NEW JERSEY HUMAN SERVICES

# Managed Care Prior Authorization Guidance for Phase 1 Substance Use Disorder Services

## NJ FamilyCare Behavioral Health Integration

Prepared jointly by the NJ Division of Medical Assistance and Health Services (DMAHS) and the Medicaid Managed Care Organizations

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# About this guide

This guide serves as a resource for behavioral health providers with New Jersey's (NJ) Medicaid Program, NJ FamilyCare, who provide BH Integration Phase 1 Substance Use Disorder (SUD) services, which are:

- Substance Use Disorder Counseling and Psychotherapy
- Substance Use Disorder Intensive Outpatient
- Substance Use Disorder Partial Care
- Ambulatory Withdrawal Management

Within this guide, providers will find comprehensive guidance on the managed care prior authorization (PA) process, including:

- Which services require a PA request
- How to complete and submit a PA request
- How an MCO processes and reviews a submitted PA request
- How to appeal a PA determination
- State and MCO PA resources

This guide is not intended to replace detailed guidance provided by each MCO, such as information included in MCO provider manuals, which are an essential resource for any provider seeking to participate with a specific MCO

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# Four key steps in managed care prior authorization

1. Determine when PA is required
   - For which services is PA required vs. not required?
2. Complete and submit PA request
   - What are the required fields / information I must submit?
   - Where do I submit my PA request?
3. MCO processes PA request
   - How does the MCO review my PA for medical necessity?
   - How long will it take to process my PA request? (i.e., turnaround time)
   - How long will my PA last, if approved? (i.e., authorization duration)
4. Dispute and/or appeal PA decision
   - My PA got denied. What can I do?
   - Who can I contact to help me?

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# Phase 1 PA submission requirements for in-network and out-of-network providers by MCO as of May 1, 2026

✓ - PA required for service

| | Aetna | | Fidelis Care | | Horizon NJ Health | | UnitedHealthcare | | Wellpoint | |
|---|---|---|---|---|---|---|---|---|---|---|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network[1] | In-network | Out-of-network | In-network | Out-of-network |
| MH / SUD partial care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| MH partial hospital | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Acute partial hospital | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| SUD intensive outpatient | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| SUD ambulatory withdrawal management | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| MH / SUD outpatient counseling and psychotherapy | | ✓ | | ✓ | | | | ✓ | | |

**Claims will be denied** for providers who **do not follow these requirements**

1. For Horizon: Out-of-network providers who use the HF and UC modifiers or are a nurse psychiatry, psychiatry, child psychiatry, or neurology specialty type do not need to submit PAs for evaluation and management (E&M) service codes; all other out-of-network providers (e.g., primary care physicians) must submit a PA for these E&M codes



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# 3 NJSAMS modules are sent to the MCOs to constitute a SUD PA request:

1. **DSM-5**, to cover the member's diagnoses
2. **LOCI-3**, to cover full clinical assessment across ASAM dimensions and recommendations for level of care
3. **Admission**, to cover member demographic and contextual information

**Providers** complete the modules in the following order….

**DSM-5 → LOCI-3 → Admission**

**MCOs** will typically review the PA in the following order….

**Admission → DSM-5 → LOCI-3**

*to first review the contextual information to build a PA case and then the clinical information to determine medical necessity*

DMAHS will structure the guidance in the order that MCOs review the modules

# For SUD PAs to pass administrative review, information must be entered on the member and provider across the Admission, DSM-5, and LOCI-3 modules

## Admission

**Member information:**

- Demographic information (e.g., name, DOB, SSN, address)
- Household and living situation
- Education and employment
- Legal and veteran status
- Insurance information
- Admission and level of care details

**Provider information:**

- Agency name
- Medicaid ID
- Facility / agency NPI
- Referral source

## DSM-5

**Provider information**

- Counselor Name
- Counselor Credentials
- Supervisor Name
- Supervisor Credentials

## LOCI-3

**Provider information**

- Counselor Name
- Supervisor Name
- Counselor / Supervisor contact information (e.g., phone number, email, fax number)
- Supervisor credentials

Providers should **call the MCO to designate urgency** of the requested level of care

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# Completing clinical information in Admission module

# Providers should specify the member's clinical information at the point of admission in this module

## Clinical information needed for MCO to process PA request

- Providers provide the following clinical information in the Admission comments field:
  - Recovery support programs
  - Current treatment and medication
  - Chronic health conditions and diagnoses

## Admission comments field

- Providers should specify the member's medication history and any additional clinical information as required by the MCO
- *Located at end of Admission module*


*MCO content requirements for this field to follow*

**Please note:** This field is not a mandatory field in NJSAMS; **however, providers must complete it when submitting PAs to MCOs.**

# Guidance for completing Admission comments section

## Specifying member medication history

- List of current and past medications used
- For each medication, include
  - Name
  - Indication / reason
  - Start date
  - Adherence
  - Specialty and name of prescribing provider *(if reported by patient)*
- Indicate if member is currently on medication-assisted treatment (MAT)
  - If so, include frequency of MAT and member response to treatment

## Additional information to include in comments

- Requested end date of service
- Anticipated full length of stay at requested level of service (including continued stays – i.e., total treatment course)

# Completing clinical information in the DSM-5 module

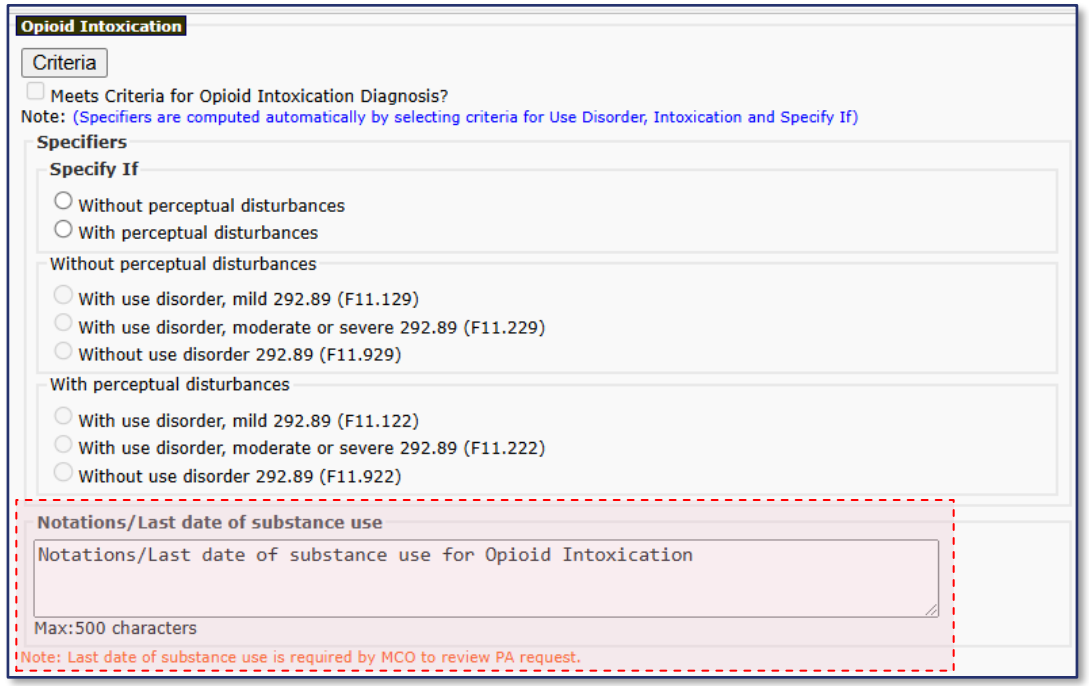
# The DSM-5 module evaluates a member across a series of SUD diagnoses

## Clinical information to specify in DSM-5

- Module requires providers to assess members across 12 diagnoses
- For each diagnosis, providers are requested:
  - Check off whether member exhibits diagnosis criteria
  - Indicate whether member meets any additional specifications
  - Complete the notations / last date of substance use field to specify additional clinical information

*MCO content requirements for this field to follow*

# For each diagnosis, providers should use the comments box to denote last dates of substance use and additional important information




## DSM notation boxes should include…

- Substances used by member
- For each substance, include the following:
  - Amount of substance used (frequency of use is in the admission section)
  - Date of first use (age of first use is in the admission section)
  - Date of last use
  - Any past treatment for that substance (e.g., medication-assisted treatment, outpatient services, inpatient services)

# Completing clinical information the LOCI-3 module

# The LOCI module includes 6 sections where the provider assesses the appropriate level of care for the member across the ASAM dimensions

## 6 LOCI Dimensions

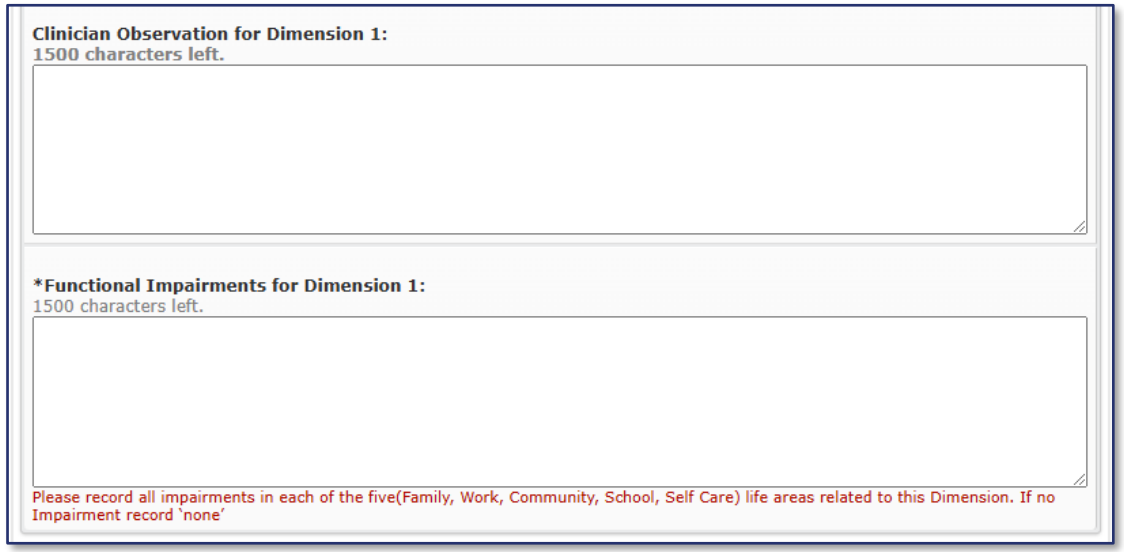
- Providers **evaluate member across the 6 ASAM dimensions**

- Each dimension includes:
  - Clinical criteria checkboxes to assess the member's condition
  - Free response field to specify **clinical observations**
  - Free response field to specify **functional impairments**

**Do not use 'boiler plate' LOCI information**

LOCI should be **specific to the member at that point in time**

LOCI module must be **updated for any extension requests**




*MCO content requirements for these free response fields to follow*

# Dimension 1: Acute Intoxication / Withdrawal Potential

## Guiding questions for documenting clinical observations in Dimension 1

- What risk is associated with the patient's current level of acute intoxication?
- Is there significant risk of severe withdrawal symptoms based on…
  - the patient's previous withdrawal history?
  - the patient's current pattern of use?
- What is the patient's last date of use?
- What are the current physical and objective signs of withdrawal (e.g., tremors, sweating)?
- Are there any post-acute withdrawal symptoms (PAWS)?
- Does the patient have supports to assist in ambulatory detoxification, if medically safe?
- Has the patient been using multiple substances in the same drug class?
- What are the patient's withdrawal scale score (e.g., CIWA-Ar, COWS)?
- *(Only for ambulatory withdrawal management)* What are the patient's vital signs?

## Examples of how to specify functional impairments

- Risk of medical complications or harm related to withdrawal
- Need for monitoring or medical intervention
- Lack of access to emergency medical care or monitoring

# Dimension 2: Biomedical conditions and complications

## Guiding questions for documenting clinical observations in Dimension 2

- Are there any current and / or chronic physical illnesses, aside from withdrawal, that could complicate treatment?
  - If so, do these conditions require ongoing medical attention?
  - Is the patient currently receiving medical care for these conditions?
- Is the member taking prescribed medications for medical conditions?
  - How would you describe the member's medication adherence?
  - What are the side effects of the medication?
- Does the patient have any pain conditions that need ongoing management?
- If applicable, what accommodations does the member need for mobility issues and / or sensory impairments?
- How does their substance use affect their physical health conditions and / or treatment?

## Examples of how to specify functional impairments

- Limitations in physical functioning
- Need for coordination with primary care specialists
- Barriers to treatment participation due to health issues

# Dimension 3: Emotional, behavioral, or cognitive conditions and complications

## Guiding questions for documenting clinical observations in Dimension 3

- What are the emotional, behavioral, or cognitive conditions that need to be addressed because they complicate treatment *(include problems expected as a part of the addictive disorder and those that appear to be autonomous)*
- If applicable, what is the patient's history of psychiatric hospitalization and / or treatment?
- What is the relationship between patient's addictive disorder and any emotional, behavioral, or cognitive conditions?
- Is the patient receiving prescribed psychotropic medication for emotional, behavioral, or cognitive problems?
  - If so, what are the medications, and what were they prescribed to address?
  - How is the member's adherence to the medication?
- What is the patient's mood, affect, and orientation?
- What is the patient's suicidal and homicidal risk?

## Examples of how to specify functional impairments

- Difficulty engaging in treatment or managing emotions
- Disruption in relationships, work, or daily functioning
- Need for behavioral health support or stabilization

# Dimension 4: Readiness to change

## Guiding questions for documenting clinical observations in Dimension 4

- What is the individual's emotional and cognitive awareness of the need to change?
  - Are there emotional, cognitive, or environmental barriers that interfere with readiness?
- What is the individual's level of commitment to and readiness for change?
- How engaged has the individual been in past treatment activities, and have they cooperated or followed through with treatment recommendations?
- How aware is the individual of the relationship between alcohol or drug use and negative consequences?
  - Do they understand the consequences of continued substance use?
- What is motivating the individual to seek treatment now?

## Examples of how to specify functional impairments

- Inconsistent participation in treatment
- Difficulty setting or following through on recovery goals
- Need for motivational enhancement strategies

# Dimension 5: Relapse, continued use, continued problem

## Guiding questions for documenting clinical observations in Dimension 5

- Is the patient in immediate danger of continued alcohol or drug use?
- What are the patient's past attempts at abstinence and historical pattern of relapse?
- How aware is the patient of their ability (or lack thereof) to cope with problems and further distress?
- If reported, what are the patient's strategies to cope with…
  - Cravings to use substances related to their addictive disorder?
  - Problems related to their mental disorder or behavioral, emotional, or cognitive conditions?
  - Other life problems and further distress?
- How aware is the patient of their relapse triggers? If reported, what are they?
- How severe are the patient's problems and distress that may continue or reappear if the patient is not successfully engaged in treatment at this time?
- Have addiction or psychotropic medications assisted in recovery before?

## Examples of how to specify functional impairments

- Consequences of relapse related to functioning
- Inability to manage cravings or stress
- High-risk behaviors or environments
- Need for structured relapse prevention

# Dimension 6: Recovery Environment

## Guiding questions for documenting clinical observations in Dimension 6

- Do any family members, significant others, living situations, or school or work situations pose a threat to the patient's safety or engagement in treatment?
  - What is the patient's current exposure to substance use or violence?
- How supportive and stable are the patient's relationships (e.g., family, friends), living situation, financial resources, educational/vocational resources, or community resources?
  - How can they rely on these elements of their recovery environment to increase the likelihood of successful treatment?
- What transportation, childcare, housing, or employment issues need to be clarified / addressed and how?
- If applicable, what support or recovery programs is the member engaged in?
- What are any legal, vocational, social service agency, or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?

## Examples of how to specify functional impairments

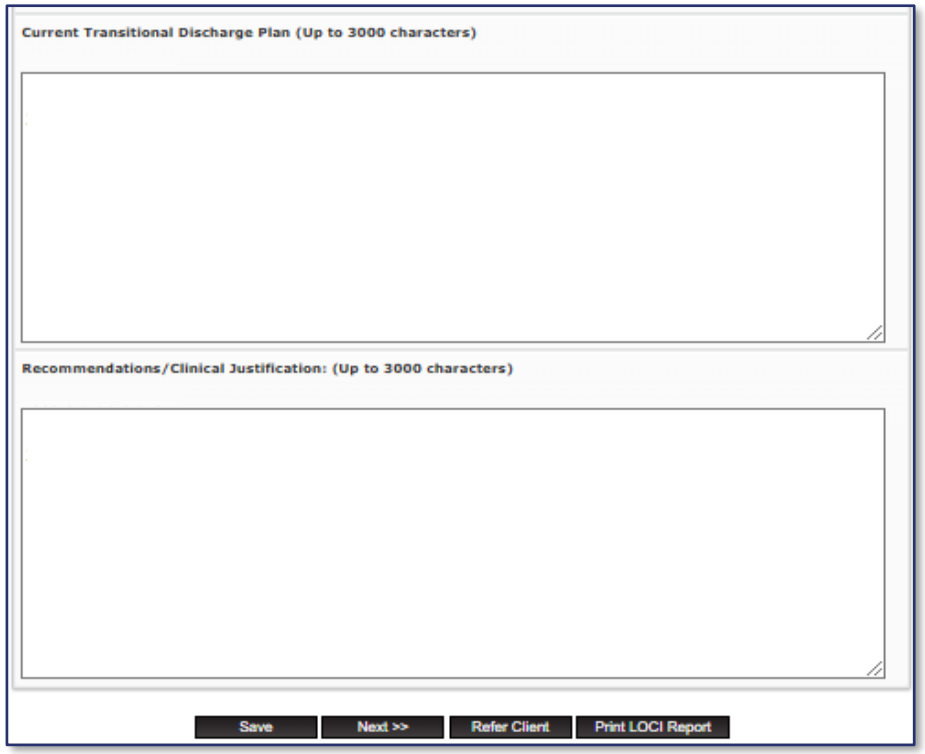
- Environmental barriers to treatment engagement
- Lack of transportation, food, or safety
- Unsafe living environment
- Need for case management or housing support

# The LOCI summary summarizes clinical information submitted in the dimensions and where the provider recommends the level of care

## LOCI Summary of Findings

- Section is automatically populated with a LOCI indicated level of care based on LOCI responses

- Providers should indicated the following:
  - Level of care indicated in LOCI
  - If recommendation is different from LOCI
  - A justification for revising the LOCI using Free response field for **recommendations / clinical justifications**
    - **Current transitional discharge plan** is used when provider is indicating or a step down or step up in the level of care




*MCO-specific content requirements for these free response fields to follow*

# Providers should begin discharge planning early…

## Tips for effective discharge planning

- Discharge planning should begin **as early as possible**, ideally at the time of intake or admission
- Include **input** from the entire **care team**, the **patient**, **family members, and community supports**
- Ensure the plan **reflects the patient's preferences**, anticipated **challenges**, and desired **outcomes**

# …and use the current transitional discharge plan field in NJSAMS

## Required components of the transitional discharge plan

- Preliminary discharge recommendations
  - Where the member would discharge to
  - How the member will demonstrate readiness for discharge
- Safety and crisis plan
- Preliminary coordination of care
  - Linkages to continuing care and supports (e.g., community resources, family engagement)
  - Any BH and / or PCP visits *(should be scheduled within 7 days post-discharge)*

***Examples follow***

# Example of complete transitional discharge plan for SUD intensive outpatient (IOP)

DMAHS has outlined a sample transitional discharge plan for SUD IOP. Submissions to this field will look similar for SUD partial care, except members often discharge to IOP services

- **Preliminary discharge recommendations:** Member will transition to standard outpatient therapy and ongoing recovery supports following successful completion of IOP.
- **Readiness for discharge:** Member will be expected to demonstrate consistent attendance, adherence to medications, engagement in group and individual sessions, and application of relapse prevention and copings skills.
- **Safety and crisis plan:** A crisis and safety plan was developed at intake, including triggers, warning signs, coping strategies, emergency contacts, and referral to crisis lines if needed.
- **Preliminary coordination of care:**
  - Referral placed for outpatient psychotherapy and medication management with Jane Doe Medical Center
  - Recovery supports (e.g., NA / AA or community-based peer groups) identified for continuation
  - Treatment team will coordinate with sober living environment staff to ensure structured housing support continues through and after discharge

# Example of complete transitional discharge plan for Ambulatory Withdrawal Management (AWM)

Discharge plans for AWM should specify clearly how withdrawal symptoms and cravings will be managed after AWM is completed.

- **Preliminary discharge recommendations:** Member will transition to IOP, including medication management
- **Readiness for discharge:** Member will be expected to demonstrate stable vital signs, resolution of acute withdrawal symptoms, adherence to prescribed withdrawal medications, and ability to participate safely in structured group and individual treatment at the IOP level.
- **Safety and crisis plan:** A crisis and safety plan was completed at intake, including identification of triggers, emergency contacts, relapse prevention strategies, and linkage to 24/7 crisis resources.
  - At discharge, treatment team will explain and include information for the member on the increased risk of overdose given decreased tolerance following detoxification
- **Preliminary coordination of care:**
  - IOP intake scheduled with Smith Medical Center on 9/12/2025
  - Housing plan confirmed with sober living environment to provide structure and accountability after day programming
  - Parents will remain engaged with member during IOP treatment

# Guidance for completing the recommendations / clinical justifications field

## Clinical justifications should establish clinical necessity by…

- Demonstrating appropriateness of care, including…
  - Why the treatment is necessary now
  - Why the member needs this level of care
- Using clinical documentation to justify decisions
  - Address ASAM criteria across all six dimensions
  - Use DSM-5 diagnostic criteria and link diagnoses to clinical observations and functional impairments
- *(For extension requests)* Indicating progress made, clinical issues not yet resolved, and how continued care will resolve / address those issues

# Examples of complete submissions

## SUD Intensive Outpatient

Member meets DSM-5 criteria for Alcohol Use Disorder, with daily use causing **major occupational, social, and functional impairments**. He is **medically stable** post-withdrawal (Dim. 1) with no acute biomedical needs (Dim. 2); however, he demonstrates **ambivalence to treatment** (Dim. 3)**, limited coping, and motivational challenges** (Dim. 4), while also living in an **unstable recovery environment** (Dim.6). These problems have led to frequent relapse (Dim. 5). IOP services are medically necessary to provide **structured therapy, relapse prevention, and coordinated support** beyond what outpatient care can deliver.

## SUD Partial Care

Member meets DSM-5 criteria for Opioid Use Disorder, with **daily fentanyl use, multiple recent relapses, and failed attempts at lower levels of care**. Though medically stable (Dim. 1-2), his **anxiety, panic attacks, and impaired functioning complicate recovery** (Dim. 3-4), and he faces **high relapse potential** with minimal supports in an **unstable environment** (Dim. 5-6). Partial Care is medically necessary to provide **intensive daily structure, relapse prevention, medication monitoring**, **and therapeutic support** beyond the outpatient level.

## Ambulatory Withdrawal Management

Member meets DSM-5 criteria for Alcohol Use Disorder and **presents with recent relapse, moderate withdrawal symptoms** (CIWA 10), and **history of functional decline** during abstinence (Dim. 1). He is medically stable without acute biomedical complications requiring inpatient care (Dim. 2), but **co-occurring anxiety and bipolar** can complicate recovery (Dim. 3). He expresses **limited readiness to change** and a **high relapse potential** given recent burdensome life events (Dim. 4-5). Given **moderate withdrawal symptoms**, AWM is medically necessary to provide **daily monitoring, medication management, and motivational intervention** to maintain functioning.

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# Providers should submit all PA requests for Phase 1 SUD services for adults and youth via NJSAMS

| Services | Population Type | Where do providers submit the PA? | PA processed by MCO or IME? *(as of Jan '25)* |
|---|---|---|---|
| **Phase 1 services**<br>• Intensive Outpatient<br>• Partial Care<br>• Ambulatory Withdrawal Management<br>*Note: Includes Recovery Court* | **General population** | **NJSAMS** | **MCO** |
| | **Presumptive eligibility or members without an active MCO** | **NJSAMS** | **IME** |
| | **Specialty (MLTSS, DDD, FIDE-SNP) population** | **NJSAMS** | **MCO** |

# Aetna | Additional MCO-specific guidance for SUD PAs

## SUD Prior Authorizations

Additional information guidance:

- Please provide the contact information of the clinician that would need the prior authorization information.
- If able, please include a fax number as this is the most streamline way to communicate.
- For Continued Stay reviews, update all 6 dimensions and provide any necessary information to justify the need for extended treatment. This can include faxing us:
  - Treatment plans, progress notes, etc.

Where to submit SUD PA requests:

- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:

- Decisions sent back through **NJSAMS**

# Fidelis Care | Additional MCO-specific guidance for submitting SUD PAs

## SUD Prior Authorizations

Where to submit SUD PA requests:

- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:

- Decisions sent back to provider through **NJSAMS**

**To determine if a service requires authorization see our website: https://www.fideliscarenj.com/en/New-Jersey/Providers/Authorization-Lookup**

# Horizon NJ Health | Additional MCO-specific guidance for submitting SUD PAs

## SUD Prior Authorizations

Where to submit SUD PA requests:

- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:

- SUD PA requests submitted through **NJSAMS** are loaded into Availity; therefore, providers can check outcomes of submitted SUD PA requests via the portal
- In addition, providers will also be able to view decisions in **NJSAMS**

# UnitedHealthcare | Additional MCO-specific guidance for submitting SUD PAs

## SUD Prior Authorizations

Additional information guidance:

- UHCCPNJ receives authorization requests via NJSAMS, which is a one-way communication system. We cannot send any information back to the provider via this one-way communication system
- It is important to have a current and updated contact at the facility/org
- Once authorization is given by UHCCPNJ BH based on an NJSAMS submission, the provider can view that authorization in Provider Express.com

Where to submit SUD PA requests:

- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:

- Decisions sent back to provider through **NJSAMS**
- SUD PA requests submitted through NJSAMS are also loaded into Provider Express; therefore, providers can check outcomes of submitted SUD PA requests via the portal

# Wellpoint | Additional MCO-specific guidance for submitting SUD PAs

## SUD Prior Authorizations

Additional information guidance:

- It is important to have a current and updated contact at the facility – both phone and fax numbers are important.

Where to submit SUD PA requests:

- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:

- Decisions communicated to provider through **NJSAMS**

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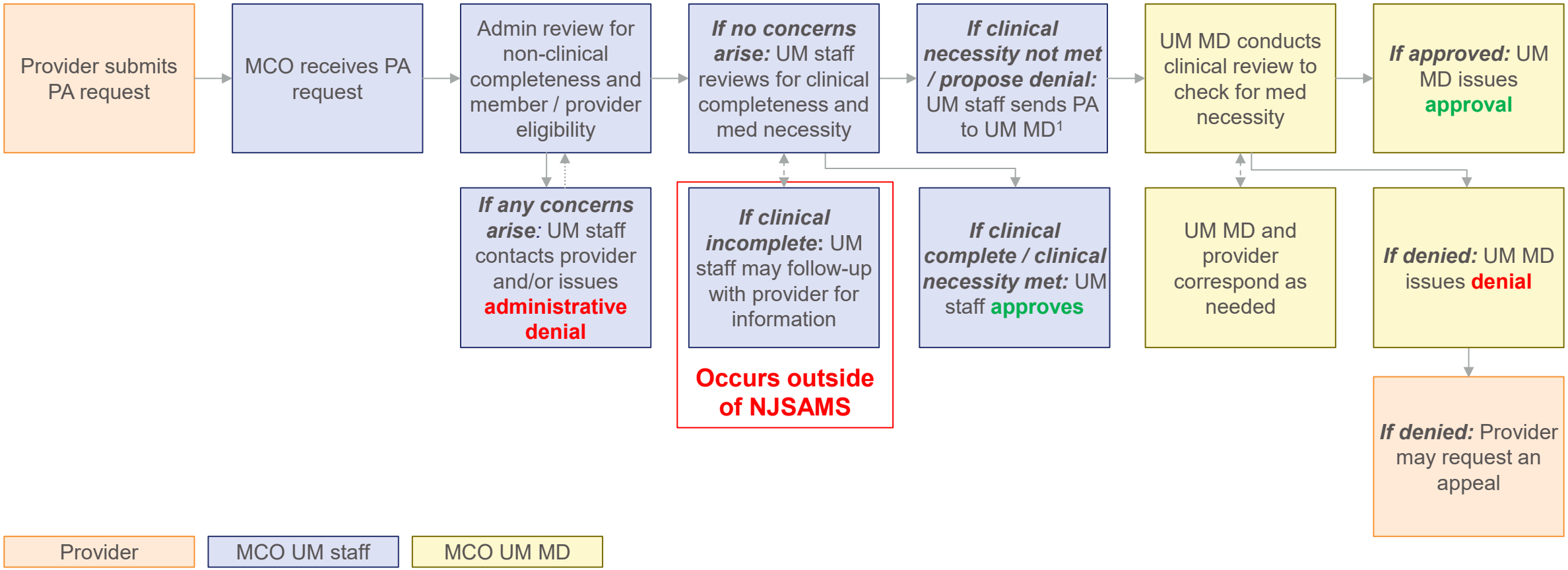
# PA review | A PA request goes through 3 different types of review once submitted to the MCO

| | Administrative review | Clinical review part 1: Completeness | Clinical review part 2: Medical necessity |
|---|---|---|---|
| **What is checked?** | • Completion of **administrative info** (e.g., member/provider IDs)<br>• Verify member **eligibility** | • Completeness of **clinical info** | • **Clinical appropriateness** and evidence of medical necessity |
| **Who conducts the review?** | • MCO **utilization management (UM)** staff | • Licensed **UM** staff (LCSW, RN, LCADC, etc.) | • Licensed **UM** staff or UM **medical director (MD)** |
| **Potential outcomes** | • If member is ineligible: **PA is automatically rejected**<br>• If admin info is incomplete and member is eligible, MCOs may:<br>  - **Administrative denial**[1]<br>  - **Follow up with provider for more information**<br>  - **Proceed to clinical review**<br>• If admin info is complete and member is eligible: **Proceed to clinical review** | • If clinical information is incomplete: **MCO may follow up with provider for more information**<br>• If clinical information is complete: **Proceed to medical necessity review** | • If medical necessity met: **Approval**<br>• If medical necessity not met: **Denial**[1]<br>  - *All medical necessity denials must be confirmed by medical director* |

1. During the BH Integration Phase 1 transition period (January 1, 2025 to at least October 31, 2025), MCOs are required to automatically approve all prior authorization requests for Phase 1 services if administrative information is completed and the member is eligible in the MCO

# Detail | PA review typically includes non-clinical and clinical reviews by UM staff followed by a clinical review by UM medical director if needed

## MCO process for reviewing PA requests under normal operations (i.e., no auto-approvals)




1. Clinical necessity reviews are typically needed when the requested services involve complex clinical scenarios requiring MD judgement (e.g., SUD partial care), UM staff is uncertain if requested level of care matches clinical standards (e.g., MH partial care), and UM staff is concerned that requested service might be unnecessary/inappropriate

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# MCOs must use ASAM criteria to evaluate medical necessity for SUD services

## Methodology and goal of ASAM criteria

- A member is evaluated across the **6 ASAM dimensions** to determine which level of care is medically necessary
- The **6 dimensions** are…
  - Acute intoxication / withdrawal potential
  - Biomedical conditions and complications
  - Emotional, behavioral, or cognitive conditions and complications
  - Readiness to change
  - Relapse, continued use, or continued problem potential
  - Recovery environment
- The goal of the assessment is to **place the member in the least intensive, but safest treatment**

## MCO requirements for ASAM[1]

- MCOs are **required to only use 3rd edition ASAM criteria** to review PAs for SUD services
- All members of **each MCO's UM staff must receive annual training on how to use ASAM** criteria to place a member in a level of care
- MCO UM staff must also **undergo inter-rater reliability testing to ensure consistent application** of criteria across the UM team

1. State MCO contract section 4.4.4C

# ASAM medical necessity criteria for SUD Intensive Outpatient

***Average full length of stay:***
*8-12 weeks*

To meet **ASAM medical necessity criteria for SUD Intensive Outpatient**, a member must demonstrate the following:

**Dimension 1:**
- Minimal risk of severe withdrawal

**Dimension 2:**
- No biomedical conditions, or
- Biomedical conditions are manageable and not sufficient to distract from treatment

**Dimension 3:**
- Mild severity of co-occurring mental health, with potential to distract from recovery
- Needs monitoring

**Dimension 4:**
- Has variable engagement in treatment, ambivalence, or a lack of awareness of the problem
- Requires structured programming several times a week to promote progress through the stages of change

**Dimension 5:**
- Intensification of addiction or symptoms indicate high likelihood of relapse or continued use or continued problems without close monitoring or support

**Dimension 6:**
- Member's recovery environment is not supportive
- With structure and support, member can cope

Source: American Society of Addiction Medicine 3rd edition criteria

# Example approval case for SUD Intensive Outpatient (I/III)

## Clinical information submitted[1] in Admission

- Member is 25-year-old female
- Completed 12th grade; never attended college; unemployed
- Diagnoses:
  - F11.21 Opioid Use Disorder, In remission
  - F10.20 Alcohol Dependence, Severe
- Prescribed suboxone (4 mg twice a day) by OBAT; opioid use is stable on medication
- Client now lacks coping skills and impulse control for alcohol use
- Admission date: 6/20/2025 for alcohol use

## Clinical information submitted[1] in DSM-5

- Opioid Use Disorder
  - Amount and frequency of substance: No current use
  - Age of first use: 20 years old
  - Date of last use: 1/15/2025
  - Any past treatment for substance: Visited OBAT in January 2025; use is now stable with suboxone
- Alcohol Dependence
  - Amount and frequency of substance: 8-10 shots of vodka 3-4 times per week; with decreased opioid use from suboxone, alcohol use has increased
  - Age of first use: 16 years old
  - Date of last use: 6/16/2025
  - Any past treatment for substance: Ambulatory withdrawal management treatment for alcohol in March 2025

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example approval case for SUD Intensive Outpatient (II/III)

## Clinical information submitted[1] in LOCI-3

**Dimension 1 – Withdrawal Potential**
- Has no serious alcohol withdrawal symptoms (CIWA score: 2)
- Has no opioid withdrawal symptoms due to suboxone medication (COWS score: 0)
- Stable vitals; does not require 24-hour medical monitoring

**Dimension 2 – Biomedical Conditions**
- Member has high cholesterol, which is being treated by PCP

**Dimension 3 – Emotional/Behavioral Conditions**
- Mild anxiety was noted in last mental status exam with difficulty falling asleep
  - PCP prescribed Seroquel 50 mg at bedtime to assist

**Dimension 4 – Readiness to Change**
- Member is in contemplative stage of change for alcohol use
- Is seeking help because parents strongly encourage it and have told member they will cut their financial support if use continues

**Dimension 5 – Relapse/Continued Use Potential**
- No reported periods of alcohol sobriety prior to recent withdrawal management treatment
- After discharge from withdrawal management on 03/10/25, member was sober from alcohol for three weeks
- Increased use of alcohol in past two months since relapse
- Reports that only coping skill is to stay away from friends who also drink
- Has little to no opioid use; stable

**Dimension 6 – Recovery Environment**
- Member misses friends who she drinks with and is struggling to let go of those relationships
- Attends a 12-step program, but has no sponsor
- Kicked out by parents; member is currently living with friend from high school who uses fentanyl sometimes
  - When roommate gets high, member reports getting jealous and resorting to alcohol because she wants to "feel something as well"

**Medical necessity outcome: Approved** for provider recommendation of **ASAM Level 2.1: Intensive Outpatient Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example approval case for SUD Intensive Outpatient (III/III)

Medical necessity against **ASAM criteria for SUD Intensive Outpatient**

**Dimension 1 – Withdrawal Potential**

- ✓ Demonstrates minimal risk of severe withdrawal

**Dimension 2 – Biomedical Conditions**

- ✓ High cholesterol is manageable and not sufficient to distract from treatment

**Dimension 3 – Emotional/Behavioral Conditions**

- ✓ Anxiety is mild severity and currently being managed / monitored by PCP

**Dimension 4 – Readiness to Change**

- ✓ Has variable ambivalence to change, evidenced by:
  - Main source of motivation is external / parental pressure
  - No indication of strong internal motivation
- ✓ Requires structured programming to progress through stages of change, as evidenced by:
  - Currently in contemplative stage (stage 2)

**Dimension 5 – Relapse/Continued Use Potential**

- ✓ Increase in alcohol use in past two months
- ✓ Indicates high likelihood of continued use without support, evidenced by:
  - Limited coping skills; reporting only strategy is avoiding friends who also drink
  - Increased use after only 3 weeks of sobriety since discharge from treatment

**Dimension 6 – Recovery Environment**

- ✓ Has an unsupportive living situation, evidenced by:
  - Being kicked out by parents
  - Staying with friend who uses fentanyl
  - Present environmental triggers
  - Lack of sponsor and sober supports

# Example denial case for SUD Intensive Outpatient (I/III)

## Clinical information submitted[1] in Admission

- Member is 27-year-old female
- Attended and graduated college
- Is currently working, but mostly financially supported by parents
  - No comments on diminished work performance
- Diagnoses:
  - F11.20 Opioid Use Disorder, Moderate
- Percocet is substance of choice
- No medications prescribed
- Admission date: 6/25/2025

## Clinical information submitted[1] in DSM-5

- Opioid Use Disorder
  - Amount and frequency of substance: 1-2 times per week of Percocet
  - Age of first use: 25 years old
  - Date of last use: 6/20/25
  - Any past treatment for substance: None

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example denial case for SUD Intensive Outpatient (II/III)

## Clinical information submitted[1] in LOCI-3

**Dimension 1 – Withdrawal Potential**
- Member has no withdrawal symptoms (COWS score: 0)

**Dimension 2 – Biomedical Conditions**
- Has no known biomedical conditions

**Dimension 3 – Emotional/Behavioral Conditions**
- Has Generalized Anxiety Disorder, but condition is stable
- Member reports anxiety does not interfere with daily life or work, except for sometimes "keeping me up at night"

**Dimension 4 – Readiness to Change**
- Member demonstrates insight into the necessity of change
- Understands the relationship between substance use and adverse consequences
- Exhibits a high level of readiness for treatment and acknowledges its positive outcomes
- Expresses strong commitment to recovery

**Dimension 5 – Relapse/Continued Use Potential**
- Member's frequency of use has not changed in the past month
- Has had some sober periods this year, which have lasted at most one month with limited withdrawal symptoms; demonstrates some ability to maintain abstinence and control
- Main trigger is when breaking up with on-again-off-again boyfriend, who lives an hour away

**Dimension 6 – Recovery Environment**
- Member presents with positive support networks and resources, including
  - Supportive friendships from high school and college
  - Financial stability due to work and support from parents
- Parents are threatening to withdraw financial support if member does not go to treatment

**Medical necessity outcome: Denied** for provider recommendation of **ASAM Level 2.1: Intensive Outpatient Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example denial case for SUD Intensive Outpatient (III/III)

Medical necessity against **ASAM criteria for SUD Intensive Outpatient**

**Dimension 1 – Withdrawal Potential**

- ✓ Demonstrates minimal risk of severe withdrawal

**Dimension 2 – Biomedical Conditions**

- ✓ Has no known biomedical conditions

**Dimension 3 – Emotional/Behavioral Conditions**

- ✓ Co-occurring anxiety disorder is stable and does not interfere with daily functioning

**Dimension 4 – Readiness to Change**

- ✗ Exhibits strong awareness to her problem with substance abuse, evidenced by:
  - Understanding the relationship use and adverse consequences
- ✗ Demonstrates significant internal motivation to change and strong commitment to recovery

**Dimension 5 – Relapse/Continued Use Potential**

- ✗ No recent increase in substance use
- ✗ Indicates moderate (not high) risk of continued use as main trigger is frequent, ongoing relationship issues, but member has shown ability to achieve and sustain short sober periods with some level of control

**Dimension 6 – Recovery Environment**

- ✗ Has supportive and positive recovery environment through family and friends

# ASAM medical necessity criteria for SUD Partial Care

***Average full length of stay:***
*4-6 weeks*

To meet **ASAM medical necessity criteria for SUD Partial Care**, a member must demonstrate the following:

**Dimension 1:**
- Moderate risk of withdrawal, but it is manageable at an outpatient level of care

**Dimension 2:**
- No biomedical conditions, or
- Biomedical conditions are not sufficient to distract from treatment or are manageable

**Dimension 3:**
- Mild to moderate severity of co-occurring mental health, with potential to distract from recovery
- Needs stabilization

**Dimension 4:**
- Poor engagement in treatment, significant ambivalence, or a lack of awareness of the problem
- Daily structured programming or intensive engagement services is required to promote progress through the stages of change

**Dimension 5:**
- Intensification of addiction or mental health problems despite participation in outpatient or intensive outpatient program
- High likelihood of relapse or continued use without near daily monitoring or support

**Dimension 6:**
- Member's recovery environment is not supportive
- With structure, support, and relief from the home environment, member can cope

Source: American Society of Addiction Medicine 3rd edition criteria

# Example approval case for SUD Partial Care (I/III)

## Clinical information submitted[1] in Admission

- Member is 36-year-old male
- Employed as a part-time barista, with reports of performance issues
- Arrested for DUI in December 2024; pending sentencing later this year
- Diagnoses:
  - F10.20 Alcohol Use Disorder, Severe
  - F41.1 Generalized Anxiety Disorder, Moderate
- Referred from emergency department after intoxication-related fall in apartment lobby, resulting in head injury
- Admission Date: 3/10/2025

## Clinical information submitted[1] in DSM-5

- Alcohol Use Disorder
  - Amount and frequency of substance: 12-pack of beer, daily
  - Age of first use: 17 years old
  - Date of last use: 3/5/2025
  - Any past treatment for substance: Member is a step-down from withdrawal management; also, has attended outpatient and IOP treatment in the past year

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example approval case for SUD Partial Care (II/III)

## Clinical information submitted[1] in LOCI-3

**Dimension 1 – Withdrawal Potential**

- Has no current withdrawal symptoms (CIWA score: 0), but history of withdrawal, including tremors and sweats with abrupt cessation
- Has stable vitals; does not require 24-hour medical monitoring

**Dimension 2 – Biomedical Conditions**

- Member has a history of hypertension; managed with PCP-prescribed medication
- Has no acute medical complications

**Dimension 3 – Emotional/Behavioral Conditions**

- Member is diagnosed with Generalized Anxiety Disorder, which affects work performance; symptoms include
  - Frequent panic attacks
  - Sleep disturbances from ruminating, anxious thoughts
  - Difficulty concentrating
  - Irritability and muscle tension
- Requires daily therapeutic support to manage symptoms

**Dimension 4 – Readiness to Change**

- Member expresses ambivalence about sobriety; describes alcohol as "the only thing that chills me out"
- Has attended multiple outpatient and IOP programs without sustained progress due to lack of motivation and difficulty sustaining coping skills outside of treatment
- Expressed feeling "trapped" in cycle of drinking despite awareness of negative consequences

**Dimension 5 – Relapse/Continued Use Potential**

- Member has had multiple relapses in the past 6 months
- Main triggers include social isolation and stress from anxiety
- Needs intensive relapse prevention and development of effective coping strategies

**Dimension 6 – Recovery Environment**

- Basic needs (e.g., transportation, housing) are met
- Lives alone in apartment, which contributes to alcohol use
- Has no exposure to peers actively using alcohol, but lacks any people or accountability measures to discourage drinking

**Medical necessity outcome: Approved** for provider recommendation of **ASAM Level 2.5: Partial Hospitalization Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example approval case for SUD Partial Care (III/III)

Medical necessity against **ASAM criteria for SUD Partial Care**

**Dimension 1 – Withdrawal Potential**

- ✓ Has moderate risk of withdrawal given history of symptoms

**Dimension 2 – Biomedical Conditions**

- ✓ Hypertension is manageable and not sufficient to distract from treatment

**Dimension 3 – Emotional/Behavioral Conditions**

- ✓ Generalized Anxiety Disorder is moderate
- ✓ Anxiety may interfere with recovery due to impacts on daily functioning, evidenced by
  - Panic attacks
  - Sleep disturbances
  - Difficulty concentrating
  - Irritability
- ✓ Requires daily stabilization of anxiety symptoms through therapeutic support

**Dimension 4 – Readiness to Change**

- ✓ Demonstrates significant ambivalence to change as alcohol is primary coping mechanism
- ✓ Requires intensive motivational intervention strategies to break cycle of feeling "trapped"

**Dimension 5 – Relapse/Continued Use Potential**

- ✓ Has had multiple relapses despite attending numerous lower levels of care
- ✓ Use will remain high without near-daily monitoring due to isolation (living alone) and anxiety as ongoing main triggers

**Dimension 6 – Recovery Environment**

- ✓ Has an unsupportive environment, evidenced by:
  - Lack of accountability measures
  - Limited social support, which increases use
- ✓ With treatment, member can cope by stepping away from main triggers

# Example denial case for SUD Partial Care (I/III)

## Clinical information submitted[1] in Admission

- Member is 21-year-old male
- Unemployed; enrolled in university but currently on leave
- Lives with parents and younger siblings
- Primary diagnosis:
  - F12.20 Cannabis Dependence, Uncomplicated
- No current medications prescribed
- Uses cannabis daily and lacks coping skills
- Admission date: 6/30/2025

## Clinical information submitted[1] in DSM-5

- F10.20 Cannabis Dependence, Uncomplicated
  - Amount and frequency of substance: Vapes an unspecified amount of "hits" daily
  - Age of first use: 14 years old
  - Date of last use: 6/29/2025
  - Any past treatment for substance: None
- F10.10 Alcohol Abuse, Uncomplicated
  - Amount and frequency of substance: Uses "enough to get drunk" every 2 weeks
  - Age of first use: 16 years old
  - Date of last use: One week ago
- F40.10 Social Phobia, Unspecified

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example denial case for SUD Partial Care (II/III)

## Clinical information submitted[1] in LOCI-3

**Dimension 1 – Withdrawal Potential**
- Member has no current withdrawal symptoms

**Dimension 2 – Biomedical Conditions**
- Has no known biomedical conditions

**Dimension 3 – Emotional/Behavioral Conditions**
- Member reports feeling "sad and stressed" due to multiple social and academic pressures, including
  - Conflict with peers on campus
  - Academic struggles despite effort
  - Guilt about being poor example to younger siblings
- Reports he now fears social issues due to drama and fallouts with friends; vapes or drinks to get through them
- Uses cannabis to help with sleeping difficulties
- No medications prescribed for stress or sleep disturbance

**Dimension 4 – Readiness to Change**
- Member is in contemplative stage of change
- Recently suspended from school for vaping in dorm; completion of a treatment program is required before he can return to school
- Externally motivated to finish recommended treatment and return to school due to parents' and siblings' disappointment

**Dimension 5 – Relapse/Continued Use Potential**
- No increased use in the past month, and member denies cravings beyond baseline use
- Struggles coping with stress without substances

**Dimension 6 – Recovery Environment**
- Currently lives with parents maintain a sober lifestyle
- Financially supported by parents
- Has some friends from campus who check in daily, encourage recovery, and wish to see him back at school

**Medical necessity outcome: Denied** for provider recommendation of **ASAM Level 2.5: Partial Hospitalization Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example denial case for SUD Partial Care (II/III)

Medical necessity against **ASAM criteria for SUD Partial Care**

**Dimension 1 – Withdrawal Potential**

- ✗ Has no current withdrawal symptoms

**Dimension 2 – Biomedical Conditions**

- ✓ Has no biomedical conditions

**Dimension 3 – Emotional/Behavioral Conditions**

- ✓ Emotional symptoms (i.e., stress, sadness, social anxiety) are mild to moderate severity
- ✗ Conditions will not distract from recovery or require need for daily stabilization

**Dimension 4 – Readiness to Change**

- ✓ Needs to progress through stages of change, as evidenced by:
  - Currently being in contemplative stage (stage 2)
  - Main sources of motivation are external (e.g., school, family)
- ✗ No evidence of poor engagement in treatment, significant ambivalence, or lack of awareness

**Dimension 5 – Relapse/Continued Use Potential**

- ✗ No recent increase in substance use or cravings
- ✓ Indicates risk of continued use due to poor coping skills

**Dimension 6 – Recovery Environment**

- ✗ Has a supportive environment, evidenced by:
  - Living with parents who have a sober lifestyle
  - Financial support
  - Positive friendship network

# Example appropriate intake case for Ambulatory Withdrawal Management (I/II)

*All MCOs are required to automatically approve all initial PAs requesting ambulatory withdrawal management for at least 5 days*

## Clinical information submitted[1] in Admission

- Member is 25-year-old male
- College-educated and employed; no legal concerns
- Diagnoses:
  - F10.20 Alcohol Use Disorder, Moderate
  - F31.9 Bipolar Disorder, Unspecified
- Had a period of sobriety for 2 years, but relapsed two months ago
  - Member stopped use one day ago after girlfriend discovered and threw out all alcohol from apartment
- Smokes cigarettes and uses vapes daily
- Admission date: 5/30/2025

## Clinical information submitted[1] in DSM-5

- Alcohol Use Disorder
  - Amount and frequency of substance: 8-10 shots of whiskey daily during early afternoon, with heavier use on weekends
  - Age of first use: 17 years old
  - Date of last use: 5/29/2025
  - Any past treatment for substance: Received level 3.2-WM over two years ago, with maintenance therapy for one year after discharge

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# Example appropriate intake case for Ambulatory Withdrawal Management (II/II)

## Clinical information submitted[1] in LOCI-3

**Dimension 1 – Withdrawal Potential**

- Last alcohol use: 1 day ago
- Currently experiencing moderate withdrawal symptoms (CIWA score: 10), including:
  - Nausea and vomiting
  - Increased agitation
  - Tremors
- History of functional decline after cessation, including inability to maintain self-care

**Dimension 2 – Biomedical Conditions**

- Has no known medical conditions

**Dimension 3 – Emotional/Behavioral Conditions**

- History of bipolar decompensation during periods of abstinence, including:
  - Neglect of hygiene and nutrition
  - Pressured, dysregulated speech (e.g., verbal outbursts toward girlfriend)

**Dimension 4 – Readiness to Change**

- Member is in the precontemplation stage of change
  - Frames relapse as "normal part of the sobriety journey"
  - Does not think he would continue use for much longer
- Learned about addiction cycle from past treatment; however, does not believe he is still addicted given 2-year sobriety
- Primary motivation for treatment is external (to ensure girlfriend does not leave him), rather than internal readiness for change

**Dimension 5 – Relapse/Continued Use Potential**

- Relapse was triggered by death of a close cousin; reports drinking whenever he "remembers and feels sad"
- In past two months, member admits to spending a great deal of time going to the store and obtaining alcohol

**Dimension 6 – Recovery Environment**

- Girlfriend provides consistent support and plans to remain engaged throughout treatment process
- Housing and basic needs are stable

**Medical necessity outcome:** Appropriate for **ASAM Level 2-WM: Ambulatory, with extended on-site monitoring**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

# ASAM medical necessity criteria to justify continuing Ambulatory Withdrawal Management

***Average full length of stay:***
*5-7 days*

After the first intake, all MCOs except Horizon NJ Health will **review AWM extensions requests for medical necessity**.

To meet **ASAM medical necessity criteria for AWM**, a member must…

- Demonstrate signs and symptoms of withdrawal or withdrawal must be imminent[1]
- Be at moderate risk of withdrawal syndrome if outside of the program setting
- Be free of severe psychiatric complications and would safely respond to several hours of monitoring, medication, and treatment

1. Providers should assess a member across the following domains to determine if withdrawal is imminent: history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and emotional, behavioral, or cognitive condition
Source: American Society of Addiction Medicine 3rd edition criteria

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NEW JERSEY HUMAN SERVICES

# Maximum turnaround time of a PA request for managed care covered services depends on urgency designation

Some services are always urgent, and others depend on admission method or provider / MCO discretion

| | Always urgent | Can be urgent<br>*if referred from inpatient, residential, or ER screening* |
|---|---|---|
| **MH** | • Acute partial hospital (APH)<br>• Inpatient psychiatric hospital care | • Partial hospital (PH)<br>• Partial care (PC) |
| **SUD** | • Ambulatory withdrawal management (AWM)<br>• Intensive outpatient (IOP)<br>• Inpatient medical detoxification<br>• Residential detoxification / withdrawal management (ASAM 3.7 WM)<br>• Short term residential | • Partial care (PC)<br>• Long term residential |

Previously integrated
Phase 1 service
Phase 2 service

Any service can additionally be classified as urgent by provider / MCO discretion

## Maximum turnaround times

Urgent services:

- **24 hours**
- If PA request is incomplete, MCO must request additional information within 24 hours of PA receipt
  - Clock resets upon MCO receipt of updated PA, with decision to be rendered within **24 hours**
  - TAT time from receipt of original PA within **72 hours**

Non-urgent services:

- **7 calendar days**

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NEW JERSEY HUMAN SERVICES

# Minimum initial authorization duration

DMAHS has worked with MCOs to set **minimum initial authorization durations** for certain BH services to ensure that members receive care for an appropriate amount of time and to give providers sufficient time to develop and implement a treatment plan

| Service | **Minimum** Initial Authorization Duration[1] |
|---|---|
| MH Acute Partial Hospital and Partial Hospital | 14 days |
| MH Partial Care | 14 days |
| SUD Partial Care and IOP | 30 days |
| Ambulatory Withdrawal Management | 5 days |
| Short Term Residential *(Phase 2 service)* | 14 days |
| Long Term Residential *(Phase 2 service)* | 60 days |

**After the initial authorization, MCOs may set different durations at their discretion based on member needs**

1. These are required minimums. MCOs can grant longer durations based on member needs at MCO's discretion

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NEW JERSEY HUMAN SERVICES

# Right to appeal and request continuation of benefits

## **Step 0:** Receive PA decision letter

If an initial or extension authorization is denied, members and providers will receive a letter from MCO

For extensions, MCOs must send notice 10 days before end of service authorization

The letter outlines:

- **MCO decision** to deny or reduce request
- **Steps to appeal** and continue services
- **Representation options**

## **Step 1:** Request continuation of benefits

Members or representatives must request continued benefits:

- On or before the last day of current authorization; or
- Within 10 days of receiving the denial letter.

Example: If the letter arrives 5 days before authorization ends, request continuation within 5 days after receiving it

## **Step 2:** Request Appeal (starting with first level)

Members have **60 days** from the denial date on decision letter to appeal (verbally or in writing).

Members can request appeals on their behalf through providers or authorized representatives

## Three levels of appeal

1. **Internal Appeal:** Formal internal review by MCO
2. **External/IURO Appeal:** External appeal conducted by an Independent Utilization Review Organization (IURO)
3. **Medicaid Fair Hearing:** This can take place in parallel with external/IURO appeal or afterwards if decision is not in member's favor

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NEW JERSEY HUMAN SERVICES

# Need help? Visit the State's BH Integration Stakeholder website or contact the member's MCO; if you cannot reach a resolution, outreach DMAHS

## BH Integration Stakeholder Information website

The Provider Resources webpage on the BHI stakeholder website has the following resources:

- Provider guidance packet
- End of transition period readiness guidance document
- Prior DMAHS training materials and recordings
- Additional resources with information on program processes

## Member's Managed Care Organization

For specific member inquiries and MCO-related questions, please contact the member's MCO:

**Aetna** **Fidelis Care** **Horizon NJ Health**

**UnitedHealthcare** **Wellpoint**

*Refer to key MCO points of contact here or also in provider guidance packet*

## DMAHS – Office of Managed Health Care

If your issue is related to **contracting & credentialing**, **claims & reimbursement**, **appeals,** or **prior authorizations**, then contact **OMHC**:

mahs.provider-inquiries@dhs.nj.gov

- Include specific details regarding your claims
- If multiple claims are impacted, the information should be summarized using an Excel file
- All Protected Health Information (PHI) must be sent securely

## DMAHS – Behavioral Health Unit

If your issue is related to **policies & guidelines**, **access to services**, or **general questions**, then contact DMAHS **BH Unit**:

dmahs.behavioralhealth@dhs.nj.gov

1-609-281-8028

# Need more help? Visit the state's BH Integration Stakeholder website; if you cannot reach a resolution through the website or MCO, outreach DMAHS

## BH Integration Stakeholder Information website[1]

The **Provider Resources webpage** of the BH stakeholder website has the following materials on PAs for providers:

- Prior Authorization Refresher Training materials
- Prior Authorization Training materials
- NJSAMS Training materials
- NJSAMS, IME, and MCO contact information
- Provider guidance packet

## DMAHS – Office of Managed Health Care

If your issue is related to **contracting & credentialing**, **claims & reimbursement**, **appeals,** or **prior authorizations**, then contact **OMHC**:

mahs.provider-inquiries @dhs.nj.gov

- Include specific details regarding your claims
- If multiple claims are impacted, the information should be summarized using an Excel file
- All Protected Health Information (PHI) must be sent securely

## DMAHS Behavioral Health Unit

If your issue is related to **policies & guidelines**, **access to services**, or **general questions**, then contact DMAHS **BH Unit**:

dmahs.behavioralhealth @dhs.nj.gov

1-609-281-8028

1. https://www.nj.gov/humanservices/dmhas/resources/providers/stakeholder/



NEW JERSEY HUMAN SERVICES

# Appendix for more MCO-specific materials

# Aetna | Additional PA resources

## Additional PA resources

- PA / MCO Portal
- MCO Provider Manual
- MCO Quick Reference Guide
- New Provider Orientation
- [Links of where to register for PA OH / trainings]

# Fidelis Care | Additional PA resources

## PA contact information

For more information on PAs, please contact:

**Enola Joefield-Haney, LMHC, LCMHC,** Manager, Utilization Management Behavioral Health
**813-206-3367**
Enola.d.Joefieldhaney@centene.com

## Additional PA resources

- PA / MCO Portal
- MCO Provider Manual
- MCO Quick Reference Guide
- New Provider Orientation and PA Office Hours Training

# Horizon NJ Health | Additional PA resources

## PA contact information

For more information on PAs, please contact:

**Provider Services**

**Phone:** (800) 682-9091

**Email:** BHMedicaid_@horizonblue.com

## Additional PA resources

- Credentialing Application Link
- HNJH Provider Manual
- HNJH Quick Reference Guide
- New Provider Orientation
- DMAHS BHI Stakeholder Information

# UnitedHealthcare | Additional PA resources

## PA contact information

For more information on PAs, please contact:

- Provider Service Line- 1-888-362-3368

Links of where to register for PA Office Hours:

- Tuesday, Sept. 23 10-11:30
- Tuesday October 14 12-1:30

## Additional PA resources

Provider Express PA Portal

Provider Manual

Quick Reference Guide

New Provider Orientation

# Wellpoint | Additional PA resources

## PA contact information

Ann Basil, LCSW, Director of Behavioral Health
Ann.Basil@Wellpoint.com

## Additional PA resources

Links:

- Availity Portal (access here)
- Wellpoint Provider Manual
- Wellpoint ProviderQRG.pdf
- New BH Provider Orientation


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