



UnitedHealthcare
Community Plan

Outpatient Changes for Contracted Behavioral Health Providers

Prior Authorization Requirement for
Mental Health Rehabilitation Services |
and Evidence-Based Practices

2018



Agenda

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1

What are the prior authorization requirements for Mental Health Rehabilitation (MHR) and Evidence Based Practice (EBP) services?

2

What services will require prior-authorization?

3

How will UnitedHealthcare Community Plan implement these changes?

What services will require Prior-Authorization?

Services Requiring Prior Authorization

- Community Psychiatric Support and Treatment* (CPST)- H0036
- Psychosocial Rehabilitation* (PSR)- H2017
- Multi-Systemic Therapy (MST)- H2033
- Functional Family Therapy (FFT)- H0036 HE
- Homebuilders Services- H0036 HK
- Crisis Intervention- H2011
- Assertive Community Treatment- H0039
- Peer Support- H0038
- Personal Care Services- S5125, S5126
- Individual Placement and Support H2024, H2024 TTG
- Community Brief Crisis Support- H2011 HK

* This includes CPST and PSR associated with the Permanent Supportive Housing Waiver

Provider Express

- The LA Page of Provider Express
 - Authorization Templates

Provider Express

- In scope MHR and EBP services that require prior authorization can be requested through a portal located on the Provider Express website
- To access the request form, go to: providerexpress.com > Our Network > State Specific Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form



Louisiana Page: Healthy LA MHR & EBP Request Form

The screenshot displays the Optum Provider Express website for Louisiana. The top navigation bar includes links for Log In, First-time User, Global, and Site Map, along with a search bar. The main navigation menu contains Home, Our Network, Clinical Resources, Admin Resources, Video Channel, Training, About Us, and Contact Us. The breadcrumb trail reads: Optum - Provider Express Home > Our Network > State-Specific Provider Information > Welcome Louisiana.

The main content area is titled "Welcome to the Optum Network!" and features "Louisiana Provider Resources" with sections for Optum Network Manual, Clinical Criteria, Best Practice Guidelines, and Coordination of Care (COC). A sidebar menu on the right lists various resource categories, with a blue arrow pointing to the "Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form (online)" link under the "Authorization Templates" section.

Optum Provider Express

Log In | First-time User | Global | Site Map

Search: Search

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home > Our Network > State-Specific Provider Information > Welcome Louisiana

Welcome to the Optum Network!

Louisiana Provider Resources

Optum Network Manual

- Network Manual
- LA Medicaid Behavioral Health Provider Manual

Clinical Criteria

- Standard Clinical Criteria

Best Practice Guidelines

- BP Guidelines

Coordination of Care (COC)

- COC Flyer
- COC Checklist

****LOUISIANA CRISIS RESPONSE SYSTEM****

[Louisiana Crisis Response System Fact Sheet](#)

****LA MEDICAID PROVIDER ENROLLMENT****

[IB22-4.pdf \(la.gov\)](#)

[Medicaid | Department of Health | State of Louisiana | \(lamedicaid.com\)](#)

Louisiana Medicaid-Specific Resources

[LA NILC Medicaid Roster Submission Form](#) - Please use this form to submit your roster of unlicensed or non-licensed clinicians (NILCs). Before submitting, verify that the NILCs have individual NPI numbers and are ready to be registered with the UHC Com. By initialing this document, you and the individual providers are attesting that the information is true and accurate and all requirements have been completed in the Louisiana Department of Health Behavioral Health Services Provider...

General Information

Provider Announcements

Louisiana Medicaid-Specific Resources

Authorization Templates

- [Electroconvulsive Therapy \(ECT\) Template](#)
- [Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form \(online\)](#)
- [Process Changes for Substance Use Disorder Intensive Outpatient Requests](#)
- [Therapeutic Group Home \(TGH\) Template](#)

Healthy Louisiana Audit Tools

Adverse Incident Reporting

Level of Care Guidelines

Archived Documents

Accessing Your Prior Authorization

- UHCprovider.com
- Prior Authorization and Notification Tool

Accessing your prior authorizations online

UnitedHealthcare Provider Website > UHCprovider.com > Prior Authorization and Notification Tool

The screenshot shows the UnitedHealthcare Provider Portal website. The top navigation bar includes links for "Members", "New User & User Access", and a search bar. The main content area features a banner for "Celebrating National Doctors' Day on March 30" and a "UnitedHealthcare Provider Portal" section with three main tool categories: "Eligibility and Benefits", "Prior Authorization and Notification", and "Claims and Payments".

An orange arrow points to a callout box titled "Sign In With Your One Healthcare ID". This box contains a sign-in form with the following elements:

- Input field for "One Healthcare ID or email address"
- Input field for "Password" with an eye icon for visibility toggle
- "Sign In" button
- Links for "Forgot One Healthcare ID" and "Forgot Password"
- "Chat with support" link with a note: "Note: This feature is not advisable for persons with visual impairments and/or who may require audible support."

Prior Authorization tab

Eligibility **Prior Authorization** Claims and Payments Referrals Our network ▾ Resources ▾ Sign In ▾

What Would You Like to Do?

To see more information on any of these areas, open a section below to view more information.

[Expand All](#) ⊕

Determine if Notification or Prior Authorization is Required for a Patient and Service ▾

Submit a Request for Prior Authorization and Notification ▲

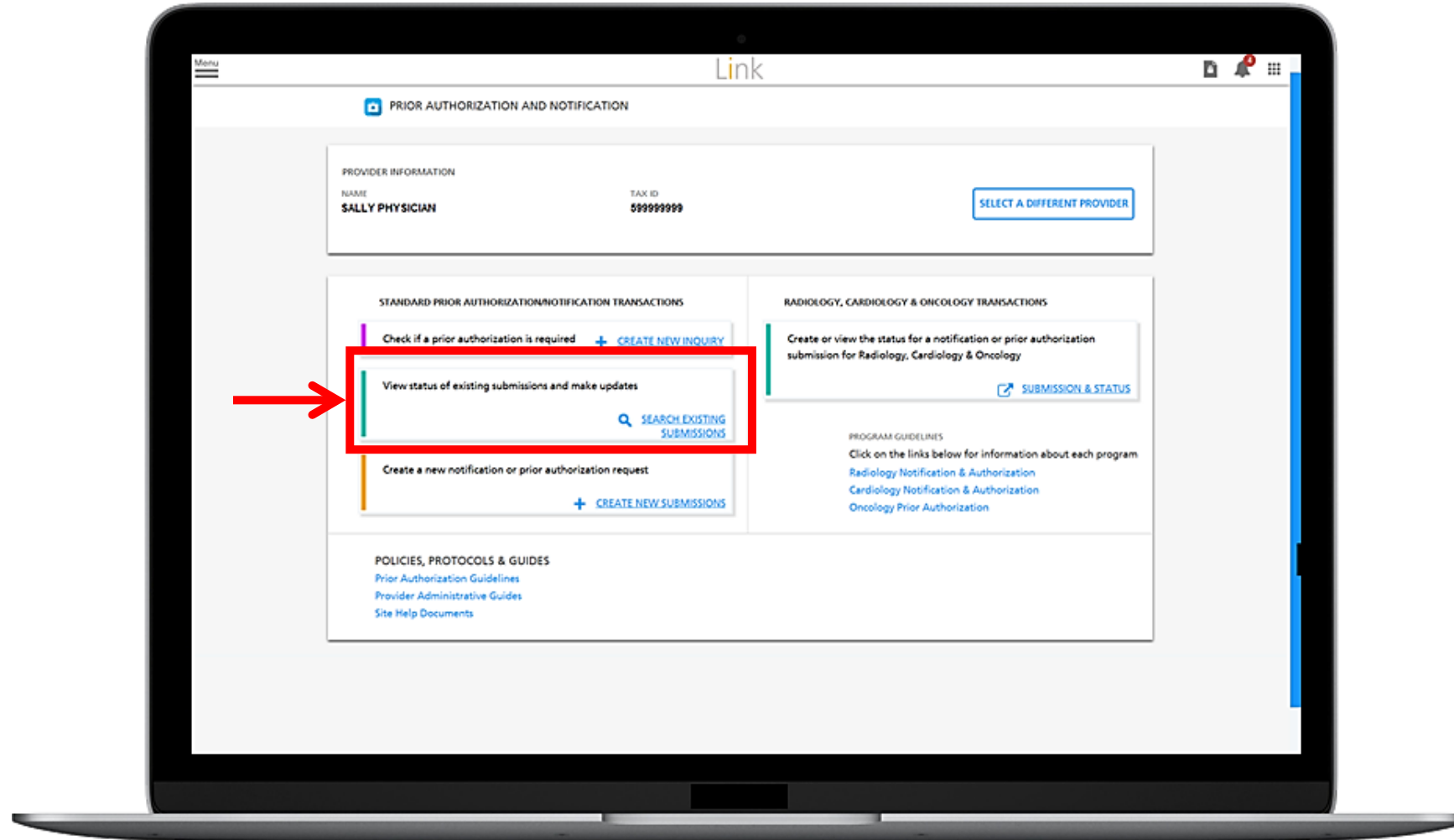
[Go to Prior Authorization and Notification Tool](#)

Helpful Resources

[Medical Records Requirement for Pre-Service](#) [↗](#): Prepare suggested materials in advance to decrease the need for repeated requests, improve turnaround time for medical records reviews and help improve the claims process.

[M&R Part B Specialty Medical Injectable Drugs QRG](#) [↗](#): This Quick Reference Guide (QRG) informs providers about changes to the Prior Authorization process for Part B drugs, that became effective January 3, 2022.

Accessing your prior authorizations



Accessing your prior authorizations cont.

- Select a **Search Method**
- Enter the required information and click **Search**

PROVIDER INFORMATION

NAME	ADDRESS	TAX ID	SELECT A DIFFERENT PROVIDER
CHILDRENS HOSP		97977977	

SEARCH BY NOTIFICATION/PRIOR AUTHORIZATION NUMBER

SEARCH BY REQUESTING PROVIDER

START DATE* END DATE*

mm/dd/yyyy mm/dd/yyyy

PHYSICIAN/PROVIDER ADDRESS

SERVICE SETTING STATUS

SEARCH BY MEMBER ID AND DOB

SEARCH BY MEMBER ID AND NAME

SEARCH BY MEMBER NAME, DOB AND STATE

BROWSE UPDATES WITHIN LAST 7 DAYS

[CANCEL](#) [SEARCH](#)

Accessing your prior authorizations cont.

- View the **Search Results** at the bottom of the screen
- Click on the desired **Notification/Authorization #** to view the details

06/19/2017 07/03/2017
mm/dd/yyyy mm/dd/yyyy
PHYSICIAN/PROVIDER ADDRESS
SERVICE SETTING: All STATUS: All
SEARCH BY MEMBER ID AND DOB
SEARCH BY MEMBER ID AND NAME
SEARCH BY MEMBER NAME, DOB AND STATE
BROWSE UPDATES WITHIN LAST 7 DAYS
CANCEL SEARCH

SEARCH RESULTS Showing 1 to 2 of 2 View per page 10 < 1 of 1 >

ROW#	NOTIFICATION AUTHORIZATION #	MEMBER ID	LAST NAME	FIRST NAME	SERVICE SETTING	PLACE OF SERVICE	SERVICE DATES	CASE STATUS
1	A010000005	888888888	PATIENT	NATHAN	Inpatient	Acute Hospital	06/30/2017-07/01/2017	Open
2	A010000001	999999999	PATIENT	MARIE	Outpatient Facility	Outpatient Facility	06/23/2017-06/23/2017	Closed

Showing 1 to 2 of 2 View per page 10 < 1 of 1 >

Accessing your prior authorizations cont.

Service Details and Procedure Details are where services codes and number of units will be displayed

The screenshot shows a laptop screen with a web form. The form is divided into several sections, each with a dropdown arrow on the left:

- SERVICE DETAILS**: This section is highlighted with a red box. It contains two dropdown menus labeled "PLACE OF SERVICE*" and "SERVICE DETAILS*", both currently set to "Outpatient Facility". Below these are two buttons: "Add another diagnosis code" and "Add another procedure code".
- PROCEDURE DETAILS**: This section is not highlighted. It contains a button: "Add another procedure code".
- REVIEW PRIORITY**: This section is not highlighted. It contains a checkbox for "Expedited Review" and a paragraph of text: "By checking this box and indicating that you are requesting an Expedited Review, you acknowledge that you have read and are adhering to the regulations pertaining to requesting an Expedited Review. Medicare: 42 CFR Section 422.570 Medicaid: CFR Section 438.210 All other membership: Health Care Reform - PPACA and DOL 29 CFR 2590.715.2710 AND 29 cfr 2560.503".
- CLINICAL NOTES**: This section is highlighted with a red box. It contains a text area with the instruction: "Enter clinical information in the section below. You will also have the ability to attach clinical documentation on the confirmation page once you submit your request."

Prior Authorization and Notification Tool Resources

Live training session

- [UHCprovider.com](#) > Menu > Resource Library > Training > [Prior Authorization and Notification Overview](#)

UHC On Air

- [UHCprovider.com](#) > Menu > Resource Library > [UHC On Air](#)

Other training resources

- [UHCprovider.com](#) > Menu > Prior Authorization and Notification > [Prior Authorization and Notification Tool](#) > Quick Reference Guides, Videos and Training Tools



Frequently Asked Questions

Where do I submit my authorization requests?

The Louisiana Page of Provider Express

To access the request form, go to: providerexpress.com > Our Network > State Specific Information > Louisiana > Authorization Templates

Where do I check online for my authorizations?

UHCprovider.com

To access the Prior Authorization and Notification Tool Go to: UHCprovider.com > Sign In: With Your One Healthcare ID and Password > Prior Authorization and Notification Tool

If I am having trouble viewing my authorization online, who do I contact?

Technical Assistance

uhcprovider.com/en/contact-us/technical-assistance.html

Frequently Asked Questions

Is the submission process the same for Homebuilders, Functional Family Therapy, and Multi-Systemic Therapy?

The LOCUS/CALOCUS and the Members Choice Form are not required

Assessments are not required with the initial request (Please submit assessment with the follow-up requests.)

Please request the authorization within 24-48 hours of initial assessment

New members requiring MHR services

- For new enrollees seeking MHR services after September 1, 2018, providers will need to obtain prior authorization from UnitedHealthcare Community plan using the portal
- The following information will be needed for all new and subsequent authorization requests:
 - Level of Care Utilization System (L.O.C.U.S). Assessment
 - Children and Adolescent Level of Care Utilization System (C.A.L.O.C.U.S.) Assessment
 - Member Choice Form

Need more units for new or existing members?

To request more units for new or existing members:

- Go to: providerexpress.com > Our Network > State Specific Information > Louisiana > Authorization Templates
- Complete the **Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form**
- Include the LOCUS and/or CALOCUS Assessment
- Member Choice Form
- Providers can request more units through the portal before the end of the six-month period.


Level of Functional Impairment Reminder

Clinical Information:

Current Primary DSM-5 Diagnosis Code

Secondary DSM-5 Diagnosis Code Second

Tertiary DSM-5 Diagnosis Code Ter

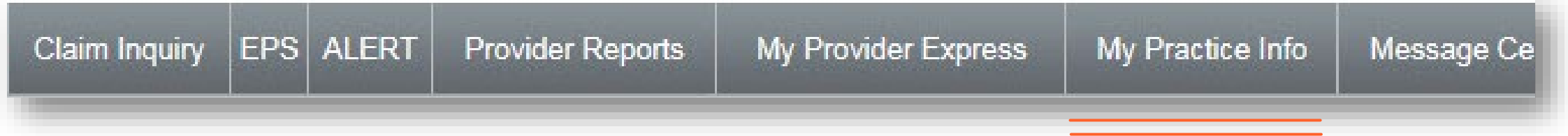
 Level of Functional Impairment

Progress Towards Goals

Other Services Provided by Requesting or Other Entity

Is Coordination of Care Occuring with the above providers?

Staying current with “*My Practice Info*”



Keeping your information up to date ensures that referrals will find you, and that you get reimbursed promptly and accurately.



Change, add or modify your address and other demographic information



Indicate your availability to accept new patients into your practice



Let us know if you are going to be away for an extended period of time

Thank You!

UnitedHealthcare Community Plan
Provider Call Center

Phone: **1-866-675-1607**

Email: networkse@optum.com