

2023 Prior Authorization List and Utilization Guidelines – Behavioral Services



COMMUNITY HEALTH PLAN
of Washington™
The power of community

Effective: January 1, 2023

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
- Intensive Behavioral Treatment Facilities (IBTF)

Note: PACT requires notification of admission in order to be authorized.
PACT is authorized for six months before medical necessity review occurs.

PROVIDER OPTION

Prior Authorization or Notification with Concurrent Clinical Review accepted for these services.

Notification is required followed by ongoing concurrent review and authorization.

Types of Services:

- MH Residential Treatment (Provider has option to PA or Notify with CCR)
- 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)
- 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
- Electroconvulsive Therapy (ECT)
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Neuropsychological Testing and Psychological Testing

APPLIED BEHAVIOR 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.

General Requirements:

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