



## **Obtaining Authorizations for the New York City Service Center:**

**Disclaimer: Authorization for outpatient mental health and outpatient substance abuse services is no longer required for those plans that are now compliant with Federal Parity.**

### **I. Referrals:**

Care Managers and/or Customer Service Representatives are available 24 hours a day, 7 days a week to provide assistance to behavioral health Clinicians and Facilities and provide you with in-network referrals for medication evaluations, providers with specific clinical specialty areas, and for higher levels of care. **Please have the member's identification number available when calling our customer service lines. Customer Service telephone numbers can be found by dialing the number on the back of the member's identification card.**

### **II. Authorizations:**

#### **A. Waiver:**

GHI-BMP/EmblemHealth EPO/PPO members only:

Provisions in the Federal Mental Health Parity (FMHP) legislation make pre-authorization and pass-through visits unnecessary. There is no longer a pre-authorization requirement for members enrolled in the GHI/EmblemHealth City of New York employee and the DC 37 Union plans along with their dependents effective 7/1/2010.

You may continue to see the member and provide services based on the medical treatment needs of the member as determined by you and your patient. Claims will be submitted and paid as per your contract and negotiated rates with ValueOptions<sup>®</sup>. There are no benefit limits for mental health or substance abuse treatment.

In place of the previous pass through/preauthorization outpatient processes, ValueOptions<sup>®</sup> has initiated an outlier care management model. This outlier model will focus on individual cases by diagnostic category where the course of treatment varies significantly from expected norms.

ValueOptions<sup>®</sup> will also continue its focus on those members diagnosed with complex mental health and substance abuse illnesses. Although no precertification of the outpatient services these complex patients receive will be required, ValueOptions<sup>®</sup> will be contacting the treating provider early in these patients' treatment regimen in order to develop, in conjunction with the provider, an individualized plan of care which may involve some reporting of the patients status similar to the ORF (Outpatient Review Form) that was previously used. The goal of this process is to insure, in cooperation with the provider, the best possible outcome for the patient.

ValueOptions<sup>®</sup> will use a variety of indicators, in addition to their diagnosis, to identify these members and then contact the treating provider in order to create the care management plan. However, we encourage providers to contact ValueOptions<sup>®</sup> whenever they believe they are treating a member whose care is likely to be complex so that the joint care planning process can be implemented.



\*\* With any new patient ValueOptions® encourages providers to call the Clinical Customer Service line for GHI-BMP/EmblemHealth EPO/PPO members to verify authorization requirements, patient eligibility and responsibility and any other pertinent benefit information.

**Please note: Not all plans have the Authorization Waiver (see section below under Case Registration).**

All **GHI Medicare Choice PPO** members are entitled to the Authorization Waiver, which allows five (5) outpatient mental health waiver sessions without an authorization. To verify eligibility, please call our GHI Medicare Choice PPO toll free number (866) 318-7595.

### **B. Case Registration**

Case registration for OPMH treatment can be completed by calling our Customer Service Department, Monday through Friday from 8:30 A.M to 5:00 P.M. Please refer to the back of the member's identification card for the toll free number.

The following plans require telephone calls to our Customer Service department for manual administrative pass-through sessions: Suffolk Health Plan, VidaCare, and GHI Family Health Plus PPO.

## **III. Concurrent Review (Outpatient Mental Health Only)**

**A. Outpatient Review Forms (ORF):** Providers requesting treatment certification beyond the waiver or case registration must submit an ORF **when instructed**. When an authorization is issued, it specifies both the length and type of certified treatment. A New York City Service Center-specific ORF can be found on our ValueOptions® website at [www.ValueOptions.com](http://www.ValueOptions.com).

Note: To avoid the possibility of administrative non-certification, ORFs requesting additional OPMH visits are due no less than **two weeks** prior to the last session or authorized session.

A new ORF should be completed with updated clinical information for any continued authorization request. Photocopies of previously submitted ORFs will not be processed.

**B. Medication Management Forms (90862 and 90805):** Psychiatrists (MDs and DOs) requesting continued treatment beyond the initial waiver or case registration can submit a Medication Management Form **when instructed**. The Medication Management Form is a simplified request for authorization that allows a psychiatrist to receive monthly 90862 and 90805 sessions for an entire year.

## **IV. Authorization for higher levels of care:**

**A. Inpatient Mental Health, Inpatient Detoxification and Inpatient Rehabilitation:** Case registration and Pre-certification for inpatient treatment is available 24 hours a day, 7 days a week. Concurrent Reviews are established during the pre-certification discussion. Please refer to the back of the member's identification card for the toll free number.

**B. All other levels of care (Outpatient Chemical Dependency, Intensive Outpatient treatment, Partial Hospital Program, Ambulatory Detoxification):** Case registration should be made during normal business hours Monday through Friday 8:30 A.M. to 5:00 P.M. EST. A ValueOptions® Care Manager will review the clinical information for medical necessity and will discuss the next steps for concurrent reviews. Please refer to the back of the member's identification card for the toll free number.

## **V. Medical Necessity Determinations and Appeals:**



Medical Necessity reviews are based on the ValueOptions® Clinical Criteria for mental health treatment and the American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM-PPC 2R) for alcohol and substance abuse treatment.

ValueOptions® also developed clinical practice guidelines for the treatment of Major Depression, Bi-polar Disorder, Schizophrenia, ADHD, Co-Occurring Mental Health and Substance-Related Disorders, and Opioid Related Disorders. These guidelines are available on our web site [www.ValueOptions.com](http://www.ValueOptions.com).

Non-certifications are based upon a lack of medical necessity and can only be rendered by Peer Advisors.

## **VI. Claims Submission:**

For GHI-BMP, claims must be submitted within 365 days after the date services were rendered. Claims submitted after this timely filing period will be denied.

For Community Premier Plus, Liberty Health Advantage, GHI Medicare Choice PPO and GHI Family Health Plus PPO, claims must be submitted within 180 days of the date the services were rendered.