Review of Inpatient, Detoxification, Substance Abuse Rehabilitation, Partial Hospitalization, Intensive Outpatient, Chemical Dependency Intensive Outpatient, Eating Disorder and Observation

All inpatient services require admission, concurrent and discharge review by The Health Plan. Only elective admissions require a preauthorization.

Information may be provided to The Health Plan electronically or telephonically. Faxes should be sent to 1.866.616.6255, telephonic reviews should be called to 1.877.221.9295, and request to speak with an inpatient navigator.

Information may also be submitted via the web or the secure provider portal on The Health Plan website. This information will be accessed by Behavioral Health personnel only.

Attached, at the end of this section, are admission, concurrent review/discharge forms for use in providing review information to The Health Plan. These forms are also available on the behavioral health page and under the pre-authorization tab of the home page of The Health Plan website, healthplan.org. This information may also be submitted via The Health Plan will also accept assessment completed on facility forms.

Reviews are expected on the day of admission. When the admission is approved, the date for concurrent review will be established and conveyed to the provider.

If the information submitted does not meet review criteria for admission, The Health Plan nurse navigator will forward the clinical information for review to a physician for evaluation. The physician will provide a clinical review of the case and provide a medical appropriateness determination. The provider/practitioner will be notified when a determination is made and, if there is an adverse decision, will be provided an opportunity for appeal and further review.
Facility Services

Facility claims are typically billed on a UB-04 and refer to services and programs such as, but not limited to:

- Intensive outpatient services (IOP)
- Partial hospitalization (PH)
- Emergency room visits
- Observations
- Residential services
- Inpatient services

Intensive Outpatient Services (IOP)

Intensive outpatient services are an intermediate level of care in which individuals are typically seen as a group two to five times per week, depending on the structure of the program, for two to three hours per session. The clinical work is primarily done in a group setting, with individual sessions scheduled periodically, generally outside group hours.

Facilities are expected:

- To call or electronically submit admission demographics and clinicals to The Health Plan on the date of admission to the program.
- The admission will be certified by meeting InterQual criteria for initial review.
- The nurse navigator will certify the program session for the appropriate number of days and inform the facility of the date that a concurrent review will be due.
- Concurrent reviews may be submitted by phone or electronic transmission.
- If the sessions meet InterQual criteria for continued programming, the nurse navigator will continue to allow the course of treatment and inform the facility of the date when the next concurrent review is due. This will continue through until discharge.
- Discharge clinicals may be called or electronically submitted in the same manner.
- If the reviews do not meet InterQual criteria, the information submitted by the facility will be sent for physician review prior to denial of services.
- IOP services for the Medicare and Medicaid lines of business are considered outpatient services. IOP services for these lines of business will be preauthorized via preauthorization request. Authorizations will be issued on a 30-day basis for the appropriate number of visits. Services must be reauthorized every 30 days. A pre-authorization form for these specific services is available.

Partial Hospitalization (PH)

Partial hospitalization is an intermediate level of care for behavioral health disease. Services are rendered by an accredited program, in a treatment setting for behavioral health and/or substance
abuse. The program is an alternative to or a transition for traditional inpatient care for members with moderate to severe symptoms. Treatment is an individualized, coordinated, comprehensive, multidisciplinary program. Members participate in this structured program up to five days per week, usually four to five hours per day.

Facilities are expected:

- To call or electronically submit admission demographics and clinicals to The Health Plan on the date of admission to the program.
- The admission will be certified by meeting InterQual criteria for initial review.
- The nurse navigator will certify the program session for the appropriate number of days and inform the facility of the date that a concurrent review will be due.
- Concurrent reviews may be submitted by phone or electronic transmission.
- If the sessions meet InterQual criteria for continued programming, the nurse navigator will continue to allow the course of treatment and inform the facility of the date when the next concurrent review is due. This will continue through until discharge.
- Discharge clinicals may be submitted by phone or electronic transmission.
- If the reviews do not meet InterQual criteria, the information submitted by the facility will be sent for medical director review to determine medical necessity.
- Partial hospitalization services for the Medicare and Medicaid lines of business are considered outpatient services. Partial hospitalization services for these lines of business will be pre-authorized via pre-authorization request. Authorizations will be issued on a 30-day basis for the appropriate number of visits. Services must be reauthorized every 30 days. A pre-authorization form for these specific services is available.

**Observation**

Observation is a facility-based treatment providing a level of service lower than inpatient, however providing a safe environment to stabilize the member’s condition in an emergency situation. After the observation period has expired, if the member is not ready for discharge, he/she will be transitioned to another level of care.

**Inpatient Psychiatric, Detoxification, Substance Abuse or Eating Disorder Services**

Inpatient services are acute care services delivered in a psychiatric, detoxification, substance abuse or eating disorder unit of a general hospital or a free-standing psychiatric facility. The acute care services provided include assessment, individual and group therapies, medication management, attention to medical problems, with all care coordinated by the physician. Inpatient hospitalization is usually short-term, stabilization and treatment of an acute episode of behavioral health problems.
Pre-authorization of elective admissions is performed to confirm eligibility, benefits, and medical appropriateness of services to be rendered and level of care to be utilized. The process is initiated by the member’s primary care physician (PCP) or referring participating specialist with the Behavioral Health nurse inpatient navigators.

Notification of urgent/emergent admissions, by the admitting facility, is required at the time of, or as soon as practically possible after admission. This activity is performed for early discussion of member’s needs as related to the admission or alternative health care services.

All out-of-plan and tertiary requests require a referral and pre-authorization. Clinical information is reviewed for availability of service within the in-plan network, urgent/emergent situation, or other extenuating circumstances and should be supplied by the behavioral health practitioner.

Concurrent review is the process of continued reassessment of member progress and discharge planning. Any member identified with potential discharge planning needs is referred by behavioral health’s nurse inpatient navigator to the complex case nurse navigator, the care navigator, the depression disease nurse navigator, or social worker, as appropriate for early intervention. Concurrent review is performed telephonically, by fax or by electronic transmission. For facility convenience, Admission and concurrent or discharge review Information forms, as well as substance abuse admission and concurrent or discharge review forms are available. These reviews involve communication with physicians, hospital UR and social workers, and family members, as necessary. Anytime a quality of care issue is identified or suspected, the case is referred to The Health Plan Quality Improvement Department for review.

**Behavioral Health Procedures**

Procedures requiring preauthorization are listed on the current preauthorization list. This list is available on the provider page of The Health Plan website under the “Support and Service” tab/preauthorization forms.

Please indicate if your request is emergent so that we may expedite the review. Simply scheduling the testing/procedure does not warrant an expedited review. Unless an emergency, scheduling should be done after being approved by The Health Plan.

**Fax and Phone Numbers:**

Behavioral Health secure FAX: 1.866.616.6255.

Toll-free Behavioral Health phone: 1.877.221.9295