Behavioral Health Utilization Management Guide

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www.amerihealthcaritasnc.com

AmeriHealth Caritas®
North Carolina

Table of contents

Covered services

Both Standard Plans and Tailored Plans (LME-MCOs) offer the below services.	**Only Tailored Plans offer the below services (LME-MCOs).**
Ambulatory withdrawal management without extended on-site monitoring (ambulatory detoxification)	Assertive community treatment (ACT)
Diagnostic assessment	Child and adolescent day treatment services
Early and Periodic, Screening and Diagnostic Testing (EPSDT)	Community support team (CST)
Facility-based crisis services for children and adolescents	Intensive in-home services
Inpatient behavioral health services including hospitalization in an Institution for Mental Disease (IMD) (In Lieu of Service as an alternative placement to inpatient psych.)	Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
Medically managed intensive inpatient behavioral health services including ASAM Level 4 and Level 4-WM	Multisystemic therapy services
Medically monitored inpatient withdrawal management services (non-hospital medical detoxification)	Psychiatric residential treatment facilities (PRTFs)
Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization	Psychosocial rehabilitation
Mobile crisis management	Residential treatment facility services
Outpatient behavioral health emergency room services	State-funded behavioral health (BH) and intellectual disabilities and developmental Disabilities (I/DD) services
Outpatient behavioral health services provided by direct-enrolled providers	State-funded traumatic brain injury (TBI) services
Outpatient opioid treatment	Substance abuse medically monitored residential treatment
Partial hospitalization	Substance abuse nonmedical community residential treatment
Peer-support services	Waiver services: • Innovations • TBI • 1915(b)(3)
Professional treatment services in facility-based crisis program	
Research-based behavioral health treatment (RB-BHT) for autism spectrum disorder (ASD)	
Substance abuse intensive outpatient program (SAIOP)	
Substance abuse comprehensive outpatient treatment program (SACOT)	

Standard Plan prior authorization requirements

1. **Covered services that do require prior authorization:**
    a. All out-of-network services except emergency services
    b. Geropsychiatric units in nursing facilities
    c. Inpatient behavioral health services including hospitalization in an Institution for Mental Disease (IMD)
    d. Medically managed intensive inpatient services (ASAM Level 4 and 4-WM)
    e. Research-based behavioral health treatment (RB-BHT) for autism spectrum disorder (ASD)

2. **Covered services that do not require prior authorization for in-network providers: All services requested by out-of-network providers require prior authorization. No referral or authorization is required for a mental health or substance-dependence assessment.**
    a. Ambulatory detoxification
    b. Behavioral health partial hospitalization
    c. Behavioral health urgent care (BHUC)
    d. Diagnostic assessment
    e. Electroconvulsive therapy (ECT)
    f. Environmental intervention, interpretation and explanation of results
    g. Facility-based crisis services for children and adolescents
    h. Medication assisted treatment (MAT)
    i. Mobile crisis management
    j. Non-hospital medical detoxification
    k. Outpatient behavioral health psychotherapy
    l. Outpatient opioid treatment
    m. Peer-support services
    n. Professional treatment services in facility-based crisis programs
    o. Psychiatric and substance use disorder outpatient and medication management services
    p. Psychological testing
    q. Substance abuse comprehensive outpatient treatment
    r. Substance abuse intensive outpatient treatment
    s. Unlisted psychiatric services

Clinical documentation requirements and resources

Service	Recommended clinical documentation and resources	Expected determination times
ADATC detox crisis stabilization	NC Medicaid: Enhanced Mental Health and Substance Abuse Services, 8A. (ncdhhs.gov)	72 hours
	Clinical documentation required for review: • Presenting problem, including activities of daily, social, educational, home, legal and community concerns • Diagnoses • Medications with dosages and frequency • ASAM criteria • Safety precautions • Risk status • Mental status exam • Previous treatment history • Family and support systems • Treatment plan and progress (if applicable) • Discharge plan	
Peer-support services	NC Medicaid: Peer Support Services, 8G. (ncdhhs.gov)	14 calendar days
	Clinical documentation required for review: • Service order • Comprehensive clinical assessment • Medications with dosages and frequency • ASAM criteria • Treatment plan • Progress (if applicable) • Discharge plan	
Psychiatric inpatient hospitalization (including Institute for Mental Disease), ASAM Level 4 and 4-WM)	NC Medicaid: Inpatient Behavioral Health Services, 8-B. (ncdhhs.gov)	72 hours
	Clinical documentation required for review: • Presenting problem, including activities of daily living, social, educational, home, legal and community concerns • Diagnoses • Medications with dosages and frequency • ASAM criteria (if applicable) • Safety precautions • Risk status • Mental status exam • Previous treatment history • Family and support systems • Treatment plan and progress (if applicable) • Discharge plan	
Research-based behavioral health treatment (RB-BHT) for autism spectrum disorder (ASD)	NC Medicaid: (RB-BHT) and (ASD), 8F. (ncdhhs.gov)	14 calendar days
	Clinical documentation required for review: • Service order • Comprehensive clinical assessment • Diagnoses • Medications with dosages and frequency • Progress (if applicable) • Treatment plan • Discharge plan	

Questions and answers

1. **What is the fastest way to submit a behavioral health authorization?**
   a. The fastest way to submit medical prior authorization is electronically via Medical Authorizations in NaviNet (**https://www.amerihealthcaritasnc.com/provider/resources/navinet.aspx**).
   b. 8 a.m. to 5 p.m., Monday to Friday, call AmeriHealth Caritas North Carolina (ACNC) Utilization Management at **1-833-900-2262**. After hours, weekends and holidays, call Member Services at **1-855-375-8811**.
   c. Fax a completed **Prior Authorization Request Form (PDF)** to **1-833-893-2262**.
   d. For Inpatient Concurrent Review, fax a request form to **1-833-894-2262**
   e. Visit the Prior Authorization webpage (**https://www.amerihealthcaritasnc.com/provider/resources/physical-prior-auth.aspx**) for more information

2. **My authorization dates do not match what I requested.**
   a. Check to ensure you are not requesting backdating of services.
   b. Contact the Behavioral Health Utilization Management (BH UM) department at **1-833-900-2262** for further clarification. BH UM will authorize length of services based on medical necessity per individual member.

3. **I received a denial for services based on medical necessity. What should I do?**
   a. Refer to the AmeriHealth Caritas North Carolina Provider Manual and Notice of Adverse Benefit Determination letter.
   b. Ensure that you have, if applicable and you desire to do so, requested a peer-to-peer review with the psychologist and/or physician that issued the denial for services.

4. **I received an administrative denial notification that the services I requested are not a covered benefit for the member. What should I do?**
   a. Check the Provider Manual for information on covered benefits.
   b. Some services are not managed by AmeriHealth Caritas North Carolina but are still available to the member under a Tailored Plan.
   c. Contact your Account Executive if you have additional questions.

5. **I received notification that the member is no longer eligible for AmeriHealth Caritas North Carolina. What should I do?**
   a. Check with North Carolina Medicaid for guidance on the member's current eligibility.

6. **I received notification that AmeriHealth Caritas North Carolina's BH UM department could not verify the member's identity and could not process my treatment request. What should I do?**
   a. Resubmit all documentation initially submitted.
   b. AmeriHealth Caritas North Carolina requires proof of at least three of the following forms of identification to verify a member's identity:
      i. Member's name (required)
      ii. Member's date of birth (required)
      iii. AmeriHealth Caritas North Carolina ID number or Medicaid ID number

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Utilization Management Phone Number: **1-833-900-2262**

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