

Tips for Submitting Prior Authorization (PA) Requests for Behavioral Health Services

All PA requests are received by the AmeriHealth Caritas Ohio Utilization Management Behavioral Health team, which consists of registered nurses, social workers, psychologists, and psychiatrists. Consistent with best-practice industry standards, we use established guidelines (American Society of Addiction Medicine [ASAM] and/or InterQual criteria as appropriate) to make determinations. For more information on the PA process, please visit www.amerhealthcaritasoh.com/provider/resources/prior-auth.aspx.

Recommendations for PA requests

- **Avoid submitting “one-size-fits-all” requests.** Consistent with a person-centered approach, requests should be tailored to individual needs and treatment goals and differ across clients. For example, avoid requesting the same number of days or units (e.g., 30 days) for all patients and for each admission/readmission. Instead, use a tailored approach by “right sizing” the request to reflect individual needs at the time the request is made.
 - **Avoid copying and pasting documentation across dates of service.** Update documentation to reflect the client’s current symptoms and level of functioning and interventions used in each session, as well as the client’s response to interventions and overall progress in treatment.
 - **Determinations, requests for additional information, and reviewer recommendations should be shared with treating clinicians at the time they are received** to facilitate clinician involvement and allow for timely completion of information requests (as applicable).
 - **Include all clinical information that will help determine medical necessity for ongoing services.**
 - Date services were initiated at the current level of care
 - An **initial diagnostic assessment** and/or **comprehensive assessment** in accordance with OAC rule 5122-29-03 (<https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-03>)
- Initial assessments** must, at minimum, include evaluation of:
- Presenting problem
 - Risk of harm to self and others
 - Use of alcohol or drugs
 - Treatment history for mental illness or substance use/abuse
 - Medical history and examination (mental status or physical)
- A **comprehensive assessment** expands on the initial assessment and includes additional information required to establish and implement a comprehensive treatment plan. It must be completed within 30 days of the initial assessment encounter.
- **Initial and updated treatment plan** (as appropriate) in accordance with OAC rule 5122-27-03 that includes required elements (<https://codes.ohio.gov/ohio-administrative-code/rule-5122-27-03>):
 - Description of the specific health or addiction services and support of the client
 - Anticipated treatment goals and objectives
 - Name or description of all services being provided
 - Frequency of treatment services and anticipated duration
 - ASAM level of care to which client is admitted (if applicable)
 - Primary mental health/SUD diagnosis
 - Any additional behavioral health and/or medical diagnoses directly relevant to request
 - Documentation of social factors — including social drivers of health needs — that impact client health and functioning. We recommend using Z codes (refer to www.cms.gov/files/document/zcodes-infographic.pdf and www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf).
 - Updated discharge plan (if applicable)
- **SUD requests should also include:**
 - ASAM clinical documentation for each dimension, 1 – 6 (<https://www.asam.org/asam-criteria>)
 - Consequences associated with substance use (e.g., impact on physical, emotional, social, and occupational functioning)
 - Periods of sobriety
 - Risk and protective factors that contribute to client substance use, periods of sobriety, relapses, and response to treatment
 - Prior SUD treatment efforts, including 12-step programs, peer support services, and support groups

ACOH_243623300-1