# Prior Authorizations - Behavioral Health Frequently Asked Questions (FAQ)

**What services require Prior Authorization (PA)?**
To find out what services and treatments require a PA, visit our website to search our Prior Authorization Grid at *https://www.umpquahealth.com/prior_authorizations*

**Prior Authorization Required**

- Services performed or supplied by out-of-network (OON) providers unless otherwise noted within this PA grid.
- Second opinions for OON providers.
- Services requiring a PA are available on the UHA's website. If a provider does not have the required form, they can contact Member Services and one will be faxed of mailed.
- When UHA is the secondary insurance (payer) a PA is not required if the primary insurance authorization guidelines are met, except when a pharmacy claim exceeds fifty dollars. All pharmacy claims exceeding fifty dollars will be reviewed by a pharmacist.

**No Prior Authorization**

- Emergent care according to OAR 410-141-3840. UHA will not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms.
- UHA does not require PA for or restrict freedom of choice to provider of family planning services as referenced in UHA's Member Handbook. Additionally, members are permitted to self refer to any provider for the provision of family planning services, including those not within UHA's Provider Network.
- Provision of sexual abuse exams.

**Behavioral/Mental Health**

No PA required for in-network Behavioral Health services unless listed in the table below.
*All out-of-network requests require a PA.*

Inpatient and Residential Treatment:

- PRTS
- Acute Rehabilitation
- Psychiatric Inpatient Hospital

Outpatient Services:

- Psychological Evaluations
- Electroconvulsive Therapy (ECT)
- Applied Behavior Analysis (ABA)
- Transcranial Magnetic Stimulation (TMS)
- Intensive In-Home Behavioral Health (IIBHT)



**Phone:** 541-672-1685
**Fax:** 541-677-5881

**Email:**
*PriorAuthorizations @umpquahealth.com*

**Website:**
*www. umpquahealth.com*

**Address:**
3031 NE Stephens Street,
Roseburg, OR 97470

**Substance Use Disorder (SUD)**

No PA required for in-network SUD services unless listed in the table below.
*All out-of-network requests require a PA.*

---

- Detoxification
- Residential Treatment
- Partial Hospitalization
- MAT *(No PA required for OON Request for the first 30 days)*

**Does a Mental Health Assessment require a PA?**

No, codes H0001, H0002, 90791, 90792 do not require a PA. UHA wants to eliminate the barriers for all providers and ensure therapy and treatment requests meet the documentation requirements for submission. This way, providers can obtain the necessary information for submitting future requests after the member has been properly assessed.

**How do I submit a Prior Authorization (PA)?**

- In-network providers must submit for a Prior Authorization from our provider portal (CIM). To sign up for CIM, visit *https://help.phtech.com*. Instructions for this process can be found on our website at *https://www.umpquahealth.com/prior_authorizations* under the Access information.
- Out-of-network providers must fax UHA's PA Form and the supporting documentation to 541-677-5881. Our form can be found on our website.

**What documents are required for submitting a PA for Behavioral Health Outpatient Services?**

- If submitting via fax, the request must have a completed UHA Prior Authorization Form
- For Members who **have not** been previously seen by a provider, and the initial mental health assessment has yet to be completed, it is highly encouraged that the provider completes the initial assessment prior to submitting a request for additional and ongoing services.
- For Members who **have** been previously seen by provider, UHA requires the initial mental health assessment (updated annually), SMART treatment plan (updated annually), and 3 most recent progress notes.
- If the provider chooses to submit the request for services, prior to the completion of the initial Mental Health Assessment, ***a clear indicator/comment is required notifying UHA that this Member is a new client, as well as the reason(s) the Member is pursuing out-of-network services.***



**Phone:** 541-672-1685
**Fax:** 541-677-5881

**Email:**
*PriorAuthorizations @umpquahealth.com*

**Website:**
*www. umpquahealth.com*

**Address:**
3031 NE Stephens Street,
Roseburg, OR 97470

**Is a single case agreement required for out-of-network (OON) providers?**

No. A single case agreement (SCA) is only required if an OON provider wants to be reimbursed at a rate higher than the *Oregon Medicaid Behavioral Health Fee Schedule*.

**What is the difference between a Single Case Agreement (SCA) and a Special Financial Arrangement (SFA)?**

- An SCA is typically for inpatient/residential treatment that will last for the entire episode of care. This process will require a signed contract for payment after the PA process.
- An SFA is applicable to the single PA request. It is to request a higher rate than allowed on the Behavioral Health Fee Schedule. An SFA will also be required if there isn't a rate available; (no DMAP rate, DMAP rate is (manual), no Medicare rate or OPP). This is typically used for outpatient services for a single or shorter duration of coverage.

**How do I request an SCA or an SFA?**

- For submissions via the provider portal, this amount will be listed in the "max dollars" field. Enter into the comment field section "SCA" or "SFA" as applicable.
- For submission on the PA Form. Check the appropriate SCA or SFA box. Include the rate of payment requested in the "Total" column.
- ***If a rate of payment is not included on the submission, the PA will be reviewed and evaluated at DMAP rates. The PA will have to be amended and require a new PA submission to request an increased rate.

**What if I need to submit a retro request?**

Prior Authorizations should be submitted before the service is rendered. It is the responsibility of the provider to check eligibility before the service. UHA will review requests up to 90 days from the date of service. Other requests must be submitted following the provider appeal process as listed on our claims page under Claim Reconsideration and Provider Appeals.



**Phone:** 541-672-1685
**Fax:** 541-677-5881

**Email:**
*PriorAuthorizations @umpquahealth.com*

**Website:**
*www. umpquahealth.com*

**Address:**
3031 NE Stephens Street,
Roseburg, OR 97470

**What is the time duration I should submit on each PA request?**

Updated information for standard durations is listed within our Utilization Management & Service Authorization Handbook listed on our website (see table below).

| **Authorization Type:** | **Prior Authorization Timeframe:** |
|---|---|
| Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA), Transcranial Magnetic Stimulation (TMS) | 6 Months |
| Intensive In-Home Behavioral Health Treatment (IIBHT) | 60 Days (Initial)<br>30 Days (Ongoing) |
| Hospitalizations/Admissions | 7 Days (Initial/Ongoing) |
| Outpatient Treatment/Services | 3 Months |
| Psychiatric Residential Treatment Facility (PRTF), Mental Health Residential Treatment | 30 Days (Initial)<br>14 Days (Concurrent Review) |
| SUD Detox | 4 Days |
| SUD Residential Treatment | 30 Days (Initial)<br>14 Days (Concurrent Review) |

**What is the review turnaround times for behavioral health requests?**

Emergent conditions do not require prior authorization. All requests will be reviewed and provide notice as expeditiously as the member's health or behavioral health condition requires. Any service authorization decision not reached within the timeframes specified under OAR 410-141-3835 as noted below, shall constitute a denial (adverse benefit determination). A notice of adverse benefit determination shall be issued on the date the timeframe expires (see table on next page).



**Phone:** 541-672-1685
**Fax:** 541-677-5881

**Email:**
*PriorAuthorizations @umpquahealth.com*

**Website:**
*www. umpquahealth.com*

**Address:**
3031 NE Stephens Street,
Roseburg, OR 97470

| Authorization Type: | Timeline: | Urgency: |
|---|---|---|
| Standard requests | 14 days | Standard |
| Expedite requests.<br>Select only when the standard review time-frame could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain "maximum function" in accordance with 42 CFR 438.210(d)(2)(i)) | 72 hours | Expedite |
| Behavioral Health - SUD - Detox<br>Behavioral Health - SUD - Residential | 2 Business Days | Standard |
| Skilled Nursing Facility (SNF) | 2 Business Days | Standard |
| Behavioral Health - IP Adult<br>Behavioral Health - IP Child<br>Behavioral Health - PRTS<br>Behavioral Health - Res Adult | 72 hours | Standard |

**What are the criteria used for making decisions on Behavioral Health PA requests?**

Prior Authorization requests that require review are assessed for medical appropriateness and necessity by using the following resources:

- **Prioritized List of Health Services (PLHS):**

The Oregon Health Evidence Review Commission (HERC) ranks health care condition and treatment pairs in order of clinical effectiveness and costeffectiveness. The Prioritized List emphasizes prevention and patient education. In general, treatments that help prevent illness are ranked higher than services that treat an illness after it occurs. OHP covers treatments that are ranked on a covered Prioritized List line for the client's reported medical condition. OHP covers Prioritized List lines 1 through 471.
Current Prioritized List can be found at: *https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx*



**Phone:** 541-672-1685
**Fax:** 541-677-5881

**Email:**
*PriorAuthorizations @umpquahealth.com*

**Website:**
*www. umpquahealth.com*

**Address:**
3031 NE Stephens Street,
Roseburg, OR 97470

- **Guideline Notes:**

Using the Prioritized List for the line of coverage, based upon ICD-10, CPT, and HCPCS codes, UHA will then find the associated Guideline Note for treatment. These guidelines can be found at: *https://www.oregon.gov/oha/HSD/OHP/pages/policies.aspx*

- **InterQual®:**

InterQual® is an evidence-based clinical decision support tool used to make clinically appropriate medical utilization decisions. UHA applies this tool to PA requests, including chiropractic services. The determination process includes the evaluation of the duration of treatment. Documentation of the InterQual criteria is included in each PA used to make a determination in CIM, which can be accessed by CIM users.

- **Oregon Administrative Rules (OAR):**

*https://secure.sos.state.or.us/oard/ruleSearch.action*

- **Up-to-Date® Wolters Kluwer:**

UpToDate is an evidence-based clinical decision support resource at the point of care.

- **Clinical Practice Guidelines:**

Umpqua Health Alliance's Clinical Practice Guidelines are adopted by UHA's Clinical Advisory Panel. They can be found on the UHA website at: *https://www.umpquahealth.com/clinical-practice-guidelines/*

- **American Society of Addiction Medicine (ASAM):**

The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

- **AllMed:**

Contracted Independent Review Organization UHA uses for evaluation of high cost DME or for any Expert Specialty review.



**Phone:** 541-672-1685
**Fax:** 541-677-5881

**Email:**
*PriorAuthorizations @umpquahealth.com*

**Website:**
*www. umpquahealth.com*

**Address:**
3031 NE Stephens Street,
Roseburg, OR 97470

**If a PA request is denied, what should I do to help the member get the care I believe they need?**

- The reason for the denial is listed on the notice for you. Many times, it is due to the lack of documentation submitted to support the request. You can resubmit the request if this documentation is available.
- Request a peer-to-peer with UHA's Medical Director. This is a phone meeting scheduled through our Customer Care department. It gives the treating provider the opportunity to discuss the case and reason why it should be approved.
- With written consent of the member, you can complete the OHP 3302 form. This is mailed to the member and is available in our administrative office and on our website at: *https://www.umpquahealth.com/appeals-and-grievances/*.
- If the service was already provided, the provider can appeal the denied claims following the Claims Reconsideration and Provider Appeals process as outlined on our UHA claims website page.

**If I have a question about the Prior Authorization process, or about obtaining and SCA or SFA, who should I contact?**

- **Website:**

UHA's website has great resources and trainings to help you:
*https://www.umpquahealth.com/prior_authorizations/*
Medical, Behavioral and SUD Prior Authorization Form
*UHA Prior Authorization Grid*
*Utilization Management & Service Authorization Handbook*
*Information for Oregon Health Plan (OHP) Providers*

Claim support: *https://www.umpquahealth.com/claims*

- **Email:**

*PriorAuthorizations@umpquahealth.com*
If you have any questions regarding claims, please contact *UHAClaims@umpquahealth.com*

- **Phone:**

For claims or PA questions, you can also contact our Customer Care department who will forward your call to the correct team at 541-229-4842.



**Phone:** 541-672-1685
**Fax:** 541-677-5881

**Email:**
*PriorAuthorizations @umpquahealth.com*

**Website:**
*www. umpquahealth.com*

**Address:**
3031 NE Stephens Street,
Roseburg, OR 97470