		<h2>Policy and Procedure</h2>
Name of Policy:	Outpatient Treatment Requests, Denials, and Authorizations	
Policy Number:	CM-MS-003	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/16/03	
Last Revision Date:	09/27/21	
Last Review Date:	09/28/21	
Next Review Date:	09/01/22	

Policy: PerformCare has developed a procedure for providers to utilize when submitting outpatient treatment requests that require prior authorization or registration. This procedure provides for consistent application of documentation and submission practices by all providers.

Purpose: To outline guidelines for the submission, review, denial and return or approval and authorization of outpatient treatment requests from providers for mental health and substance use services.

Definitions: **Adjunct Outpatient Treatment:** A request for outpatient treatment that runs concurrently with another behavioral health treatment and therefore may not be medically necessary and considered a duplication of services (i. e. mental health outpatient with FBMHS). Mental Health Outpatient with a Substance Use Disorder treatment or vice versa is not considered adjunct and does not require prior authorization.

Acronyms: **CCM:** Clinical Care Manager
EOB: Explanation of Benefits
MH: Mental Health
MSS: Member Services Specialist
PA: Physician Advisor
SUD: Substance Use Disorder

- Procedure:**
1. Providers should submit claims for non-adjunct outpatient services that do not require registration (*per CM-MS-003 Attachment 1*) nor prior authorization. For adjunct services and outpatient services that require registration or prior authorization, providers should utilize the outpatient treatment request form developed for the specified service and submit via the instructions on the request form.
 2. An outpatient treatment request may not be processed if:
 - 2.1. Information is missing
 - 2.2. The information is not legible
 - 2.3. The individual is not a PerformCare Member or has lost Medical Assistance Enrollment
 - 2.4. Additional information or documentation is required but not provided
 3. Providers will be contacted if a request cannot be processed.
 4. Adjunct Outpatient treatment requests can be denied if the service requested is either not appropriate considering other services the Member is authorized to receive or if the requested service cannot be covered due to loss of eligibility. Every effort is made by PerformCare to resolve these issues prior to issuing a denial of services. All MNC denials will be issued by a PerformCare Physician/Psychologist Advisor review and determination. The regular denial process will be followed per *CM-013 Approval and Denial Process and Notification*.
 5. Outpatient treatment requests that are completed correctly, do not have any eligibility problems, and meet medical necessity (adjunct only) will be approved, documented, and authorization letters sent within 2 business days.
 6. Providers are expected to follow Provider Information and/or Instructions posted on PerformCare's website, which detail the process for submission of outpatient treatment requests.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-036 Mental Health/Substance Use Targeted Case Management Initial and Reauthorization Requests and Discharges


Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** *CM-049 Mental Health and Substance Abuse Outpatient Treatment Access, Authorization/Reauthorization and Registration*

Attachments: *Attachment 1 PerformCare Services Requiring Prior Registration*

Approved by:


Primary Stakeholder

PerformCare services that require registration prior to services being rendered:

- Substance Use Intensive Outpatient*
- Peer Support**
- Psych Rehab**
- Certified Recovery Specialist
- Mobile Psych Nursing
- Targeted Case Management
- Out of Network Crisis

*Prior authorization is required if Substance Use IOP is requested beyond 6 months

** Prior authorization is required if Peer Support and Psych Rehab are requested concurrently to avoid a duplication of services.