



BH | Prior Authorization Guidelines

These guidelines apply to in-network providers only. Each service listed is not offered in every benefit package. If you have any questions, please contact your Network Account Manager, or call Provider Services at 1-888-801-1660, Monday to Friday, 8:30am–5:30pm.

Services	Description	Prior Authorization Required	Concurrent Review	Notification Required
Assertive Community Treatment (ACT)	<p>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 adequately met by more traditional Mental Health (MH) services.</p> <p>*Authorization is required for Medicaid, PWP/HARP, and CompleteCare members who have been enrolled in ACT continuously for at least 36 months AND have not used any acute behavioral health services (CPEP, psychiatric ER, or psychiatric inpatient).</p>	No	Yes*	No
Comprehensive Psychiatric Emergency Program (CPEP)	A hospital-based program that 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.	No	No	No
Continuing Day Treatment (CDT)	A program that 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.	No	No	No
Crisis Residence	Crisis Residence programs provide short-term interventions to individuals experiencing a psychiatric crisis. These programs address the cause of the individual's psychiatric crisis and avert or delay the need for emergency department stabilization or acute psychiatric inpatient hospitalization. Programs provide supports to stabilize and transition individuals back into the community. Crisis Residence programs are appropriate for individuals who are experiencing a period of acute stress significantly impairing their capacity to cope with normal life circumstances. Programs provide mental health services to address an individual's psychiatric and behavioral health needs.	No	Yes	Yes

Provider Alert

Services	Description	Prior Authorization Required	Concurrent Review	Notification Required
Inpatient Detoxification	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.	No	Yes	Yes
Inpatient MH	Voluntarily or involuntarily admitted to a hospital or clinic to receive psychiatric care.	No	Yes	Yes
Inpatient SUD Rehabilitation	Certified providers conduct intensive evaluation, treatment, and rehabilitation services in a medically supervised setting, 24 hours a day, 7 days a week. 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.	No	Yes	Yes

Provider Alert

Services	Description	Prior Authorization Required	Concurrent Review	Notification Required
Intensive Outpatient Treatment (IOP) (OASAS Services)	<p>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. 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, who provides 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>	No	No	No
Intensive Outpatient Treatment (IOP) (OMH Services)	<p>Provides additional options and increased continuity of care to individuals.</p>	Yes	Yes	Yes

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<p>Medically Supervised Outpatient Withdrawal – Office of Addiction Services and Supports (OASAS)</p>	<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>No</p>	<p>Yes</p>	<p>Yes</p>
<p>Mobile Crisis</p>	<p>Mobile crisis teams provide outreach services for psychiatric emergencies. The team provides on-site assessment, counseling, referral, and hospitalization, as needed.</p>	<p>No</p>	<p>No</p>	<p>No</p>
<p>Neuro-psychological Testing</p>	<p>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, and dementia-specific battery tests to assess multiple neuropsychological functions.</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>

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OASAS-Certified Part 820 Residential Programs	<p>OASAS-Certified Part 820 Residential Programs are structured treatment/recovery offered 24 hours a day, 7 days a week, after services in a residential setting provided by office-certified programs to individuals recovering from substance use disorder. Services correspond to elements in the treatment/recovery process and are distinguished by the configuration of services, staffing patterns, degree of dysfunction of the individual served in each setting, and patient readiness to transition to a less restrictive program or element of treatment/recovery.</p> <p>Certified residential programs may provide residential services corresponding to one or more of the following elements of the treatment/recovery process:</p> <ol style="list-style-type: none"> 1. Stabilization 2. Rehabilitation 3. Reintegration 	Yes	Yes	Yes
OASAS-Certified Part 822 Clinic Services	Outpatient services for those who do not require supervision or 24 hours a day, 7 days a week, after support while addressing their addiction.	No	No	No
Outpatient Clinic Opioid Treatment Program (OTP) (OASAS Services)	<p>Opioid Treatment Programs (OTPs) are OASAS and federally certified sites where medication to treat opioid use disorder is administered. In addition to medications, these programs also offer numerous services and supports, including but not limited to counseling, educational services, medical screening and care, mental health care, and referrals to social services. In most cases, patients receiving services at an OTP are provided with long-term treatment, similar to management of chronic physical ailments. Pregnant women and people who use intravenous drugs are given priority admission to OASAS-certified treatment programs, including OTPs.</p> <p>An OTP is the only place where someone can get methadone to treat opioid use disorder. Other medications (buprenorphine and long-acting naltrexone injection) can be prescribed at other addiction treatment programs, including clinics, as well as in other settings such as primary care and mental health clinics.</p>	No	No	No

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Outpatient Clinic Services (OMH Services)	Periodic visits to a psychiatrist for consultation in their office or at a community-based outpatient clinic.	No	No	No
Outpatient Mental Health Office and Clinic Services	A program for adults, adolescents, and/or children that provides an array of treatment services for assessment and/or symptom reduction or management. Services include but are not limited to individual and group therapies. The purpose of such services is to enhance the individual's ability to function in the community. The intensity of services and number/duration of visits may vary.	No	No	No
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.	Yes	Yes	Yes
Personalized Recovery-Oriented Services (PROS)	Comprehensive recovery-oriented program for individuals who have 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.	No	No	No
Psychological Testing	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.	Yes	Yes	Yes

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Rehabilitation Services for Residential SUD Treatment Supports (OASAS Services)	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 hour-a-day, 7 day-a-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 two years in the other residential service categories.	No	Yes	Yes
Residential Rehabilitation Services for Youth (RRSY)	As defined in Part 817 of OASAS' regulations, residential rehabilitation services for youth is an inpatient treatment program that provides active treatment to adolescents (under age 21) in need of chemical dependence services. A multidisciplinary team provides active treatment. In an RRSY program, the multidisciplinary team defined in Part 800 of OASAS' regulations is expanded to include (1) a psychiatrist, or a physician and a clinical psychologist, and (2) a LCSW or an RN or an occupational therapist.	No	Yes	Yes

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.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").