



# Behavioral Health Utilization Management Guide

  
**AmeriHealth Caritas**<sup>™</sup>  
North Carolina

[www.amerihealthcaritasnc.com](http://www.amerihealthcaritasnc.com)



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## Covered Services

Standard Plan and Tailored Plans (LME-MCOs)	Tailored Plan (LME-MCOs)
Inpatient behavioral health services	Residential treatment facility services
Outpatient behavioral health emergency room services	Child and adolescent day treatment services
Outpatient behavioral health services provided by direct-enrolled providers	Intensive in-home services
Peer support services	Multisystemic therapy services
Partial hospitalization	Psychiatric residential treatment facilities (PRTFs)
Mobile crisis management	Assertive community treatment (ACT)
Facility-based crisis services for children and adolescents	Community support team (CST)
Professional treatment services in facility-based crisis program	Psychosocial rehabilitation
Outpatient opioid treatment	Substance abuse intensive outpatient program (SAIOP)
Ambulatory detoxification	Substance abuse comprehensive outpatient treatment program (SACOT)
Research-based behavioral health treatment	Substance abuse nonmedical community residential treatment
Diagnostic assessment	Substance abuse medically monitored residential treatment
Nonhospital medical detoxification	Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization	Waiver services: <ul style="list-style-type: none"> <li>• Innovations</li> <li>• TBI</li> <li>• 1915(b)(3)</li> </ul>
Institute for Mental Disease (IMD)	State-funded BH and I/DD
EPSDT	State-funded TBI
Behavioral health urgent care	

# Standard Plan Prior Authorization Requirements

## 1. Covered services that do require prior authorization:

- a. All out-of-network services, except emergency services
- b. Psychiatric in-patient hospitalization including Institute for Mental Disease
- c. Behavioral health partial hospitalization
- d. Mobile crisis management (for units beyond the initial 32)
- e. Professional treatment services in facility-based crisis programs (following the initial seven days/112 units)
- f. Outpatient opioid treatment
- g. Ambulatory detoxification
- h. Nonhospital medical detoxification
- i. Medically supervised or alcohol or drug abuse treatment center detoxification crisis stabilization/ADATC (following first eight hours or one business day of admission)
- j. Electroconvulsive therapy (ECT)
- k. Psychological testing (following eight hours/units in a fiscal year)
- l. Peer support services (following 24 unmanaged visits in a fiscal year)

## 2. Covered services that do not require prior authorization for in-network providers: All services requested by out-of-network providers require prior authorization. No referral or authorization is required for a mental health or substance-dependence assessment.

- a. Diagnostic assessment
- b. Outpatient behavioral health emergency department services
- c. Medication-assisted treatment (MAT)
- d. Psychiatric and substance use disorder outpatient and medication management services
  - i. Adult (ages 21 and over) benefit limitation is eight units per state fiscal year
  - ii. Children and adolescents (under age 21) requiring more than 16 units per state fiscal year will require a prior authorization
- e. Psychological testing (eight hours/units allowed in a fiscal year)
- f. Peer-support services (24 visits allowed in a fiscal year)

## 3. Covered services that do not require prior authorization for in-network providers, but require notification for auto-approval:

- a. First 32 units of mobile crisis management (within two business days post service)
- b. Facility-based crisis services for children and adolescents (within two business days post service)
- c. Professional services in facility-based crisis programs (within seven business days/112 units)
- d. Behavioral health urgent care

# Clinical Documentation Requirements and Resources

Service	Recommended Clinical Documentation and Resources	Mode of Request	Expected Determination Times
<b>Psychiatric Inpatient Hospitalization (including Institute for Mental Disease)</b>	NC Medicaid: Inpatient Behavioral Health Services, 8-B. (ncdhhs.gov)	Provider Portal Fax Telephonic Review	72 hours
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Presenting problem, including activities of daily living, social, educational, home, legal and community concerns</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• ASAM criteria (if applicable)</li> <li>• Safety precautions</li> <li>• Risk status</li> <li>• Mental status exam</li> <li>• Previous treatment history</li> <li>• Family and support systems</li> <li>• Treatment plan and progress (if applicable)</li> <li>• Discharge plan</li> </ul>		
<b>Mobile Crisis Management</b>	NC Medicaid: Enhanced Mental Health and Substance Abuse Services, 8A. (ncdhhs.gov)	Provider Portal Fax	Continuations will be determined in 72 hours
	Clinical documentation required for review: <p>Initial:</p> <ul style="list-style-type: none"> <li>• Faxed prior authorization form with notification of 32 units</li> </ul> <p>Continuation:</p> <ul style="list-style-type: none"> <li>• Faxed prior authorization form</li> <li>• Reason for continuation of services past 32 units</li> </ul>		

# Clinical Documentation Requirements and Resources

Service	Recommended Clinical Documentation and Resources	Mode of Request	Expected Determination Times
<b>Partial Hospitalization</b>	NC Medicaid: Enhanced Mental Health and Substance Abuse Services, 8A. (ncdhhs.gov)	Provider Portal Fax	14 calendar days
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Service order</li> <li>• Presenting problem, including activities of daily living, social, educational, home, legal and community concerns</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• Risk status</li> <li>• Mental status exam</li> <li>• Previous treatment history</li> <li>• Family and support systems</li> <li>• Treatment plan</li> <li>• Progress (if applicable)</li> <li>• Discharge plan</li> </ul>		
<b>Professional Treatment Services in Facility-Based Crisis Program</b>	NC Medicaid: Enhanced Mental Health and Substance Abuse Services, 8A. (ncdhhs.gov)	Provider Portal Fax	72 hours
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Presenting problem, including activities of daily living, social, educational, home, legal and community concerns</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• ASAM criteria (if applicable)</li> <li>• Safety precautions</li> <li>• Risk status</li> <li>• Mental status exam</li> <li>• Previous treatment history</li> <li>• Family and support systems</li> <li>• Treatment plan progress (if applicable)</li> <li>• Discharge plan</li> </ul>		

# Clinical Documentation Requirements and Resources

Service	Recommended Clinical Documentation and Resources	Mode of Request	Expected Determination Times
<b>Ambulatory Detox</b>	NC Medicaid: Enhanced Mental Health and Substance Abuse Services, 8A. (ncdhhs.gov)	Provider Portal Fax Telephonic Review	72 hours
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Presenting problem, including activities of daily living, social, educational, home, legal and community concerns</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• ASAM criteria</li> <li>• Safety precautions</li> <li>• Risk status</li> <li>• Mental status exam</li> <li>• Previous treatment history</li> <li>• Family and support systems</li> <li>• Treatment plan and progress (if applicable)</li> <li>• Discharge plan</li> </ul>		
<b>ADATC Detox Crisis Stabilization</b>	NC Medicaid: Enhanced Mental Health and Substance Abuse Services, 8A. (ncdhhs.gov)	Provider Portal Fax Telephonic Review	72 hours
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Presenting problem, including activities of daily , social, educational, home, legal and community concerns</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• ASAM criteria</li> <li>• Safety precautions</li> <li>• Risk status</li> <li>• Mental status exam</li> <li>• Previous treatment history</li> <li>• Family and support systems</li> <li>• Treatment plan and progress (if applicable)</li> <li>• Discharge plan</li> </ul>		



# Clinical Documentation Requirements and Resources

Service	Recommended Clinical Documentation and Resources	Mode of Request	Expected Determination Times
<b>Outpatient Opioid Treatment</b>	NC Medicaid: Enhanced Mental Health and Substance Abuse Services, 8A. (ncdhhs.gov)	Provider Portal Fax	14 calendar days
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Service order</li> <li>• Presenting problem, including activities of daily living, social, educational, home, legal and community concerns</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• ASAM criteria</li> <li>• Safety precautions</li> <li>• Risk status</li> <li>• Mental status exam</li> <li>• Previous treatment history</li> <li>• Family and support systems</li> <li>• Treatment plan</li> <li>• Progress (if applicable)</li> <li>• Discharge plan</li> </ul>		
<b>Facility-Based Crisis for Children and Adolescents</b>	NC DMA: Title of Policy, Clinical Coverage Policy No. (ncdhhs.gov)	Provider Portal Fax Telephonic Review	72 hours
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Service order, including preadmission nursing screening</li> <li>• Comprehensive clinical assessment</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• Treatment plan</li> <li>• Progress (if applicable)</li> <li>• Discharge plan</li> </ul>		

# Clinical Documentation Requirements and Resources

Service	Recommended Clinical Documentation and Resources	Mode of Request	Expected Determination Times
<b>Outpatient Behavioral Health Treatment</b>	NC Medicaid: Outpatient Behavioral Health Services, 8C. (ncdhhs.gov)	Provider Portal Fax	14 calendar days
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Service order</li> <li>• Comprehensive clinical assessment</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• Progress (if applicable)</li> <li>• Treatment plan</li> <li>• Discharge plan</li> </ul>		
<b>Psychological Testing</b>	NC Medicaid: Outpatient Behavioral Health Services, 8C. (ncdhhs.gov)	Provider Portal Fax	14 calendar days
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Service order</li> <li>• Comprehensive clinical assessment</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• Specific tests to be performed (examples):               <ul style="list-style-type: none"> <li>– Wechsler Adult Intelligence Scale-IV (WAIS) (120 minutes)</li> <li>– Vineland Adaptive Behavior Scales (60 minutes)</li> <li>– Personality Assessment Inventory (PAI) (60 minutes)</li> <li>– Wisconsin Card Sorting Test (WCST) (45 minutes)</li> <li>– Neurological Assessment Battery (NAB) 5 (4 hours)</li> <li>– Brief Visuospatial Memory Test-Revised (BVM-T-R) (1 hour)</li> <li>– Autism Checklist (15 minutes)</li> <li>– Autism Diagnostic Observation Scale (ADOS) (120 minutes)</li> <li>– Conner’s Continuous Performance Test II (60 minutes)</li> <li>– ADHD Rating Scale (15 minutes)</li> <li>– Behavior Rating and Inventory of Executive Functioning (BRIEF) (60 minutes)</li> <li>– Minnesota Multiphasic Personality Inventory-2/Minnesota Multiphasic Personality Inventory-Adolescent (MMPI) (60 minutes)</li> </ul> </li> </ul>		

# Clinical Documentation Requirements and Resources

Service	Recommended Clinical Documentation and Resources	Mode of Request	Expected Determination Times
<b>Research-Based Behavioral Health Treatment for Autism Spectrum Disorder (ASD)</b>	NC Medicaid: (RB-BHT) & (ASD), 8F. (ncdhhs.gov)	Provider Portal Fax	14 calendar days
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Service order</li> <li>• Comprehensive clinical assessment</li> <li>• Diagnoses</li> <li>• Medications with dosages and frequency</li> <li>• Progress (if applicable)</li> <li>• Treatment plan</li> <li>• Discharge plan</li> </ul>		
<b>Peer Support Services</b>	NC Medicaid: Peer Support Services, 8G. (ncdhhs.gov)	Provider Portal Fax	14 calendar days
	Clinical documentation required for review: <ul style="list-style-type: none"> <li>• Service order</li> <li>• Comprehensive clinical assessment</li> <li>• Medications with dosages and frequency</li> <li>• ASAM criteria</li> <li>• Treatment plan</li> <li>• Progress (if applicable)</li> <li>• Discharge plan</li> </ul>		
<b>Behavioral Health Urgent Care (BHUC)</b>	NC Medicaid: Behavioral Health Urgent Care (BHUC) Policy (ncdhhs.gov)	Provider Portal Fax *Notification Only	14 calendar days
	Notification of service is required within two (2) business days after services. Submit a Prior Authorization Request Form for notification. Authorization number provided for claims purposes only.		

# Questions and Answers/Troubleshooting

- 1. My authorization dates do not match what I requested.**
  - a. Check to ensure you are not requesting backdating of services.
  - b. Contact the Behavioral Health Utilization Management (BH UM) department at **1-833-900-2262** for further clarification. BH UM will authorize length of services based on medical necessity per individual member.
  
- 2. I received a denial for services based on medical necessity. What should I do?**
  - a. Refer to the AmeriHealth Caritas North Carolina Provider Manual and Notice of Adverse Benefit Determination letter.
  - b. Ensure that you have, if applicable and you desire to do so, requested a peer-to-peer review with the psychologist and/or physician that issued the denial for services.
  
- 3. I received an administrative denial notification that the services I requested are not a covered benefit for the member. What should I do?**
  - a. Check the Provider Manual for information on covered benefits.
  - b. Some services are not managed by AmeriHealth Caritas North Carolina, but are still available to the member under a Tailored Plan.
  - c. Contact your Account Executive if you have additional questions.
  
- 4. I received notification that the member is no longer eligible for AmeriHealth Caritas North Carolina. What should I do?**
  - a. Check with North Carolina Medicaid for guidance on the member's current eligibility.
  
- 5. I received notification that AmeriHealth Caritas North Carolina's BH UM department could not verify the member's identity and could not process my treatment request. What should I do?**
  - a. Resubmit all documentation initially submitted.
  - b. AmeriHealth Caritas North Carolina requires proof of at least three of the following forms of identification to verify a member's identity:
    - i. Member's name (required);
    - ii. Member's date of birth (required);
    - iii. AmeriHealth Caritas North Carolina ID number or Medicaid ID number.

Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The beneficiary must be eligible for NC Medicaid or NC Health Choice on the date of service or the date the equipment or prosthesis is received by the beneficiary. **See second page for instructions.**

I. General information		
1. Leave blank	2. Name (last, first, M.I.): Doe, Jane, E.	3. Date of birth: 01/01/2000
4. Address (street, city, state, ZIP code): 5187 Sample Road, Raleigh, NC 27602		
5. NC Medicaid ID number: 123456789	6. Diagnosis code: P41.9	
7. Diagnosis description: Unspecified anxiety disorder		
8. Name and address of facility where services are to be rendered, if other than home or office: Health North Carolina, 987 Healthy Way, NC		
9. Inpatient ___ Outpatient ___		

II. Service information					
10. Ref. #	11. Procedure code	12. From	13. Through	14. Description of service/item	15. Qty. or units
(1)	96101	02/15/21	05/15/21	Psychological testing	5 hours
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

16. Detailed explanation of medical necessity for services, equipment, procedures or prostheses (attach additional pages if necessary):  
Pt. reports feelings of depression, a sense of hopelessness and helpless. He also states that he has fleeting thghts.

III. Provider
17. Provider name: Health North Carolina
18. Address:  987 Healthy Way, Raleigh, NC 27602
19. NPI: XXXXXXXXXXXXX
20. Provider taxonomy: XXXXXXXXX
21. Fax number: 888-444-4444

IV. Prescribing or performing provider	
22. Name: Bryce Doe, MD	23. Phone: 888-777-7777
24. Address:  987 Healthy Way, Raleigh, NC 27602	
25. NPI: XXXXXXXXXXXXX	
26. Provider taxonomy: XXXXXXXXX	
27. Fax number: 888-444-4444	
By submitting this form, the provider identified in this Section IV certifies that the information given in Sections I through III of this form are true, accurate and complete.	







**AmeriHealth** *Caritas*<sup>™</sup>

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**North Carolina**

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Prior Authorization Fax Number: **1-833-893-2262**

Inpatient Concurrent Review Fax Number: **1-833-894-2262**

Utilization Management Phone Number: **1-833-900-2262**