

## BHP Authorization Grid

### Mental Health Authorization Guidelines

SERVICE TYPE	INITIAL REQUEST GUIDELINES  <i>**Done by CM</i>	CONTINUING REQUEST GUIDELINES  <i>**Done by CM</i>
<b>Autism Therapy – Intensive</b>	20-40 hours per week for 6 months	20-40 hours per week for 6 months
<b>TMS</b>	30 sessions	6 sessions
<b>IRTS</b> H0019	90 days	Up to 30 additional days
<b>Crisis Residential</b> H0018	10 days	Up to 10 additional days
<b>CRTC</b> H0019	14 days	Up to 28 additional days
<b>MENTAL HEALTH RESIDENTIAL</b>	Up to 10 days	UR update. Auth depends on request and medical review.
<b>IP MH, IP MI/CD</b>	Minimum of 3, up to 5 days	UR update. Auth depends on request and medical review.

### CHEMICAL HEALTH AUTHORIZATION GUIDELINES

SERVICE TYPE	INITIAL AUTHORIZATION GUIDELINES	CONCURRENT AUTHORIZATION
<b>Hospital Based Inpatient (Detox)</b>	Minimum of 3, up to 5 days	UR update or Physician to Physician one time per week. Auth depends on request and medical review.
<b>Non-Hospital Based Inpatient (Detox)</b>	Minimum of 3, up to 5 days	UR update or Physician to Physician one time per week. Auth depends on request and medical review.
<b>Hospital Based Residential</b>	15 treatment days	Up to 15 additional treatment days
<b>Treatment Residential</b> (Including high, medium, and low intensities; and outpatient with billable room and board)	30 treatment days	Up to 60 additional treatment days

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### Notification/Authorization Required for Non-Network Providers

<b>OUTPATIENT THERAPY</b> (90832, 90834, 90837, 90846, 90847, 90875, 90876)	26 sessions/12 months	Up to 26 additional sessions for 12 months
<b>GROUP THERAPY</b> (90853)	52 sessions/12 months	Up to 52 additional sessions for 12 months
<b>MEDICATION MANAGEMENT</b> (90792, 99201-99205, 99211-99215, 99243-99245, G0463) (Therapy Add On - 90833, 90836, 90838, 99354 - cannot be primary codes)	24 sessions for 24 months	Up to 24 additional sessions for 24 months
<b>INTERACTIVE COMPLEXITY</b> (90785) Can be used with: DA, OP Therapy, Group Therapy, or Medication Management	Include same quantity as primary code(s) requested **Must include documentation of reasoning for use of code	Include same quantity as primary code(s) requested **Must include documentation of reasoning for use of code
<b>PSYCHOLOGICAL EVALUATION / TESTING</b> Up to 2-90791 96101, 96102, 96103, 90887	Up to 10 hours for 3 months	Up to 5 additional sessions. *A copy of test report may be requested
<b>NEUROPSYCH TESTING</b> Up to 2-90791 96118, 96119, 96120, 90887	Up to 10 hours for 3 months	Up to 5 additional sessions. *A copy of test report may be requested
<b>DAY TREATMENT</b> H2012	312 hours for 6 months	Up to 312 additional hours and up to 6 months (per calendar year).
<b>CTSS</b> H2014 (15 min unit) FRASER Only	200 hours for 6 months	200 hours for 6 months
<b>Autism Therapy – Non-Intensive</b> (Allowed by Prf1: 0364T, 0365T) (NOT allowed by Prf1: 0347T-0363T, 0366T-0374T, T1024, T1027)	< 20 hours per week for up to 6 months	< 20 hours per week for up to 6 months
<b>ARMHS</b>  <b>Adult Rehabilitative Mental Health Services</b>	300 H2017 per year 10 hrs of 90822 per month/max 72 for year 26 hrs H0034 per year	300 H2017 per year 10 hrs of 90822 per month/max 72 for year 26 hrs H0034 per year
<b>MOBILE CRISIS</b> S9484 or S9485 (60min units)	4 for 3 months Pt entered in POP	Up to 4 additional for 3 months
<b>PSYCHOTHERAPY FOR CRISIS</b> 90839 = first 60 min 90840 = add on code, each addt'l 30 min	No Auth Required for Prf1 plans	No Auth Required for Prf1 plans
<b>DBT</b> (H2019 U1/ H2019 U1 HQ)	6 months	Up to 6 additional months
<b>PARTIAL</b> H0035	10 days	UR update. Auth depends on request and medical review by MD
<b>Chemical Health Assessment</b> (H0001)	1 for 3 months	NA
<b>Chemical Health Outpatient Treatment</b>	Up to 6 months	Up to 6 additional months
<b>Medication Assisted Therapy (MAT)</b> Methadone, Suboxone, Antabuse, etc.	Up to 180 days	Up to 180 additional days

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<b>OP ECT</b>	<p>6- 90870 for 6 months when discharged from IP ECT treatment</p> <p>3-90870 for 6 months when new patient</p>	<p>UR update or Physician to Physician generally at least one time per week or as required. Auth depends on request and medical review.</p>
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### Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u> List all applicable:	<u>Details of Revision Made</u>
	<ul style="list-style-type: none"> <li>- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).</li> <li>- Change in process/procedure</li> <li>- Change in requirements</li> <li>- New attachments or forms added</li> <li>- Updated documentation to clarify policy</li> <li>- Other</li> </ul>	
10.19.2017	Change in process/procedure	Initial Request Guidelines updated for IP MH, Hospital Based Inpatient (Detox), and Non-Hospital Based Inpatient (Detox) per Clinical Committee determination on 10/18/17.