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|  |   | <h2>Policy and Procedure</h2> |
| <b>Name of Policy:</b>  | Requests for Prior-authorized Mental Health Services  |                               |
| <b>Policy Number:</b>   | CM-043  |                               |
| <b>Contracts:</b>   | <input checked="" type="checkbox"/> All counties<br><input type="checkbox"/> Capital Area<br><input type="checkbox"/> Franklin / Fulton |                               |
| <b>Primary Stakeholder:</b>   | Clinical Department   |                               |
| <b>Related Stakeholder(s):</b>  | All Departments   |                               |
| <b>Applies to:</b>  | Associates  |                               |
| <b>Original Effective Date:</b>   | 08/01/10  |                               |
| <b>Last Revision Date:</b>  | 04/16/18  |                               |
| <b>Last Review Date:</b>  | 07/30/21  |                               |
| <b>Next Review Date:</b>  | 07/01/22  |                               |

**Policy:** Mental Health Inpatient and Partial Hospitalization Program treatment require prior authorization.

**Purpose:** To outline the procedure for seeking and obtaining authorization for Mental Health Inpatient and Mental Health Partial Hospitalization Programs.

**Definitions:** **Preauthorized Mental Health Services:** Includes Mental Health Inpatient and Partial Hospitalization.

**Acronyms:** **CCM:** Clinical Care Manager  
**MHIP:** Mental Health Inpatient  
**MHPHP:** Mental Health Partial Hospitalization Program  
**LOC:** Level of Care  
**MNC:** Medical Necessity Criteria

**Procedure:**

1. PerformCare has identified CCMs who are responsible for MH IP/PHP prior-authorization requests during regular business hours and after hours.
2. When a Member or Provider requests prior-authorization for MH IP/PHP services, Member Services Staff completes verification of PerformCare coverage and collects relevant demographic information, and documents in the Member Electronic Medical Record and notifies CCM of the request.
3. The assigned CCM is responsible for responding to the request and collecting all relevant clinical information, which is documented in the Member Electronic Medical Record during regular and non-business hours, the standard approval/denial process is followed.
4. If medical necessity for admission is met, the Clinical Care Manager determines the number of days that will be authorized. Mental Health

Inpatient is approved up to five (5) days, Extended Acute Care Units up to thirty (30) days, and Short-Term Partial Hospitalization up to twenty (20) days; School Based/Long Term Child/Adolescent Partial Hospitalization up to thirty (30) days and Long-Term Adult Partial Hospitalization up to ninety (90) days. The CCM will generate an authorization using calendar days upon confirmation of admission to the inpatient or partial hospitalization program.

5. Clinical Care Managers are responsible for submitting all LOC requests that may not meet MNC to a PerformCare Physician Advisor for review and final determination of approval or denial of care. Clinical Care Managers are not permitted to deny a request for services, only a PerformCare Physician Advisor may issue a denial of care. During regular and non -business hours, the standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification*.

**Related Policies:** *CM-004 Physician Advisor/Psychologist Advisor Consultation*  
*CM-007 Service Denial –Behavioral Health Inpatient Services*  
*CM-011 Clinical Care Management Decision Making*  
*CM-013 Approval/Denial Process and Notification*  
*CM-015 Inter-Rater Reliability Monitoring of Medical Necessity*  
*CM-034 Emergency Services-Coverage/Reimbursement*  
*CM-MS-026 Risk Assessment Process*


**Related Reports:** None

**Source Documents and References:** *Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T*  
*HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria*

**Superseded Policies and/or Procedures:** None

**Attachments:** None

Approved by:

  
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Primary Stakeholder