

Behavioral Health Providers – Nebraska Market

Outpatient Prior Authorization

Frequently Asked Questions

How do I know if a request should be standard or expedited?

Request should only be marked expedited or urgent if applying the standard time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function. Usually, it is best to contact the health plan by telephone at **1-855-599-3811** to submit an expedited request along with providing supporting clinical information.

- Standard requests will be processed within 14 days of receipt of the request
- Expedited requests will be processed within 3 days of receipt of the request

How many traditional outpatient services can I provide to a member without obtaining a Prior Authorization?

WellCare Participating Providers are allowed to provide the 9000 CPT Series (see list below) services without prior authorization. WellCare will initiate a post –payment review of the 9000 services and request clinical information from the provider as needed.

What outpatient service codes are included in the 200 HCPC/ 9000 CPT Series?

- 90832 Psychotherapy, 30 min
- 90834 Psychotherapy, 45 min
- 90837 Psychotherapy, 60 min
- 90846 Family Psychotherapy, without patient present
- 90847 Family Psychotherapy, 45 min
- 90849 Multiple-family Group Psychotherapy
- 90853 Group Psychotherapy

Do benefit limits apply?

Yes –please refer to our Provider Handbook, Behavioral Health Authorizations List and other resources available on our website for more information –
[\(<https://www.wellcare.com/Nebraska/Providers/Medicaid/Behavioral-Health/Authorization>\)](https://www.wellcare.com/Nebraska/Providers/Medicaid/Behavioral-Health/Authorization)

What do I need to do about current members that I have already obtained Outpatient Authorizations?

- All existing authorizations you have obtained will remain in our system.
- There is no need to send in a new authorization request form, unless you need to obtain additional services, the dates of service are expired or the number of units authorized has been exhausted.

What criteria are utilized to determine medical necessity for prior authorization requests?

Criteria utilized for reviews include but is not limited to:

<u>Criteria</u>	<u>Location / Service Examples</u>
InterQual	Inpatient hospitalization, partial hospitalization, intensive outpatient and outpatient services
American Society of Addiction Medicine (ASAM)	Substance abuse disorder services
LOCUS (adults) CASI-II (child & adolescents) ECSII (0-5 infant mental health)	Behavioral health community-based services
Clinical Coverage Guidelines (CCGs)	WellCare’s clinical coverage guidelines, available on the provider portal

Please refer to available resources on our website for more information – (<https://www.wellcare.com/Nebraska/Providers/Medicaid/Clinical-Guidelines/CPGs>).

What should be included in a prior authorization request?

Request forms should be filled out completely – visit our website for more guidance (<https://www.wellcare.com/Nebraska/Providers/Medicaid/Behavioral-Health/Outpatient-Guidelines>). Information including member’s symptoms, past treatment involvement and engagement, access to services, support system, medical, developmental and substance abuse issues are needed for a complete clinical criteria review. A treatment plan along with a discharge plan should also be included.

Services are requested in no more than ninety day (90-day) duration in order to assist with monitoring utilization.

What happens if a post-service request is made and prior authorization was not secured?

If post service dates are requested, you will receive an authorization or determination for dates prior to the date the request was received and an authorization/determination for the date received forward

It is best to submit prior authorization requests at least 14 days in advance to allow time for a clinical review/determination.

Coordinate with the member's other service providers to ensure that there is not duplication of services and gather clinical history.

Is there someone I can contact at the health plan should I have general questions or would like to request provider training for me and my staff?

- Teresa Zahren – Senior Manager, Behavioral Health Services
 - Phone: **(402) 328-5403**
 - Cell: **(402) 237-7253**
- Michelle Hartman – Provider Relations Representative, Behavioral Health
 - Phone: **(402) 328-5408**
 - Cell: **(813) 539-0103**
- WellCare Provider Services
 - Phone: **1 (855) 599-3811**



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PRO_06359E_FAQ State Approved 09292017

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NE7WEBFRM06359E_0817