

Prior authorization requirements for specialized behavioral health services

Summary: Effective December 1, 2015, specialized behavioral health services will be integrated into Healthy Louisiana. Healthy Blue will begin directly managing this care for our members. We are providing clarification as it relates to notification and authorization for these services.

What this means to me

Beginning November 23, 2015, Healthy Blue will begin accepting specialized behavioral health authorization requests via phone, fax and online. While we will begin accepting requests for new services on this date, the authorization will begin, at the earliest, December 1, 2015.

Authorization of specialized behavioral health outpatient services

From November 30, 2015, through December 30, 2015, Healthy Blue will honor all Magellan authorization decisions at the level of service and duration approved. No prior authorization is required, and claims will not be denied because the provider is not in network on the date of service.

Magellan authorizations that expire December 31, 2015, through February 29, 2016, must be resubmitted to Healthy Blue for approval. Claims will not be denied *solely* because the provider is not in network on the date of service.

Magellan authorizations that expire on or after March 1, 2016, must be resubmitted to Healthy Blue for approval. At this time, claims may be denied because the provider is not in network on the date of service.

For additional information, please reference Healthy Louisiana informational bulletin 15-18: www.dhh.state.la.us/assets/docs/BayouHealth/Informational_Bulletins/IB15-18.pdf.

Authorization of intensive outpatient substance use detox, TGH and inpatient specialized behavioral health services

For intensive outpatient substance use, nonambulatory detox and inpatient psychiatric service, there will be a seven-day grace period for Magellan authorizations that expire on or after December 1, 2015. During the grace period, claims will not be denied *solely* because the provider is not in network on the date of service.

The responsible payer for dates of service on and after December 1, 2015, is as follows:

- Split billing (or until expiration of Magellan authorization if earlier than December 6, 2015)
- Magellan — December 1, 2015, through December 6, 2015
- Healthy Blue — Day following expiration of Magellan's authorization

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

<https://providers.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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For substance use residential,* psychiatric residential treatment facility and therapeutic group home, there will be a 14-day grace period for Magellan authorizations that expire on or after December 1, 2015. During this grace period, claims will not be denied solely because the provider is not in network on the date of service. The responsible payer for dates of service on or after December 1, 2015, is as follows:

- Split billing (or until expiration of Magellan authorization if earlier than December 14, 2015)
- Magellan — December 1, 2015, through December 14, 2015
- Healthy Blue — Day following expiration of Magellan's authorization

For additional information, please reference Healthy Louisiana informational bulletin 15-19: www.dhh.state.la.us/assets/docs/BayouHealth/Informational_Bulletins/IB15-19.pdf.

* *ASAM levels 3.1, 3.3, 3.5, 3.7 and 3.7D.*

How do I request prior authorization for specialized behavioral health services?

Please use one of the following methods to submit a request:

- Behavioral Health Utilization Management phone: **1-800-454-3730**
- Behavioral Health Utilization Management fax (outpatient): **[1-866-877-5229]**
- Behavioral Health Utilization Management fax (inpatient): **[1-877-434-7578]**
- Online via Availity: visit www.availity.com/providers/registration-details to register

Requests for ongoing services should be submitted within five business days of an authorization end date for all nonacute levels of care.

What will be required to get authorization for psychological testing?

Our prior authorization request form for psychological testing outlines the required documentation for obtaining an authorization for psychological testing. The form may be accessed through our website at <https://providers.healthyblue.com/>. We will also accept any state prior authorization forms for psychological testing.

In most cases, an initial assessment by a behavioral health care provider, which includes a diagnostic interview and relevant rating scales, should be completed by the psychologist prior to submission of requests for psychological testing authorization. To avoid potential issues with reimbursement, do not initiate psychological testing until an authorization has been received.

How will Healthy Blue handle assessments?

- Prior authorization for assessment of rehabilitation services is not required. Healthy Blue does accept the completed assessment and level of care utilization system (LOCUS) screening from treating providers. Prior authorization for rendering rehabilitation services is required.
- The completed assessment, relevant clinical information, LOCUS and outpatient treatment request form is sent to our Utilization Management (UM) department to

complete prior authorization for the behavioral health services (such as psychosocial rehab, community psychiatric supports, etc.) being requested.

- These documents will serve as clinical information to aid the UM department in determining medical necessity for the rehabilitative/specialized behavioral health services.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.