



## Medicaid Behavioral Health Authorization Guidelines and FAQ

For additional details related to authorizations, claims, appeals or benefits, you may access our quick reference guide: [NC Medicaid Quick Reference Guide](#)

With the exception of mobile crisis management, facility-based crisis, BHUC and crisis psychotherapy services, services by non-Par providers require prior authorization.

**NOTE:** Please include the Name and Tax ID of the provider on your authorization. Please also include name(s) and contact information for anyone available to provide additional clinical information on the request. If the PA is incomplete or lacking needed clinical information, we will reach out to you by phone to gather more information.

- Clinical coverage policies outlining criteria for the various services are available here: [WellCare NC Clinical Coverage Guidelines](#)
- This grid serves as a general outline of the authorization parameters for MH/SUD services.

Request for services should include current clinical presentation, treatment plan goals/interventions, and discharge/transition plan. When a request is for reauthorization or continuation of an ongoing service, the request should include updated information on the current clinical presentation, progress on goals/interventions (or strategies to address barriers to progress), and transition/discharge plan.

A current signed person-centered plan, with updated goals/progress, should be attached for all services where PCP is required. Goals and progress on goals should be updated regularly. Please include ASAM criteria or ECSII criteria, for applicable services. **NOTE: Member/guardian's signature is required on the PCP.**

For Inpatient mental health/substance use services, Facility-Based Crisis, Partial Hospitalization, Substance Abuse Comprehensive Outpatient Treatment, Substance Abuse IOP and Intensive Outpatient Services, and all Withdrawal Management levels of care, ensure that documentation available includes details of active medications.

For Children and Adolescents with Medicaid, EPSDT is applied to reviews outside of benefit limits.

**Note:** Authorization and service flexibilities related to the public health emergency expired on 5/11/23 and are no longer in effect. Please see [Special Bulletin #265](#) for additional details on behavioral health COVID authorization flexibilities which expired vs. those added to permanent policy.



Note: State Fiscal Year is July 1<sup>st</sup> to June 30<sup>th</sup>

## **Behavioral Health Authorization Options**

### **Provider Portal:**

Authorizations can be submitted, including upload of relevant clinical material to the online provider portal, which can be found at: [provider.wellcare.com](http://provider.wellcare.com)

For additional training on the provider portal on how to submit an authorization if needed: [Available Training - WellCare](#)

There is an external email that providers can utilize should they need technical assistance on creating an authorization in the portal SM\_AWSEscalations [AWSEscalations@wellcare.com](mailto:AWSEscalations@wellcare.com)

Or, you can reach out directly to your PR representative. If you are unsure who your assigned provider representative is, you can reach the PR mailbox at: [SM\\_NCProviderRelations@wellcare.com](mailto:SM_NCProviderRelations@wellcare.com)

### **Fax Numbers:**

<i>Inpatient (Inpatient BH and SUD, Facility Based Crisis, Clinically Managed Residential Withdrawal, SACOT, PHP)</i>	<b>1-800-551-0325</b>
<i>Outpatient Behavioral Health Services (including SAIOP/ MH IOP)</i>	<b>1-866-587-1383</b>



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### Guidelines: BH Crisis/Emergent Services

*No authorization required for Crisis/Emergent Behavioral Health Services*

Service Description	CPT/HCPCS codes		WellCare Clinical Policy Link
Mobile Crisis Management	<b>H2011</b> 1 unit = 15 mins	No PA required	<a href="#">WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</a>
Behavioral Health Urgent Care	<b>T2016 U5 (without observation)</b> <b>T2016 U8 (with observation)</b> 1 unit = 1 event	No PA required	<a href="#">WNC.CP.259-In Lieu of Services</a>
Psychotherapy for Crisis	<b>90839, 90840</b>	No PA required	<a href="#">WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a>

### Authorization Guidelines: Inpatient Psychiatric Care, Inpatient Substance Use Treatment (ASAM 4.0 and ASAM 4.0 WM), ASAM 3.2, ASAM 3.7-WM and Facility Based Crisis

\*For high level services with initial pass-through days, notification to WellCare is required. Please send in notification using the auth request form. The initial days of pass-through will be automatically approved without a requirement for additional clinical information.

Service Description	Code(s)	Initial Authorization Parameters	Continued Stay	WellCare Clinical Policy Link
Professional Treatment Services in Facility-Based Crisis Programs Ages 18+	<b>S9484</b> 1 unit = 1 hour	No auth needed for first 7 days, <b>Facility to notify of admission within 1 business day</b>	2-5 days as medically necessary	<a href="#">WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</a>
Facility Based Crisis Service for Children and Adolescents (ages 6-17)	<b>S9484 (HA) modifier</b> 1 unit = 1 hour	Up to 3 days as medically necessary	2- 5 days as medically necessary	<a href="#">WNC.CP.116-Facility-Based Crisis Service for Children and Adolescents</a>



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Inpatient Hospitalization Psychiatric Treatment	<b>Based on Services Rendered</b>	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary	<a href="#">WNC.CP.258-Inpatient Behavioral Health Services</a>
Inpatient Services in an Institute for Mental Disease (IMD)- ILOS for adults ages 21-64	<b>Rev Code 0160</b>	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary but no more than 15 days per calendar month for MH condition	<a href="#">WNC.CP.259-In Lieu of Services</a>
Medically Managed Intensive Inpatient Withdrawal Management (ASAM-4WM)	<b>Based on Services Rendered</b>	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary	<a href="#">WNC.CP.258-Inpatient Behavioral Health Services</a>
Medically Managed Intensive Inpatient Services (ASAM 4)	<b>Based on Services Rendered</b>	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary	<a href="#">WNC.CP.258-Inpatient Behavioral Health Services</a>
Medically Supervised or ADATC Detoxification Crisis Stabilization	<b>H2036</b> 1 unit = 1 day	Up to 7 days	As medically necessary	<a href="#">WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</a>
Medically Monitored Inpatient Withdrawal Services (ASAM 3.7-WM)	<b>H0010</b> 1 unit = 1 day	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary	<a href="#">WNC.CP.281 Medically Monitored Inpatient Withdrawal Services (ASAM 3.7 WM)</a>
Clinically Managed Residential Withdrawal Services (ASAM 3.2-WM)	<b>H0011</b> 1 unit = 1 day	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary	No current state policy. Is reviewed using ASAM 3.2 WM criteria

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**Authorization Guidelines: Outpatient Behavioral Health Services:**

\*All Services provided by non-PAR providers require prior authorization.

Note: State fiscal year is defined as July 1<sup>st</sup> through June 30<sup>th</sup>.

Service Description	Code(s)	Initial Authorization Parameters	Continued Stay	WellCare Clinical Policy Link
Diagnostic Assessment	<b>T1023</b>	1 unit per fiscal year without authorization	Prior authorization after 1 unit	<a href="#">WNC.CP.212-Diagnostic Assessment</a>
Outpatient Behavioral Health Services: Psychotherapy	<b>90832,90834, 90837, 90846, 90847, 90849, 90853</b>	No authorization needed for first 24 (unmanaged) units per state fiscal year.	As medically necessary. Auth requests can be for up to 6 months at a time	<a href="#">WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a>
Outpatient Opioid Treatment 18+	<b>H0020</b> 1 unit = 1 event	No PA required	No PA required	<a href="#">WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</a>
Partial Hospitalization (for Mental Health)	<b>H0035</b> 1 unit = 1 event	up to 7 days	As medically necessary	<a href="#">WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</a>
Mental Health Intensive Outpatient Treatment	<b>S9480</b> 1 unit = 1 day	up to 12 units (within 30 calendar days)	As medically necessary	<a href="#">WNC.CP.259-In Lieu of Services</a>
Substance Abuse Intensive Outpatient Program	<b>H0015</b> 1 unit= 1 event	No auth required for initial 12 units within first 30 days, per fiscal year. Unmanaged units are allowed only once per episode of care.	As medically necessary	<a href="#">WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</a>
Substance Abuse Comprehensive Outpatient Treatment	<b>H2035</b> 1 unit= 1 hour	No auth required for first 170 units within first 60 days, per fiscal year. Unmanaged units are allowed only once per episode of care.	As medically necessary	<a href="#">WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</a>



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Research-Based Behavioral health Treatment (R-BHT) For Autism Spectrum Disorder	<b>97151 to 97157</b>	No auth required for initial 32 units of 97151 per fiscal year. As medically appropriate	As medically necessary	<a href="#">WNC.CP.109-Research-Based Behavioral Health Treatment (RB-BHT)</a>
Peer Support Services	<b>H0038 (H0038 HQ for group)</b> 1 unit = 15 mins	No auth required for initial (24) unmanaged units once per fiscal year; prior authorization required after 24 units (PAR)	Subsequent authorizations may be authorized for up to 90-day increments; units, as medically necessary	<a href="#">WNC.CP.231-Peer Support Services</a>
Psychological and Neuropsychological Testing	<b>96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146</b>	No auth required for initial 8 hours of psych testing per state fiscal year. <b>Note:</b> some testing codes are 30 minutes and some are 60 minutes	As medically necessary	<a href="#">WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</a>
Ambulatory Detoxification without Extended On-Site Monitoring (ASAM 1.0)	<b>H0014</b> 1 unit= 15 minutes	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary	WNC.CP.289 Ambulatory Withdrawal Management Without Extended Onsite Monitoring
Ambulatory Detoxification with Extended On-Site Monitoring (ASAM 2.0)	<b>H0014HF</b> 1 unit= 15 minutes	No authorization needed for first 72 hours, <b>Facility to notify of admission within 1 business day</b>	As medically necessary	WNC.CP.290 Ambulatory Withdrawal Management With Extended Onsite Monitoring

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**Outpatient services with unmanaged units indicated, reset at the beginning of each fiscal year (7/1), with the exception of services listed as ‘once per episode of care’- SAIOP/SACOT.**



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## Behavioral Health Utilization Review Frequently Asked Questions (FAQ)

<b>When do WellCare unmanaged units begin each year?</b>	Unmanaged units begin each fiscal year on <b>July 1<sup>st</sup></b> .
<b>How many unmanaged psychotherapy units does WellCare offer?</b>	WellCare of North Carolina offers <b>24</b> unmanaged units of Outpatient psychotherapy service for all members. These units can be a combination of any modality of therapy such as individual, family and/or group therapy codes (90832, 90834, 90837, 90846, 90847, 90849 & 90853). <b>Non-participating (Non-PAR) providers are required to submit a Prior Authorization (PA) request for all units of psychotherapy.</b>
<b>Are SAIOP/SACOT covered services?</b>	Yes, WellCare is now able to cover SAIOP/SACOT for members. SAIOP/SACOT remain as tailored plan qualifying services, and members will transition to the tailored plan once the state transitions the members. While members remain in the standard plan, they will not be able to access other state-funded SUD services, tailored plan only services, or tailored care management.
<b>Why does the Auth Lookup Tool (ALT) say that cpt code 90837 requires an authorization?</b>	The Auth Lookup Tool (ALT) provides general information that factors non-participating (non-PAR) provider requirements. It will only provide an answer as to whether an authorization is required. For PAR providers, 24 units of outpatient psychotherapy services are available without authorization. <a href="#">Authorization Look-up Tool</a>
<b>How many units does a member get for Peer Support Services before they need authorization?</b>	No authorization is required up to <b>24</b> units (6 hours) for in- network providers per state fiscal year. Non-participating (Non-Par) providers are required to submit a Prior Authorization (PA) request for all unit. Peer support services are authorized for up to 3 months at a time. All units requested should be medically necessary based on member's current clinical presentation and functioning.
<b>How many hours of Psychological /Neuropsychological testing does the provider get before they need authorization?</b>	No authorization is required up to <b>8</b> hours of any combination of psychological /neuropsychological testing codes to include assessment



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	codes prior to needing authorization, per fiscal year. Non-participating (Non-Par) providers are required to submit a Prior Authorization (PA) request.
<b>Can providers request Enhanced Services such as Intensive In Home Services?</b>	<p>Many enhanced services <b>are not covered</b> by the Standard Plan; however, providers may submit authorization requests for WellCare of North Carolina Medicaid members with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits.</p> <p>The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 enrolled in Medicaid. If a service is not covered under the NC Medicaid State Plan, it can be covered for recipients under 21 if the service is listed at 1905(a) of the Social Security Act and if all EPSDT criteria are met.</p> <p><a href="#">NCDHHS EPSDT Information</a></p>
<b>What about services not listed on these guidelines?</b>	<p>To confirm the services that are available under WellCare NC and other standard plans, you may refer to the state's guidance on standard plan benefits: <a href="#">Fact Sheet: Standard Plan and Tailored Plan Services</a></p> <p>You may look at the Auth Lookup Tool for information on any codes not listed on this document. <a href="#">Authorization Look-up Tool</a></p>
<b>What can providers do if they are receiving denials when unmanaged units have not been exhausted?</b>	<p>Please have your claim representative connect with Provider Services: <b>1-866-799-5318</b></p> <p><a href="https://www.wellcarenc.com/providers/medicaid/claims.html">https://www.wellcarenc.com/providers/medicaid/claims.html</a> Mail Claim Payment Disputes With Supporting Documentation To:</p> <p><b>WellCare Health Plans Claim Payment Disputes P.O. Box 31370 Tampa, FL 33631-3370</b></p>