hospital Program **WAH** and **CHNW**
- Electroconvulsive Therapy (ECT) **WAH** and **CHNW**
- Repetitive Transcranial Magnetic Stimulation (rTMS) **WAH** and **CHNW**
- Neuropsychological Testing and Psychological Testing
- Applied Behavior Analysis (ABA) for Autism Spectrum Disorder. Treatment provided to members diagnosed with Autism Spectrum Disorders and other Developmental Disorders