

# BH Carve-in | Prior Authorization Guidelines



Services	Description	Place of Service	Prior Authorization Required	Concurrent Review	Authorization Required or Requested
<b>Medically Supervised Outpatient Withdrawal (OASAS Services)</b>	<p>Based on a medical and biopsychosocial evaluation, providers of services otherwise certified by OASAS may provide outpatient medically supervised withdrawal services to clients who suffer moderate alcohol or substance withdrawal, who do not meet the admission criteria for medically managed detoxification services, and who have emotional support and a home environment able to provide an atmosphere conducive to outpatient withdrawal leading to recovery. In addition to the general services required above, outpatient medically supervised withdrawal patients must be seen by a medical professional every day, must engage in counseling services, and must have access to a 24-hour hotline to assist in recognizing symptoms of withdrawal, when to take additional medication, and under what circumstances to go to the nearest emergency room.</p>	<p>Outpatient OASAS-certified clinic and/or provider</p>	<p>No</p>	<p>No</p>	<p>Notification requested</p>

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<p>Outpatient Clinic Opioid Treatment Program (OTP) (OASAS Services)</p> <p>Methadone</p>	<p>Methadone treatment is a medical service designed to manage heroin addiction. Methadone treatment programs (MTPs) administer methadone by prescription—in conjunction with a variety of other rehabilitative steps—to control the physical problems associated with heroin dependence and to provide the opportunity for patients to make major lifestyle changes over time. Methadone treatment is delivered primarily on an ambulatory basis, with most programs located in either a community or a hospital setting. Some specialized programs deliver services in a residential setting, while a few programs deliver services in a prison setting. Rehabilitative assistance includes primary medical care, counseling, and support services.</p>	<ul style="list-style-type: none"> <li>■ Outpatient OASAS-certified clinic</li> <li>■ Hospital settings</li> <li>■ Residential settings</li> <li>■ Prison settings</li> <li>■ Primary medical care</li> </ul>	<p>No</p>	<p>No</p>	

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<p><b>Intensive Outpatient Treatment (IOP) (OASAS Services)</b></p>	<p><b>Outpatient Rehabilitation Services:</b>                      This service level is designed to serve more chronic individuals who have inadequate support systems and who either have substantial deficits in functional skills or have healthcare needs requiring attention or monitoring by healthcare staff. These programs provide social and healthcare services; skill development in accessing community services; activity therapies; information and education about nutritional requirements; and vocational and educational evaluation. Clients initially receive these procedures five days a week, for at least four hours per day. There is a richer staff-to-client ratio for these services compared to other outpatient levels, and these services are required to have a half-time staff person qualified in providing recreation and/or occupational services and a half-time nurse practitioner, physician's assistant, or registered nurse. Like medically supervised outpatient, outpatient rehabilitation services mandate that medical staff be part of the multidisciplinary team and include designation of a Medical Director, which provides for medical oversight and involvement in the provision of outpatient services. These services are Medicaid-eligible, as long as other standards pertaining to fee-for-service Medicaid are met.</p>	<p>Outpatient clinic</p>	<p>No</p>	<p>No</p>	<p>Notification requested</p>

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<b>Inpatient Detoxification</b>	Services are delivered by providers certified by OASAS to deliver inpatient/residential chemical dependence services. Patient services include medical supervision and direction under the care of a physician in the treatment of moderate withdrawal and non-acute physical or psychiatric complications associated with chemical dependence.	<ul style="list-style-type: none"> <li>■ IP OASAS-certified facility</li> <li>■ IP hospital</li> </ul>	Yes	Yes	Required
<b>Inpatient SUD Rehabilitation</b>	Certified providers conduct intensive evaluation, treatment, and rehabilitation services in a medically supervised, 24 hours/day, 7 days/week setting. Chemical dependence inpatient services include the following basic clinical procedures: individual and group counseling and activities therapy; alcohol and substance abuse disease awareness and relapse prevention; education about, orientation to, and opportunity for participation in available and relevant self-help groups; assessment and referral services for patients, families, and significant others; HIV education, risk assessment, and supportive counseling and referral; vocational and/or educational assessment; and medical and psychiatric evaluation. Services are provided according to an individualized treatment plan and under the supervision of a Medical Director.	IP rehabilitation setting	Yes	Yes	Required

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<b>Rehabilitation Services for Residential SUD Treatment Supports (OASAS Services)</b>	Chemical dependence residential services assist individuals who suffer from chemical dependence, who are unable to maintain abstinence or to participate in treatment without the structure of a 24 hours/day, 7 days/week residential setting, and who are not in need of acute hospital or psychiatric care or chemical dependence inpatient services. There are three levels of intensity of procedures offered by this service: intensive residential treatment and rehabilitation, community residential services, and supportive living services. Length of stay ranges from an average of four months in a community residential service to up to two years in the other residential service categories.	Residential treatment facilities with different levels of professional oversight	Yes	Yes	Required
<b>Intensive Psychiatric Rehabilitation Treatment (IPRT)</b>	A time-limited rehabilitative program for adults and/or adolescents that focuses on building skills and developing community supports to assist individuals to attain a specific residential, learning, working, or social goal(s).		No	No	Notification requested

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<b>Psychological Testing</b>	Testing may be completed at the onset of treatment to assist with necessary differential diagnosis issues and/or to help resolve specific treatment planning questions. It also may occur later in treatment if the individual's condition has not progressed since the institution of the initial treatment plan and there is no clear explanation for the lack of improvement.	<ul style="list-style-type: none"> <li>■ Office</li> <li>■ Clinic</li> <li>■ Hospital</li> </ul>	Yes	Yes	Required
<b>Neuro-psychological Testing</b>	Tests are specifically designed tasks used to measure a psychological function known to be linked to a particular brain structure or pathway. Neuropsychological tests are a core component of the process of conducting neuropsychological assessment, along with personal, interpersonal, and contextual factors. Categories of testing: Intelligence, Memory, Language, Executive function, Visuospatial, Dementia specific, Batteries assessing multiple neuropsychological functions.	<ul style="list-style-type: none"> <li>■ Office</li> <li>■ Clinic</li> <li>■ Hospital</li> </ul>	Yes	Yes	Required
<b>Outpatient Clinic Services (OMH Services)</b>	Periodic visits to a psychiatrist for consultation in his or her office, or at a community-based outpatient clinic.	<ul style="list-style-type: none"> <li>■ Clinic</li> <li>■ OP psych practitioner</li> <li>■ OP psych provider</li> <li>■ Integrated services (OMH)</li> </ul>	No	No	

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Intensive Outpatient Treatment – IOP (OMH Services)			Yes	Yes	Concurrent review as clinically indicated
Comprehensive Psychiatric Emergency Program (CPEP)	A hospital-based program which offers/ provides access to Crisis Outreach, Intervention, and Residential services; and/or provides beds for the extended observation (up to 72 hours) of adults who need emergency mental health services.	Hospital ER	No	No	Notification requested
Continuing Day Treatment (CDT)	A program which provides seriously mentally ill adults with the skills and supports necessary to remain in the community and/or work toward a more independent level of functioning. Participants often attend several days per week, with visits lasting more than an hour.	<ul style="list-style-type: none"> <li>■ Clinic</li> <li>■ OP program</li> </ul>	No	No	Notification requested
Partial Hospitalization	A program for adults or adolescents that provides active treatment designed to stabilize or ameliorate acute symptoms in a person who would otherwise need hospitalization.	<ul style="list-style-type: none"> <li>■ Clinic</li> <li>■ OP program</li> </ul>	Yes	Yes	

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<b>Personalized Recovery-Oriented Services (PROS)</b>	Comprehensive recovery-oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing. There are four components in the PROS program: Community Rehabilitation and Support; Intensive Rehabilitation; Ongoing Rehabilitation and Support; and Clinical Treatment, an optional component of a PROS program.	<ul style="list-style-type: none"> <li>■ Clinic</li> <li>■ OP program</li> </ul> <p>Pre-admission: Admission: Active rehabilitation:</p>	<p>No</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>N/A</p> <p>Yes</p>	Admission phase and active rehabilitation phase require authorization and clinical review
<b>Assertive Community Treatment (ACT)</b>	An evidence-based practice model designed to provide treatment, rehabilitation, and support services to individuals who are diagnosed with a Serious Mental Illness (SMI) and whose needs have not been well met by more traditional Mental Health (MH) services.	<ul style="list-style-type: none"> <li>■ Clinic</li> <li>■ OP program</li> </ul>	Yes	Yes	



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<b>Rehabilitation Services for Residents of Community Residences</b>	The objective is to assist individuals disabled by mental illness who live in adult congregate care settings, or who have supervised- or supported-living arrangements, to achieve their treatment and community-living rehabilitation goals. Services include one or a combination of: consumer self-help and support interventions, community living, academic and/or social leisure time, rehabilitation training, and support services. These services are typically provided either at the residential location of the resident or in the natural or provider-operated community settings which are integral to the life of the residents. These on-site rehabilitation services are provided by a team that is either located at the residential site or which functions as a mobile rehabilitation team traveling from site to site.	Community residence	N/A	N/A	N/A
<b>Inpatient MH</b>	Voluntarily or involuntarily admitted to a hospital or clinic to receive psychiatric care.	<ul style="list-style-type: none"> <li>■ IP hospital</li> <li>■ IP certified</li> <li>■ Psych facility</li> </ul>	Yes	Yes	Notification required
<b>Crisis Intervention Services (Mobile Crisis)</b>	Mobile crisis teams provide outreach services for psychiatric emergencies. The team provides on-site assessment, counseling, referral, and hospitalization, as needed.	<ul style="list-style-type: none"> <li>■ Home</li> <li>■ Office</li> </ul>	No	No	Notification requested

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Targeted Case Management (TCM; formerly ICM, SCM)	Provides direct assistance to adult and child consumers of the BH Carve-in system, including problem resolution, advocacy, and referral to other appropriate services.	<ul style="list-style-type: none"> <li>■ Clinic</li> <li>■ OP program</li> </ul>	No	No	Notification requested
Outpatient Mental Health Office and Clinic Services	OMH will issue further guidance regarding off-site clinic services.	Off-site clinic services	No	No	
OASAS-Certified Part 822 Clinic Services	OASAS will issue further guidance regarding off-site clinic services.	Includes off-site clinic services	No	No	

DRG-based reimbursement creates incentives for hospitals to actively manage utilization, but DRG-based fees do not exist for psychiatric hospitalizations. Thus, concurrent management by the plan is clinically appropriate and permissible for psychiatric hospitalizations as long as general medical hospitalizations that are not reimbursed based on DRGs are also subject to concurrent review.

Last updated 9/30/15