

2025 Prior Authorization List and Utilization Guidelines – Behavioral Services



COMMUNITY HEALTH PLAN
of Washington™
The power of community

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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 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
- Program of Assertive Community Treatment (PACT)
 - PACT is authorized for six months before medical necessity review occurs
- SUD Residential Treatment (Per HB2642, provider has option to request PA or Notify with CCR)
- SUD Withdrawal Management (Per HB2642, provider has option to request PA or Notify with CCR)

PRIOR AUTHORIZATION REQUIRED

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

Types of Services:

- Applied Behavior Analysis (ABA) for Autism Spectrum Disorder
 - Treatment provided to members diagnosed with Autism Spectrum Disorder and other Developmental Disorders
- Intensive Behavioral Treatment Facilities (IBTF)
- Partial Hospital Program
- Electroconvulsive Therapy (ECT)
- Treatment provided to members diagnosed with Autism Spectrum Disorder and other Developmental Disorders.
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Neuropsychological Testing and Psychological Testing
- MH Residential Treatment. Remove from under PROVIDER OPTION
- Clinical Trials
- Unlisted codes with a charge greater than \$250