

Behavioral Health Submission Requirements



Requires Prior Auth and Clinical Review							
Historic CIM Auth Rules	MH / SUD	Service Type	Turnaround time	Contracted Servicing Providers	Non-contracted Servicing Provider		
				Requirements	Requirements All non-contracted servicing providers will PEND		
ABA Assessment 7/1/16 ABA Treatment - 7/1/16 ABA IBU	MH	Applied Behavioral Analysis ABA	14 days	<ul style="list-style-type: none"> Needs PA/auth and clinical review Enter service type in Connect Will pend for clinical review Include documentation with submission 	<ul style="list-style-type: none"> Needs PA/auth and clinical review Enter service type in Connect Will pend for clinical review Include documentation with submission 		
DBT IOP	MH	DBT IOP	14 days				
Eating Disorder Partial-IOP	MH	Eating Disorder Partial IOP	14 days				
Eating Disorder Residential	MH	Eating Disorder Residential	14 days				
ECT Anesthesia Fees 7/1/16 ECT Treatment 7/1/16	MH	Electroconvulsive Therapy ECT	14 days				
Partial Hospital-IOP 7/1/16	MH	Partial Hospital IOP	14 days				
Day Treatment 7/1/16	MH	PDTS Psychiatric Day Treatment Services	3 calendar days				
PRTS/Sub-Acute Case Rate	MH	PRTS Psychiatric Residential Treatment Services	PRTS - 3 calendar days Subacute - next business day				
Psych Testing and Consultation 7/1/16 Psych Testing 7/1/16	MH	Psychological Testing	14 days				
Child Sub-Acute 7/1/16	MH	Sub Acute	Next day				
Transcranial Magnetic Stimulation (TMS)	MH	TMS Transcranial Magnetic Stimulation	14 days				
Adult Respite Child Respite 7/1/16	MH	Respite	3 calendar days			<ul style="list-style-type: none"> Notification only Enter service type in Connect Will auto approve No documentation/no clinical review 	<ul style="list-style-type: none"> Needs PA/auth and clinical review Enter service type in Connect Will pend for clinical review Include documentation with submission
Auto approves or processed without clinical review							
Historic CIM Auth Rules	MH / SUD	Service Type	Turnaround Time	Contracted Servicing Providers	Non-contracted Servicing Provider		
				Requirements	Requirements All non-contracted servicing providers will PEND		
General Outpatient - Adult General Outpatient - Child MAT OBOT Medication Assisted Treatment (MAT) MAT MAT Induction Only	SUD	SUD General Outpatient	2 business days	<ul style="list-style-type: none"> Notification only Enter service type in Connect Will auto approve No documentation/no clinical review 	<ul style="list-style-type: none"> Notification only Enter service type in Connect Will auto approve No documentation/no clinical review 		
IOP - Adult IOP - Youth	SUD	SUD IOP Intensive Outpatient	2 business days				
Assessment and Transition	SUD	SUD Assessment	2 business days				
Day Treatment SUD - Adult Day Treatment SUD - Child	SUD	SUD Day Treatment	2 business days				
MAT OTP	SUD	SUD Medication Assisted Treatment OTP	2 business days				
Adult A&D Residential Treatment 7/1/16 Child A&D Residential Treatment 7/1/16 Parent/Child A&D Residential Treatment 7/1/16 Dual Diagnosis Adult Residential Dual Diagnosis Youth Residential Medically Monitored A&D Residential 7/1/16	SUD	SUD Residential	2 business days				
Withdrawal Management WM FFS	SUD	SUD Withdrawal Management	2 business days				
Assessment Plus Two Crisis Stabilization Assessment	MH	Assessment Plus Two	No auth				
Level A Child Global Level A Adult Global Level A Child FFS 7/1/16 Level A Adult FFS 7/1/16 Medication Management for CR Providers	MH	Level A	No auth				
Level A Adult Global SPMI Medication Management for CR Providers	MH	Level A Adult SPMI	No auth				
Level B Child Global Level B Adult Global Level B Child FFS 7/1/16 Level B Adult FFS 7/1/16 Medication Management for CR Providers	MH	Level B	No auth				
Level B Adult Global SPMI Medication Management for CR Providers	MH	Level B Adult SPMI	No auth				

Level C Child Global Level C Adult Global Level C Child FFS 7/1/16 Level C Adult FFS 7/1/16 Medication Management for CR Providers	MH	Level C	No auth		<ul style="list-style-type: none"> • All Level of Care/case rate service types should only be used by contracted servicing providers • Will Pend if submitted with a non-contracted servicing provider
Level C Adult Global SPMI Medication Management for CR Providers	MH	Level C Adult SPMI	No auth		
Level D Adult TAY Global Medication Management for CR Providers	MH	Level D Adult TAY	No auth		
Level D Child Initial HBS Global Level D Child HBS Global Medication Management for CR Providers	MH	Level D Child	No auth	<p>This service type follows the Level D referral process</p> <ul style="list-style-type: none"> • Notification only • Enter service type in Connect (preferred route of submission) • Requests received via fax will need to be manually processed and will not auto approve <p>Initial requests</p> <ul style="list-style-type: none"> • Must be submitted with "BH Provider TBD" • Referral form and clinical documentation required • Not clinically reviewed but will be coordinated by the Behavioral Health Navigation Team *If request is submitted with a servicing provider - it will be updated to TBD <p>Continued services</p> <ul style="list-style-type: none"> • Must be submitted by the current servicing provider • Must be submitted by the current servicing provider via Connect • Will auto approve 	<ul style="list-style-type: none"> • All Level of Care/case rate service types should only be used by contracted servicing providers • Will Pend if submitted with a non-contracted servicing provider
Level D Adult ICM Global Medication Management for CR Providers	MH	Level D Adult Intensive Case Management ICM	No auth	<p>Continued services</p> <ul style="list-style-type: none"> • Must be submitted by the current servicing provider • Must be submitted by the current servicing provider via Connect • Will auto approve 	
ACT (Assertive Community Treatment)	MH	Assertive Community Treatment (ACT)	No auth	<p>This service type follows the ACT Referral process</p> <ul style="list-style-type: none"> • Notification only • Enter service type in Connect (preferred route of submission) • Requests received via fax will need to be manually processed and will not auto approve <p>Initial requests</p> <ul style="list-style-type: none"> • Must be submitted with "BH Provider TBD" • OHA Universal ACT Referral form, ACT cover sheet and clinical documentation required with request • Not clinically reviewed but will be coordinated by the Behavioral Health Navigation Team *If request is submitted with a servicing provider - it will be updated to TBD <p>Continued services</p> <ul style="list-style-type: none"> • Must be submitted by the current servicing provider via Connect • Will auto approve • No referral form, ACT cover sheet or clinical documentation required 	
Eating Disorder 7/1/16 Eating Disorder Less Intensive OP	MH	Eating Disorder Treatment (OP)	No auth	<ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Will auto approve • No documentation/no clinical review 	<ul style="list-style-type: none"> • All of these service types should only be used by contracted servicing providers • Will Pend if submitted with a non-contracted servicing provider
Oregon Intercept 7/1/16 Community Based Intensive Treatment HBS	MH	Community Based Intensive Treatment - CBIT HBS	No auth		
Crisis Services	MH	Crisis Services CMHP	No auth		
Crisis Stabilization Treatment	MH	Crisis Stabilization Treatment	No auth		
Culturally Specific	MH	Culturally Specific	No auth		
Foster Care Crisis Response and Coordination	MH	Child Welfare Resource Support Network (Not in Connect)	No auth		
EASA FFS EASA Case Rate	MH	Early Assessment and Support Alliance EASA	No auth		
Supported Employment	MH	Supported Employment	No auth		
	MH	Family Search and Engagment	No auth		

<p>CANS Assessment- FFS 7/1/16 DBT 7/1/16 Medication Management FFS Outpatient FFS Assessment 7/1/16 Outpatient FFS 7/1/16</p>	<p>MH</p>	<p>MH General Outpatient **providers contracted for LoC A-D should use the service types)</p>	<p>No auth</p>	<p>For contracted providers who offer General OP only- • Submit claims only</p> <p>All other contracted providers: • Notification only • Enter service type in Connect • Auto approve • No documentation/no clinical review</p>	<p>• Submit claims only</p>
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