NEW JERSEY HUMAN SERVICES

Managed Care Prior Authorization Guidance for Phase 1 Mental Health 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 Mental Health (MH) services, which are:

- Mental Health Counseling and Psychotherapy
- Mental Health Partial Care
- Mental Health Partial Hospital
- Acute Partial Hospital

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 November 1, 2025

✓ - 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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Administrative information must be entered on the provider, member, and services requested

Member information

<u>Required</u> fields:

- Name
- Phone number
- Address
- Date of birth
- Member MCO ID
- Medicaid number
- Medicare or third-party insurance *(if applicable)*

Provider information

<u>Required</u> fields (for both **requesting and servicing** provider or facility):

- Name
- NPI
- TIN
- Specialty
- Contact info (phone number, **fax number**, address, email)
- In-network vs. out-of-network

PA and service information

<u>Required</u> fields:

- Urgency designation and rationale
- Type of request (e.g., initial)
- Plan of care
- CPT or HCPCS code(s) and units
- Treatment requested, with frequency, length, start / end date
- Diagnosis description (ICD) and code
- Level of care requested
- Admission date

Field is not required, but strongly recommended by MCOs

Detail | How to designate urgency of a PA request for a MH service

	Provider portal submission	Fax submission	Phone submission
Aetna	Platform has a **field where providers can designate urgency** of the request before submission	Identify the urgency using the **checkboxes on page 1** of the PA request form	**Inform intake team** on call
Fidelis Care	Platform has a **field where providers can designate urgency** of the request before submission	**Indicate urgency using the specified field** on PA request form	**Inform intake team** on call
Horizon NJ Health	Enter in the **free text field** in the platform	**Report urgency** on fax submission	**Inform intake team** on call
UnitedHealthcare	Platform has a **field where providers can designate urgency** of the request before submission	*N/A – no fax submission option*	**Inform intake team** on call • ***For MH partial care:*** Intake team will direct provider to use portal and designate urgency with specified field
Wellpoint	***Guidance to come***		

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Providers are required to submit clinical documentation for MH PAs

Required clinical documentation

Brief **clinical history**

Present **clinical status** (including admitting diagnosis, presenting symptoms, medications used/medication plan)

Risk of harm to self or others

Level of care utilized in past 12 months

Discharge plan (including anticipated discharge level of care, barriers to discharge, expected discharge date)

Specific content requirements for these categories to follow

Brief clinical history

PAs should include documentation that comprehensively describes the member's medical and psychosocial history

To sufficiently explain a member's clinical history, providers should include the following in a PA…

- Description of member's baseline
- Psychosocial assessment of member across the following areas:
  - Mental health history
  - Social / family history
  - Educational & occupational history
  - Medical history
  - Coping techniques
- Treatment history (e.g., past BH hospitalizations, outpatient services) to highlight past treatment efforts that have been effective vs. ineffective
- History of diagnoses and symptomology
- Past and current medication
  - If on long-term acting injectable (LAI), specify when last administration was and when is next due

Present clinical status

PAs should document the member's current psychiatric, behavioral, and functional status

To sufficiently explain a member's present clinical status, providers should include the following in a PA…

- Description of member's current psychiatric, behavioral, or other comorbid conditions and / or symptoms across the following areas
  - Hygiene
  - Communication skills
  - Coping skills
  - Symptom management
  - Medication adherence
  - Ability to live independently in the community
- Description of impaired functioning in daily living
- Intensity and frequency of impaired functioning and symptoms when applicable
- Description of current professional and informal supports (e.g., supportive housing, family)
- Justification that requested level of care can address member's needs and concerns

Risk of harm

PAs should describe the member’s past and current risk of harm to self or others

To sufficiently explain a member's risk of harm, providers should include the following in a PA…

- History of risk of harm, e.g.,
  - Past suicidal thoughts, plans, or attempts
  - Past homicidal thoughts, plans, or attempts
- Description of member's current risk of harm to themselves and / or to others, e.g.,
  - Suicidal / homicidal ideation
  - Suicidal / homicidal intent or plan
  - Risk of hospitalization
  - Psychotic behaviors
- Safety measures in place for the member to actively engage in treatment
- Supporting documentation should include risk assessment and safety plan if applicable

Previous levels of care

PAs should include documentation of all levels of care the member has used in the past year

To sufficiently explain a member's previous levels of care, providers should include the following in a PA…

- Levels of care used in past year and duration of each treatment
  - Include all traditional outpatient services (e.g., therapy)
  - For Inpatient Hospital, include if voluntary or involuntary
- If applicable, outcomes of treatment and case notes

Discharge plan

PAs should include a brief discharge plan explaining next steps for a member once they leave the requested level of care

To sufficiently explain a member's discharge plan, providers should include the following in a PA…

- Suggested levels of care for member to discharge to and when
- Description of what would be needed for the member to discharge successfully from requested level of care
- Any follow-up appointments to schedule
- Indication that all parties understand the discharge plan

Some MCOs may request a treatment plan, but this should not delay PA determinations for initial PA requests

A member's **treatment plan should include** the following information:

- Summary of member's **psychological history**, diagnoses, and demographics
- **Reason for admission**, including current problems and behavioral changes that need to be made
- Measurable treatment **goals and objectives** to meet those goals
  - Specific interventions and timelines for each objective
  - Any documented progress towards goals
- **Methods for monitoring** progress
- **Strengths and barriers** to progress

Important notes

- For all MCOs, providers are **required to submit** a treatment plan when **requesting a continuing authorization/extension**
- **MCOs may request updates on progress** towards treatment goals after submission

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Summary of where to submit MH PA requests

Provider portal submission *(preferred)*

Submit to each MCO via their provider portal

- Provider enters the required PA information into the platforms and attaches any necessary documentation
- Once submitted, PA requests are sent directly to MCO, who will review and communicate approval decision via portal, fax, phone, or mail

Other submission methods

All MCOs have a phone submission option

- *Contact information to follow*

All MCOs except UnitedHealthcare have a fax submission option

- *Contact information to follow*

For members with presumptive eligibility and those without an active MCO, MH PA gets submitted to the county Medical Assistance Customer Centers (MACC) offices

Aetna | Additional MCO-specific guidance for submitting MH PAs

MH Prior Authorizations

Additional information guidance:

- For continued Stay reviews, please submit the last 30 days of clinical notes if applicable

Where to submit MH PA requests:

Provider portal (preferred method):

- Availity: Access Availity Here

Call or Fax:

- **Call:** 855.232.3596
  - Follow prompts to BH. Request an authorization with our intake team.
- **Fax:** 844.404.3972
  - Submit with the Prior Authorization Request form on the ABH NJ Website.

How providers will be notified of MH PA decisions:

- Decisions sent back to provider via fax or phone call
- PA decisions will also be available in Availity if provider submitted the original PA via the portal

Fidelis Care | Additional MCO-specific guidance for submitting MH PAs

MH Prior Authorizations

Where to submit MH PA requests:

Provider portal (preferred method):

- Fidelis Care provider portal

Call or Fax:

- **Behavioral Health Phone:** 888-453-2534
- **Outpatient Auth Request Submissions:** 888-339-2677 *(fax)*
- **Inpatient Auth Request Submissions:** 855-703-8082 *(fax)*
- Authorization Forms

How providers will be notified of MH PA decisions:

- Decisions sent back to provider via fax
  - If there is no fax number, there will be telephonic outreach

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 MH PAs

MH Prior Authorizations

Where to submit MH PA requests:

Provider portal (preferred method):

- Availity

Call or Fax:

- **Phone:** 1-800-682-9094
- **Outpatient Fax (ECT/TMS/Routing OP Services):** 855-241-8895
- **PA Fax (IP/RES/PHP):** 732-938-1375

How providers will be notified of MH PA decisions:

- Providers can check outcomes of submitted PA requests via Horizon's CareAffiliate, which can be accessed through Availity
- In addition, providers will also receive a fax or mailed notice of determination letter for each prior authorization request

UnitedHealthcare | Additional MCO-specific guidance for submitting MH PAs

MH Prior Authorizations

Where to submit MH PA requests:

Provider portal (preferred method):

- Provider Express: Optum - Provider Express Home

Call:

- 1-888-362-3368 (found on back of member's ID card)
- Follow the below system prompts:
  - Enter TIN #
  - Select option 3 (intake)
  - Enter member ID/DOB
  - Select option for "Mental Health"

How providers will be notified of MH PA decisions:

- PA decisions will be available in Provider Express if provider submitted the original PA via the portal
- PA requests submitted telephonically will be communicated via phone in real time
- In addition, providers will also receive a letter with a decision

Wellpoint | Additional MCO-specific guidance for submitting MH PAs

MH Prior Authorizations

Where to submit MH PA requests:

Provider portal (preferred method):
- Availity Portal (access here)

Call or Fax:
- **Inpatient Medicaid, PHP, IOP, and all Urgent Services:** 844-451-2794 *(fax)*
- **Inpatient Medicare, PHP, IOP, and and Urgent Services:** 844-430-1702 *(fax)*
- **Access Fax Forms Here:**
  - Forms | Wellpoint New Jersey, Inc.
- **Call:** 833-731-2149

How providers will be notified of MH PA decisions:
- PA decisions will be available in Availity if provider submitted the original PA via the portal
- PA requests submitted telephonically or by fax will be communicated via phone call or fax

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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) • 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)**

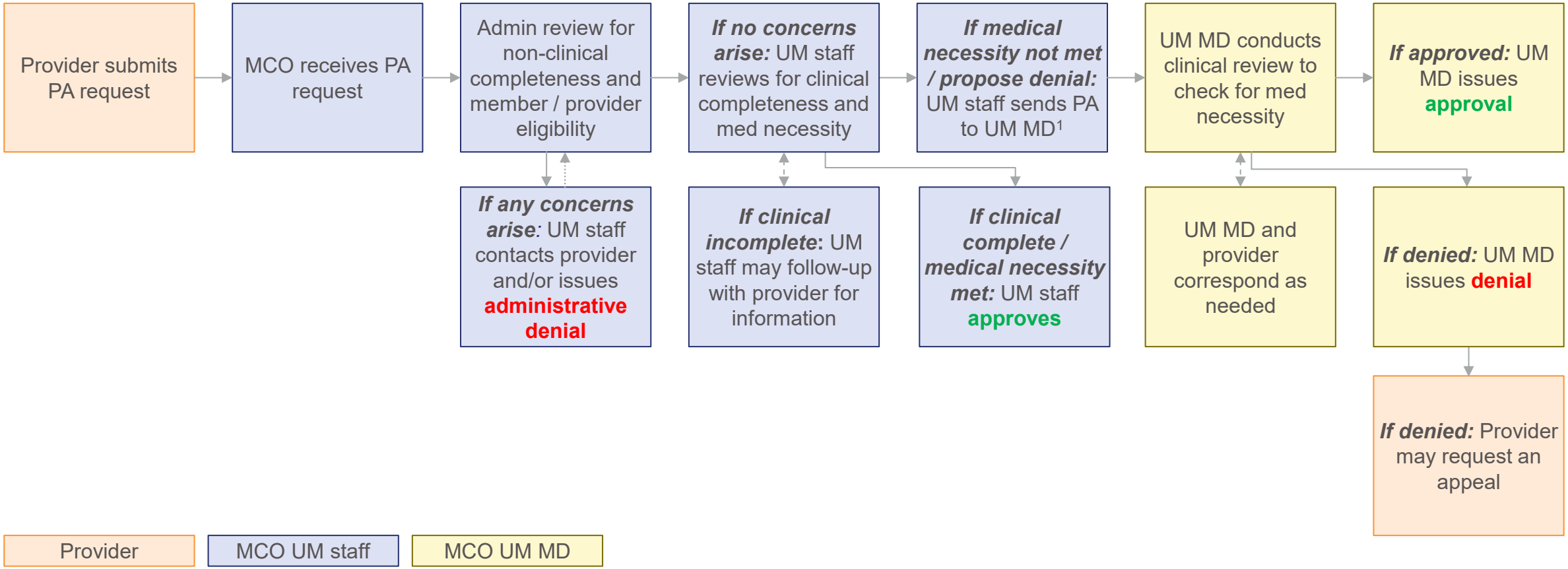
Potential outcomes	• If member is ineligible: **PA is automatically rejected**
	• If admin info is incomplete and member is eligible, MCOs may:
	  - **Administrative denial[1]**
	  - **Follow up with provider for more information**
	  - **Proceed to clinical review**
	• If admin info is complete and member is eligible: **Proceed to clinical review**
		• If clinical information is incomplete: **MCO may follow up with provider for more information**
		• If clinical information is complete: **Proceed to medical necessity review**
			• If medical necessity met: **Approval**
			• If medical necessity not met: **Denial[1]**
			  - *All medical necessity denials must be confirmed by medical director*

Beginning November 1, 2025, **Aetna** is the only MCO who can deny Phase 1 PA requests for medical necessity

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



1. Medical 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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Aetna, Fidelis, and UnitedHealthcare review MH partial care PAs with NJ Administrative Code partial care criteria

To meet NJ Administrative Code Partial Care criteria, a member must:

- **Demonstrate impaired functioning for > 1 year** in one or more of the following areas:
  - Personal self-care
  - Interpersonal relationships
  - Work or school
  - Independent living in the community
  - Ability to maintain safe, affordable housing
- Have **clinical justification for PC services**, confirmed by a psychiatrist or advanced practice nurse and the interdisciplinary treatment team
- **Require psychiatric rehabilitation and active treatment** for at least 2-5 hours per day and no more than 25 hours per week
- **Have a qualifying DSM diagnosis**, including:
  - Schizophrenia or other psychotic disorders
  - Major depressive disorder
  - Bipolar disorder
  - Delusional disorder
  - Schizoaffective disorder
  - Severe affective or personality disorders (if at high risk for hospitalization)
- **Meet acute service need criteria**, such as:
  - Recent contact with emergency mental health services
  - Two or more inpatient psychiatric admissions
  - One psychiatric hospitalization lasting three months or longer

Source: NJ Administrative Code Partial Care 10:37F

Note: Fidelis Care reviews youth MH partial care PAs with NJ Administrative Code 3A:58

To meet NJ Administrative Code Partial Care criteria, the child or adolescent must:

- Have a primary **psychiatric diagnosis** or **severe emotional disturbance**
- Be **unable to benefit sufficiently from a less restrictive treatment** program
- Be reasonably likely to **benefit from services** offered by the program
- **Meet one of the following criteria:**
  - Significant dysfunction in two or more life domains, requiring program services to develop essential skills to perform adequately in those areas
  - In transition from a hospital, residential treatment center, or other institutional setting as part of the process of returning to live in the community
  - In a period of acute crisis or other severe stress that may require hospitalization institutional placement without the level of services provided by the program
- **Meet provider's program criteria** regarding source of referral, funding restrictions, age range of children served, and client characteristics
- Have **written consent from a parent or guardian** if the child is 14 years of age or older

Horizon NJ Health and Wellpoint review MH partial care PAs with Milliman Care Guidelines (MCG) criteria

Admission criteria elements for MCG Partial Care criteria:

- **Risk or severity of behavioral health disorder is considered Mild to Moderate**, for example
  - Symptoms are of a chronic nature and not an acute exacerbation
  - Symptoms may not be very bothersome and are only occasionally present
  - Little pressure to act on delusions
  - Some recent disruptions in self-care below usual or expected standards
  - Some deterioration in social role functioning and meeting obligations but still can maintain roles overall
- **Condition does not require urgent intervention**
  - Symptoms are stable or improving
  - Functional impairment is stable or improving
- **Treatment is necessary to meet needs**
  - Symptoms will improve with treatment and would deteriorate at a lower level of care
- **Situation and expectations are appropriate for level of care**
  - Recommended treatment is not feasible with less intensive intervention
  - Willing and able to participate voluntarily in treatment (or at the direction of a parent or guardian, if member is a youth)
  - Biopsychosocial stressors are manageable at this level of care

Source: Milliman Care Guidelines (MCG) Criteria

Example approval case for MH Partial Care (I/II)

Category	Clinical information submitted[1]
Brief clinical history	• Member is 52-year-old male with bipolar disorder and mild / moderate depression • Currently resides in supportive housing • Has an extensive psychiatric history with multiple inpatient hospitalizations; most recent as of Dec 2024, where member exhibited explosive behavior requiring police intervention and de-escalation • Disclosed history of sexual abuse (ages 16-24); received trauma treatment but avoids discussing the abuse • Previous outpatient care is insufficient to manage symptoms; has been referred to partial care, confirmed by psychiatrist
Present clinical status	• Member presents mood instability, alternating between depressive and manic symptoms - Depressive phases: Member exhibits poor hygiene, social withdrawal, impaired academic and social functioning - Manic phases: Member presents pressured speech, impulsivity, and poor judgement • Ongoing emotional dysregulation and impaired functioning is leading to - Difficulty maintaining daily routines and work / social relationships since last year - Inability to maintain independent living for three years • Has ineffective coping strategies and poor insight into illness • Medication noncompliance, which is affecting stability of symptoms
Risk of harm	• No current suicidal ideation, but history includes depressive episodes with passive suicidal thoughts • No hospitalizations in the past 90 days
Levels of care	• December 2024 – March 2025: Psychiatric Inpatient Hospitalization • Outpatient therapy for past year, attendance is consistent
Discharge plan	• Step down to Outpatient Counseling and Medication Management after successful completion of treatment plan goals

PA medical necessity outcome: Approved for provider recommendation of **MH Partial Care**

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 MH Partial Care (II/II)

Medical necessity against **NJ Administrative Code Partial Care criteria**

- ✓ Has bipolar, a qualifying DSM diagnosis
- ✓ Demonstrates impaired functioning > 1 year affecting self-care, academic / social life, and independent living ability, including…
  - Repeated mood episodes
  - Poor coping skills and insight into illness
  - Inconsistent medication adherence
- ✓ Lower levels of outpatient care have been insufficient
- ✓ Requires structured psychiatric rehabilitation and active treatment to improve functioning
- ✓ Meets acute service need criteria through history of psychiatric hospitalization

Medical necessity against **Milliman Care Guidelines (MCG) Partial Care criteria**

- ✓ Bipolar and depression is considered mild / moderate
- ✓ Symptoms impair functioning, are of chronic nature, but do not require urgent intervention (e.g., no suicidal ideation)
- ✓ Outpatient treatment and lower levels of care are insufficient, evidenced by…
  - Inability to live independently
  - Previous outpatient care has not been able to manage symptoms
- ✓ Situation is appropriate because…
  - Demonstrates willingness to participate in treatment (e.g., residing in supportive housing, engagement in outpatient therapy)
  - Stressors are manageable at partial care

Example denial case for MH Partial Care (I/II)

Category	Clinical information submitted[1]
Brief clinical history	• Member is 52-year-old male with schizoaffective disorder (F29.0) • 1 past psychiatric hospitalization from January to February 2025; followed by successful partial hospitalization program • Since partial hospitalization, member has consistently attended 3 months of current outpatient treatment (weekly therapy and medication management); therapist notes steady improvement since starting treatment • Lives alone, but close to family who checks in for support

Present clinical status	• Member presents mood instability, alternating between depressive and irritable periods
	  - Depressive periods: Member demonstrates fatigue and low motivation
	  - Irritable periods: Member demonstrates mild psychomotor agitation (fidgeting), pressured speech, and restlessness
	• Member has organized thoughts with good insight to illness, but mood instability leads to some disruptions in functioning
	  - Since hospitalization in Feb, has occasionally missed work shifts at part-time grocery store job due to low energy
	  - Family reports that member neglects personal hygiene and eating during depressive periods
	  - Irritability is straining work and family relationships; prominent issues started to arise a few months ago
	• Therapist referred member to partial care due to recent moderate auditory hallucinations
	• Family and case manager confirm attendance to outpatient treatment and medication compliance

Risk of harm	• No current suicidal ideation, but history includes depressive episodes with suicidal thoughts • No hospitalizations in the past 90 days
Levels of care	• January to February 2025: Psychiatric Inpatient Hospitalization • February 2025: Partial hospitalization program • Outpatient treatment for past 3 months
Discharge plan	• Step down to Outpatient Counseling and Medication Management after successful completion of treatment plan goals

PA medical necessity outcome: Denied for provider recommendation of **MH Partial Care**

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 MH Partial Care (II/II)

Medical necessity against **NJ Administrative Code Partial Care criteria**

- ✓ Has schizoaffective disorder
- ✓ Demonstrates impaired functioning affecting self-care social life, including…
  - Mood instability
  - Strained family and work relationships
  - Auditory hallucinations
- ✗ Improvement noted with outpatient treatment
- ✗ Does not meet acute service need criteria because…
  - Has not been in contact with a screening center / emergency services mental health program
  - Has not has 2 or more admissions in an IP BH program OR
  - Has not had 1 psychiatric hospitalization greater than 3 months

Medical necessity against **Milliman Care Guidelines (MCG) Partial Care criteria**

- ✓ Symptoms impair functioning, are of chronic nature, but do not require urgent intervention (e.g., no suicidal ideation)
- ✗ Outpatient treatment and lower levels of care have been sufficient, evidenced by…
  - Ability to live independently
  - Improvement noted with current outpatient treatment and medication management
  - Consistent attendance to treatment
  - Medication compliance
- ✗ No evidence of deterioration in absence of requested level of care

Aetna, Horizon NJ Health, and Wellpoint review MH partial hospital PAs with Milliman Care Guidelines (MCG) criteria

Admission criteria elements for MCG Partial Hospital criteria:

- **Risk or severity of behavioral health disorder is considered moderate** with symptoms that are persistent and clinically significant, for example
  - Symptoms are present more than half the days of each week
  - Symptoms are somewhat bothersome and are clearly established
  - Pressure to act on delusions

- **Demonstrates significant functional impairment**
  - Symptoms contribute to impaired functioning, contribute dysfunction in daily living, or may increase relapse risk (such as significant deterioration in ability to fulfill responsibilities at school, work, in relationships, etc.)

- **Treatment is necessary to meet needs**
  - Lower levels of care are insufficient to stabilize symptoms
  - Partial hospital is needed to provide structured psychiatric rehab, intensive therapy, and safety monitoring
  - Symptoms will improve with requested treatment

- **Situation and expectations are appropriate for level of care**
  - Passive suicidal / homicidal thoughts, but no imminent attempt or plan to harm
  - No acute crisis or need requiring 24/7 inpatient care
  - Willing and able to participate voluntarily in treatment (or at the direction of a parent or guardian, if member is a youth)
  - Can respond to interventions

Notes: Aetna uses MCG Partial Hospital Behavioral Health Level of Care ORG: B-008-PHP to evaluate medical necessity of partial hospital for youth. Horizon NJ Health uses MCG Partial Hospital Behavioral Health Level of Care, Child or Adolescent, ORG: B-902-PHP to evaluate medical necessity of partial hospital for youth
Source: Milliman Care Guidelines (MCG) Criteria

Fidelis Care reviews MH partial hospital PAs with InterQual 2025 BH Criteria

Partial Hospitalization (PHP) is a structured, intensive outpatient behavioral health program designed for individuals who require more support than traditional outpatient care but do not meet criteria for inpatient hospitalization

Admission criteria elements:

- Stable housing for member is available
- Member's support system can provide required care and supervision during non-program hours or after-hours outreach services available
- Member's demonstrates functional impairment through one of the following ways:
  - Functional impairment is severe or there is a change in baseline in the past month
  - Member has been transferred from an inpatient or residential treatment center within the past week
- Member exhibits psychiatric symptoms within the last week
- Treatment is not expected to be successful in less intensive level of care

Source: InterQual 2025 Behavioral Health Criteria

UnitedHealthcare reviews MH partial hospital PAs for adults with Level of Care Utilization System (LOCUS) criteria

The LOCUS tool is a comprehensive assessment to evaluate the level of care needed for individuals with mental health conditions developed by the AACP (American Association of Community Psychiatrists). It includes six dimensions, each with a scoring system that helps determine the appropriate level of care based on the individual's needs and circumstances.

Dimension 1 – Risk of Harm

- Assesses potential for harm to self or others, with emphasis on recent behavior patterns

Dimension 2 – Functional Status

- Measures ability to fulfill social responsibilities, interact with others, maintain physical functioning, and perform self-care

Dimension 3 – Medical, Addictive and Psychiatric comorbidity

- Evaluates potential complications from co-occurring medical illnesses, substance use disorders, or psychiatric disorders

Dimension 4 – Recovery Environment (level of stress and level of support)

- Considers environmental, social, and interpersonal determinants of health and well being, that may contribute to or reduce risk of addiction and / or mental illness

Dimension 5 – Treatment and Recovery History

- Assesses past treatment experience as predictors of future responsiveness to treatment

Dimension 6 – Engagement and Recovery Status

- Considers a person's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process

A member must have **a composite score of 14-16** across these dimensions to **meet UHC's criteria for partial hospital**

Source: LOCUS

Note: UnitedHealthcare reviews youth MH Partial Hospital PAs with Child and Adolescent Level of Care Utilization System (CALOCUS-CASII) criteria

The CALOCUS-CASII tool is a comprehensive assessment to evaluate the level of care needed for individuals with mental health conditions developed by the AACP (American Association of Community Psychiatrists). It is designed to help determine the appropriate intensity and level of behavioral health services for children and adolescents (ages 6-17) who have emotional or behavioral disorders. It includes six dimensions, each with a scoring system that helps determine the appropriate level of care based on the individual's needs and circumstances.

Dimension 1 – Risk of Harm

- Assesses potential for harm to self or others, with emphasis on recent behavior patterns

Dimension 2 – Functional Status

- Measures ability to fulfill social responsibilities, school responsibilities, interact with others, maintain physical functioning, and perform self-care

Dimension 3 – Comorbidity: Development, Medical, Substance Use, and Psychiatric

- Evaluates potential complications from co-occurring medical illnesses, developmental concerns, substance use disorders, or psychiatric disorders

Dimension 4 – Recovery Environment (environmental stress and environmental support)

- Considers environmental, family milieu, social, and interpersonal determinants of health and well being, that may contribute to or reduce risk of addiction and / or mental illness

Dimension 5 – Resilience and Treatment History

- Assesses a child's or youth's success or failure to make use of treatment and natural supports that foster resilience and help them get back on track developmentally

Dimension 6 – Treatment Acceptance and Engagement

- Evaluates motivation and cooperation of youth and caregiver through willingness to participate, insight into recovery, ability to form positive therapeutic relationships, and motivation for treatment
- Evaluated using two sub-scales: Child or Adolescent vs. Parent and/or Primary Caretaker

Example approval case for MH Partial Hospital (I/II)

Category	Clinical information submitted[1]
Brief clinical history	• Member is 21-year-old female with Major Depressive Disorder (recurrent) • Has 2-year history of mood instability with depressive episodes; family history of depression on maternal side • First psychiatric contact was psychiatric inpatient hospitalization due to suicidal ideation • Outpatient therapy and medication management initiated one year ago; however, has poor adherence to both • Symptoms have escalated, prompting referral to partial hospitalization

Present clinical status	• Presents persistent depressive symptoms, including low mood, anhedonia, fatigue, and feelings of hopelessness
	• Has demonstrated long-term, significant functional impairment in daily life and academic and social domains due to mood instability
	  - Member tends to isolate and ruminate on negative thoughts; has minimal coping skills
	  - Albeit supportive family, member reports strained relationships during mood episodes
	  - Declining academic performance; member is currently on leave from college
	  - Hygiene is poor; member reports difficulty completing basic self-care tasks
	• Symptom management is impaired due to inconsistent medication adherence and lack of engagement in therapy

Risk of harm	• Member has no current suicide intent / plan, but documented history of suicidal ideation • Ongoing safety concerns due to poor coping skills, social isolation, and limited support system
Levels of care	• Outpatient therapy and medication management for past 1 year
Discharge plan	• Discharge when member demonstrates improved mood, consistent medication adherence, and use of coping strategies • Step-down services may include intensive outpatient therapy, medication management, and community-based supports • Follow-up appointments will be scheduled with outpatient psychiatrist and therapist for continuity of care

PA medical necessity outcome: Approved for provider recommendation of **MH Partial Hospital**

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 MH Partial Hospital (II/II)

Medical necessity against **Milliman Care Guidelines (MCG) Partial Hospital criteria**

- Severity of Major Depressive disorder is moderate to severe evidenced by persistent depressive symptoms
- Demonstrates impaired functioning, evidenced by
  - Declining academic performance
  - Poor self-care
  - Social and family isolation
- Outpatient care is insufficient given poor adherence to both therapy and medication management
- Situation is appropriate because…
  - No acute crisis, but needs monitoring due to history of suicidal ideation
  - Able to participate in treatment

Medical necessity against **InterQual Partial Hospital Criteria**

- Demonstrates impaired functioning within the past month which affects daily, academic, work, and social life
- Has demonstrated depressive symptoms within the past week
- Outpatient care is insufficient
- Requires structured psychiatric rehabilitation and active treatment to improve functioning
- Partial hospitalization is necessary to provide intensive therapeutic support and address safety concerns

Medical necessity against **Level of Care Utilization System (LOCUS)**

- **D1:** History of suicidal ideation with ongoing safety concerns despite no current plan
- **D2:** Demonstrates significant functional impairment in self-care, academics, and social interaction
- **D4:** Has major depressive disorder with poor medication adherence and therapy engagement, increasing risk of worsening mental illness
- **D5:** Outpatient treatment has been insufficient
- **D6:** Demonstrates low engagement in treatment and poor adherence to medications

Example denial case for MH Partial Hospital (I/II)

Category	Clinical information submitted[1]
Brief clinical history	• Member is 32-year-old female with recurrent, moderate Major Depressive Disorder and Generalized Anxiety Disorder • No psychiatric hospitalizations or past suicide attempts • Attended outpatient treatment in the past, but not in the last 2 years

Present clinical status	• Increased anxiety and low mood over the past month
	  - Persistent, excessive worry and anxiety-related fatigue
	  - Member reports emotional eating has worsened; does not have eating disorder diagnosis
	  - No recent hospitalization or suicidal attempt
	• Stressors related to work performance (which anxiety has impacted) and interpersonal conflict with roommate
	• Coping skills are limited; member uses avoidance and rumination, which exacerbate anxiety
	• Observations for mental status:
	  - Notable depressed mood; affect is congruent
	  - Has somewhat slowed psychomotor activity
	  - Insight, judgement, and concentration are fair; no auditory or visual hallucinations; no homicidal ideation
	• Member continues to attend work, maintain ADLs, and consistently take Prozac (prescribed by PCP)
	• Support system includes both biological parents, a twin sister who lives nearby, and one close friend (not roommate)

Risk of harm	• Low; no suicidal or homicidal ideation • No self-harm behaviors, psychosis, or imminent safety concerns, but anxiety symptoms contribute emotional distress
Levels of care	• None
Discharge plan	• Return to outpatient therapy • Consider medication management

PA medical necessity outcome: Denied for provider recommendation of **MH Partial Hospital**

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 MH Partial Hospital (II/II)

Medical necessity against **Milliman Care Guidelines (MCG) Partial Hospital criteria**

- ✓ Major Depressive Disorder is moderate with persistent symptoms
- ✗ Functional impairments do not interfere with ability to fulfill usual responsibilities, evidenced by
  - Continued work attendance
  - Maintained ADLs
  - Medication adherence
- ✗ Symptoms can improve with outpatient services through psychoeducation, coping skill development, and medical evaluation
- ✗ Situation is not appropriate, evidenced by…
  - No passive suicidal ideation
  - Able to contract for safety

Medical necessity against **InterQual Partial Hospital Criteria**

- ✗ Symptoms are moderate; do not require intensive or inpatient treatment
- ✗ Outpatient services can address anxiety, improve coping strategies, and support functional recovery
- ✗ Functional impairment is moderate; anxiety and depression affect work and relationships, but not to the extent requiring partial hospital

Medical necessity against **Level of Care Utilization System (LOCUS)**

- ✗ **D1:** Low acute risk due to no history of suicide attempts or current suicidal / homicidal ideation
- ✗ **D2:** Functional impairment is present but does not interference with ability to fulfill daily responsibilities
- ✗ **D4:** Anxiety and depression is stable on Prozac; has strong support system and environment (e.g., family and friends)
- ✗ **D6:** Demonstrates strong understanding of importance of treatment through medication adherence

Aetna and Fidelis Care review acute partial hospital PAs with NJ Administrative Code criteria

To meet NJ Administrative Acute Partial Hospital criteria, a member must:

- Be at least 18 years of age or older
- Have at least one of the following primary diagnoses on Axis I
  - Schizophrenia or Other Psychotic Disorders (298.9, 295.xx)
  - Major Depressive Disorder (296.xx)
  - Bipolar Disorders (296.xx, 296.89)
  - Delusional Disorder (297)
  - Schizoaffective Disorder (295.7)
  - Anxiety Disorders (300.xx)
  - A covered psychiatric disorder diagnosis consistent with codes Axis I-V of DSM-IV-TR
- Demonstrate disordered thinking or mood, bizarre behavior, or psychomotor agitation or retardation that…
  - Significantly impairs daily functioning or abilities to fulfill family, student, or work roles
  - Cannot be managed at a lower, less restrictive level of care
- Must have need for psychotropic medications or help with adherence
- Be **referred by a designated screening center, psychiatric emergency service, or inpatient psychiatric facility / APN** with documentation supporting medical necessity

To be authorized to receive acute partial hospital, a member cannot:

- Have a primary diagnosis of substance abuse or dependence
- Be an imminent danger to self or others
- Need acute medical care
- Need detoxification
- Have a primary diagnosis of "developmentally disabled"
- Be currently participating in a PACT program

Source: NJ Administrative Code Acute Partial Hospital 10:52A 3.1

Horizon NJ Health and Wellpoint review acute partial hospital PAs with Milliman Care Guidelines (MCG) partial hospital criteria

Admission criteria elements for MCG Partial Hospital criteria:

- **Risk or severity of behavioral health disorder is considered moderate** with symptoms that are persistent and clinically significant, for example
  - Symptoms are present more than half the days of each week
  - Symptoms are somewhat bothersome and are clearly established
  - Pressure to act on delusions
- **Demonstrates significant functional impairment**
  - Symptoms contribute to impaired functioning, contribute dysfunction in daily living, or may increase relapse risk (such as significant deterioration in ability to fulfill responsibilities at school, work, in relationships, etc.)
- **Treatment is necessary to meet needs**
  - Lower levels of care are insufficient to stabilize symptoms
  - Partial hospital is needed to provide structured psychiatric rehab, intensive therapy, and safety monitoring
  - Symptoms will improve with requested treatment
- **Situation and expectations are appropriate for level of care**
  - Passive suicidal / homicidal thoughts, but no imminent attempt or plan to harm
  - No acute crisis or need requiring 24/7 inpatient care
  - Willing and able to participate voluntarily in treatment
  - Can respond to interventions

For acute partial hospital, the **member must also be referred** by a designated **screening center**, **psychiatric emergency service**, or **inpatient psychiatric facility / APN** with documentation supporting medical necessity

Source: Milliman Care Guidelines (MCG) Criteria

UnitedHealthcare reviews acute partial hospital PAs with Level of Care Utilization System (LOCUS) criteria

The LOCUS dimensions have a scoring system to determine the appropriate level of care

Dimension 1 – Risk of Harm
- Assesses potential for harm to self or others, with emphasis on recent behavior patterns

Dimension 2 – Functional Status
- Measures ability to fulfill social responsibilities, interact with others, maintain physical functioning, and perform self-care

Dimension 3 – Medical, Addictive and Psychiatric Comorbidity
- Evaluates potential complications from co-occurring medical illnesses, substance use disorders, or psychiatric disorders

Dimension 4 – Recovery Environment (level of stress and level of support)
- Considers environmental, social, and interpersonal determinants of health and well being, that may contribute to or reduce risk of addiction and / or mental illness

Dimension 5 – Treatment and Recovery History
- Assesses past treatment experience as predictors of future responsiveness to treatment

Dimension 6 – Engagement and Recovery Status
- Considers a person's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process

A member must have **a composite score of 17-19** across these dimensions to **meet UHC's criteria for acute partial hospital**

For acute partial hospital, the **member must also be referred** by a designated **screening center**, **psychiatric emergency service**, or **inpatient psychiatric facility / APN** with documentation supporting medical necessity

Source: LCOUS

Example approval case for Acute Partial Hospital (I/II)

Category	Clinical information submitted[1]
Brief clinical history	• Member is a 27-year-old female with Schizoaffective Disorder (295.7) • 3-year history of mood instability and psychotic episodes; first psychiatric contact was ED presentation after a suicide attempt at age 24 • Admitted into inpatient psych 2 months ago due to episode, which include erratic behavior and auditory hallucinations - Ater stabilization, was discharged 5 weeks ago with outpatient follow-up • Recently presented again to local emergency room due to psychotic symptoms; seen by crisis screening center and referred to APH program • Currently on risperidone and antidepressant; adherence is inconsistent

Present clinical status	• Presents with persistent auditory hallucinations, paranoid thoughts, and other disorganized behavior (such as making sexually inappropriate comments to strangers, neglecting hygiene, and pacing at night due to hearing "voices")
	• Symptoms are leading to significant impairment:
	  - Unable to sustain job as part-time barista; manager reports unexpected absences or bizarre behavior to customers
	  - Isolates from family despite living at home with parents
	• Observations for mental status: Affect blunted, psychomotor retardation, impaired judgment; expresses hopelessness

Risk of harm	• Member has no current suicide intent / plan, but documented history of a suicide attempt and ongoing suicidal ideation • Elevated risk for rehospitalization given psychosis and medication non-adherence • Family expresses serious concern about safety if intensive treatment is not maintained
Levels of care	• Inpatient hospitalization (2 months ago) followed by outpatient therapy and medication management after discharge
Discharge plan	• Discharge when member demonstrates reduced hallucinations, consistent medication adherence and self-care • Step-down to either partial hospital or intensive outpatient with continued medication management and therapy

PA medical necessity outcome: Approved for provider recommendation of **Acute Partial Hospital**

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 Acute Partial Hospital (II/II)

Medical necessity against **NJ Administrative Code Acute Partial Hospital criteria**

- Has Schizoaffective Disorder
- Demonstrates disordered thinking and bizarre behavior, as evidenced by…
  - Auditory hallucinations
  - Inappropriate comments to strangers
- Symptoms significantly affect family relationships and daily functioning, as evidenced by…
  - Poor work attendance and bizarre behavior on work shifts
  - Poor personal self-care
- Relapse despite outpatient treatment
- Needs help with adhering to psychotropic medication
- Referred as a diversion to hospitalization by crisis screening center at local emergency room

Medical necessity against **Milliman Care Guidelines (MCG) Partial Hospital criteria**

- Has Schizoaffective Disorder
- Risk or severity of BH disorder is considered moderate given auditory hallucinations, paranoid thoughts, and other disorganized behavior
- Demonstrates moderate dysfunction in daily living, as evidenced by…
  - Poor work attendance and bizarre behavior on work shifts
- Symptoms will improve with treatment and would deteriorate at a lower level of care
- Has no recent attempt or plan for harm to self/others
- Demonstrates no need for around the clock nursing care

Medical necessity against **Level of Care Utilization System (LOCUS)**

- **D1:** Has history of suicide attempt with ongoing ideation
- **D2:** Demonstrates inability to fulfill social responsibilities, interact with others, and maintain self-care
- **D4:** Major psychiatric disorder with poor medication adherence drives instability
- **D5:** Previous treatment has been insufficient given repeated relapses
- **D6:** Demonstrates impairment in understanding treatment and low willingness to engage, as evidenced by medication non-adherence

Example denial case for Acute Partial Hospital (I/II)

Category	Clinical information submitted[1]
Brief clinical history	• Member is a 34-year-old female with Bipolar II Disorder and experiencing current depressive episode • First psychiatric contact was hospitalization 18 months ago for severe depression with suicidal ideation - Since discharge, has been managed with outpatient therapy and medications (lamotrigine + quetiapine) • Recently lost her job, which has worsened her mood and anxiety

Present clinical status	• Reports persistent low mood, anhedonia, and fatigue over the past 6-8 weeks since losing job
	• Passive suicidal thoughts (“sometimes I wish I wouldn't wake up”) but denies plan or intent
	• Demonstrates functional impairment in social life; rarely leaves home except for essentials and avoids friends
	• ADLs are partly impaired
	  - Sometimes neglects showering and eating
	  - Maintains some household routines (e.g., paying rent, cleaning up sometimes)
	• Missed several therapy appointments in the past month, but remains generally engaged with psychiatrist
	• Adherent to medications; psychiatrist adjusting quetiapine dose
	• Lives with supportive partner who actively helps monitor safety; partner notes irritability and occasional verbal outbursts
	• Observations for mental status: depressed mood, tearful affect, slowed speech, no psychosis, judgment intact

Risk of harm	• Moderate chronic risk given diagnosis and depression, but low acute risk (no suicidal intent or psychosis) • Protective factors include strong partner support, housing stability, and ongoing engagement in treatment (albeit limited)
Levels of care	• Inpatient hospitalization (18 months ago) • Outpatient therapy since discharge
Discharge plan	• Discharge to outpatient therapy when member demonstrates increased coping skills and mood • Refer to community case management and ensure partner is aware of safety plan

PA medical necessity outcome: Denied for provider recommendation of **Acute Partial Hospital**

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 Acute Partial Hospital (II/II)

Medical necessity against **NJ Administrative Code Acute Partial Hospital criteria**

- ✓ Has Bipolar Disorder
- ✓ Requires psychotropic medication to treat disorder
- ✗ Demonstrates some bizarre behavior (e.g., verbal outbursts) and impaired functioning, but not significant enough to full impact daily functioning
- ✗ Lower levels of care (e.g., partial care) with structured programming could improve attendance to therapy and coping skills
- ✗ Referred from outpatient after worsening mood, instead of emergency or inpatient

Medical necessity against **Milliman Care Guidelines (MCG) Partial Hospital criteria**

- ✓ Has Bipolar Disorder
- ✗ Risk or severity of behavioral health disorder is not considered Moderate
- ✗ Demonstrates only mild dysfunction in daily living, as evidenced by
  - Sometimes neglects showering and eating
  - Maintains some household routines
- ✗ Remains generally engaged with psychiatrist
- ✓ Has no recent attempt or plan for harm to self/others
- ✓ Demonstrates no need for around the clock nursing care

Medical necessity against **Level of Care Utilization System (LOCUS)**

- ✓ **D1:** Has passive suicidal thoughts
- ✗ **D2:** Demonstrates some impairment, but not significant enough to disrupt daily life and social responsibilities
- ✗ **D3:** Bipolar disorder is managed through medication
- ✗ **D4:** Has strong environmental protective factors (e.g., supportive partner, stable housing, engagement in treatment)
- ✗ **D5:** Not a stepdown from an ER or inpatient unit; outpatient care has managed symptoms since discharge
- ✗ **D6:** Demonstrates some avoidance to treatment through missed appointments, but still willing to engage with psychiatrist

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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 *if referred from inpatient, residential, or ER screening*
MH	• Acute partial hospital (APH) • Inpatient psychiatric hospital care	• Partial hospital (PH) • Partial care (PC) • Adult mental health rehabilitation (AMHR)
SUD	• Ambulatory withdrawal management (AWM) • Intensive outpatient (IOP) • Inpatient medical detoxification • Residential detoxification / withdrawal management (ASAM 3.7 WM) • Short term residential	• Partial care (PC) • 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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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	Automatically approved for 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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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[1]

The **Provider Resources webpage**[2] 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

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**

*Find more MCO-specific PA resources in the **appendix***

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/information/stakeholder/ 2. https://www.nj.gov/humanservices/dmhas/information/stakeholder/providerresources.html

NEW JERSEY HUMAN SERVICES

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]

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dmahs.behavioralhealth @dhs.nj.gov

1-609-281-8028

1. https://www.nj.gov/humanservices/dmhas/information/stakeholder/

NEW JERSEY HUMAN SERVICES

Appendix for more MCO-specific materials

Aetna | Additional PA resources

MH PA contact information

Option 1

Call us at:

- Aetna Better Health of NJ: 1-855-232-3596
- Aetna Assure Premier Plus (HMO D-SNP): 1-844-362-0934

Option 2

Click the Authorization form below and fax the request:

- Aetna Better Health of NJ
  - Medical Authorization Form
  - Fax: 1-844-404-3972
- Aetna Assure Premier Plus (HMO D-SNP)
  - Medical Authorization Form
  - Fax: 1-833-322-0034

Option 3

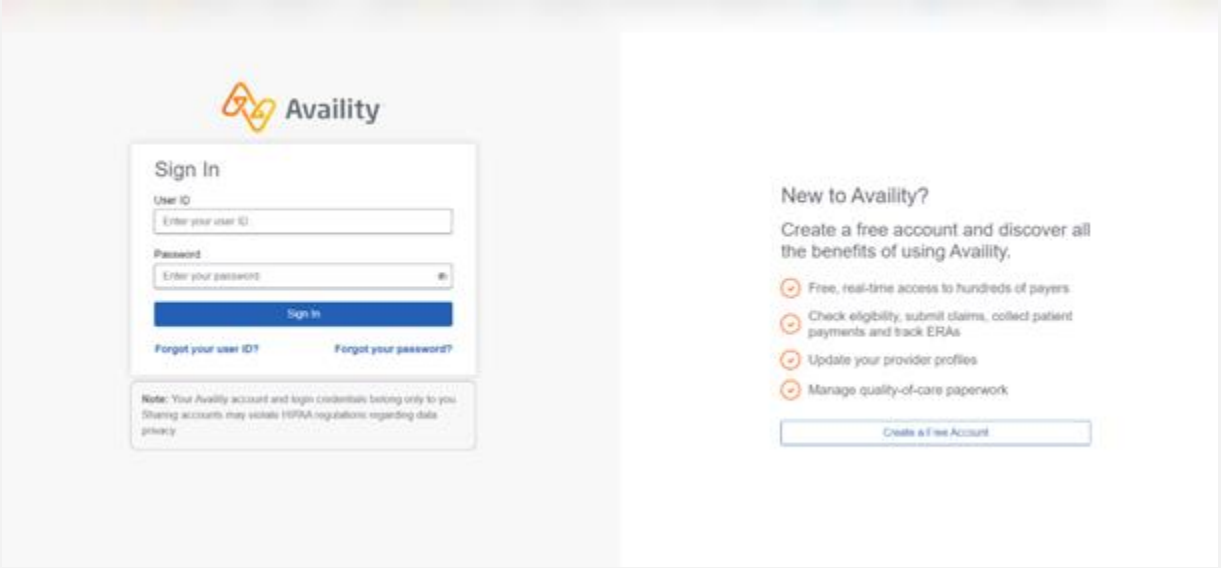
Availity Provider portal. Click below to register.

- Aetna Better Health of NJ: Provider Portal
- Aetna Assure Premier Plus (HMO D-SNP): Provider Portal

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]

Aetna
MH PA requests using our portal

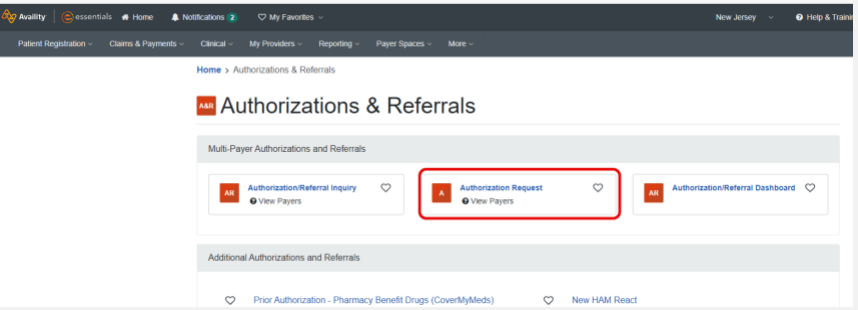


Submit PA using Availity Portal
[Access Availity Here]

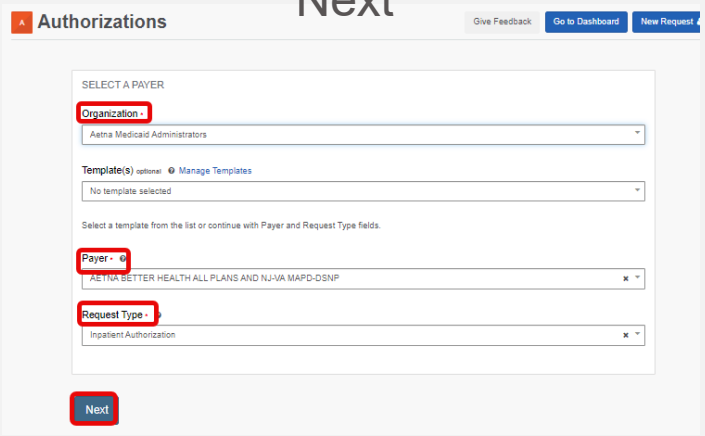
NEW JERSEY HUMAN SERVICES

Submitting Authorizations in Availity

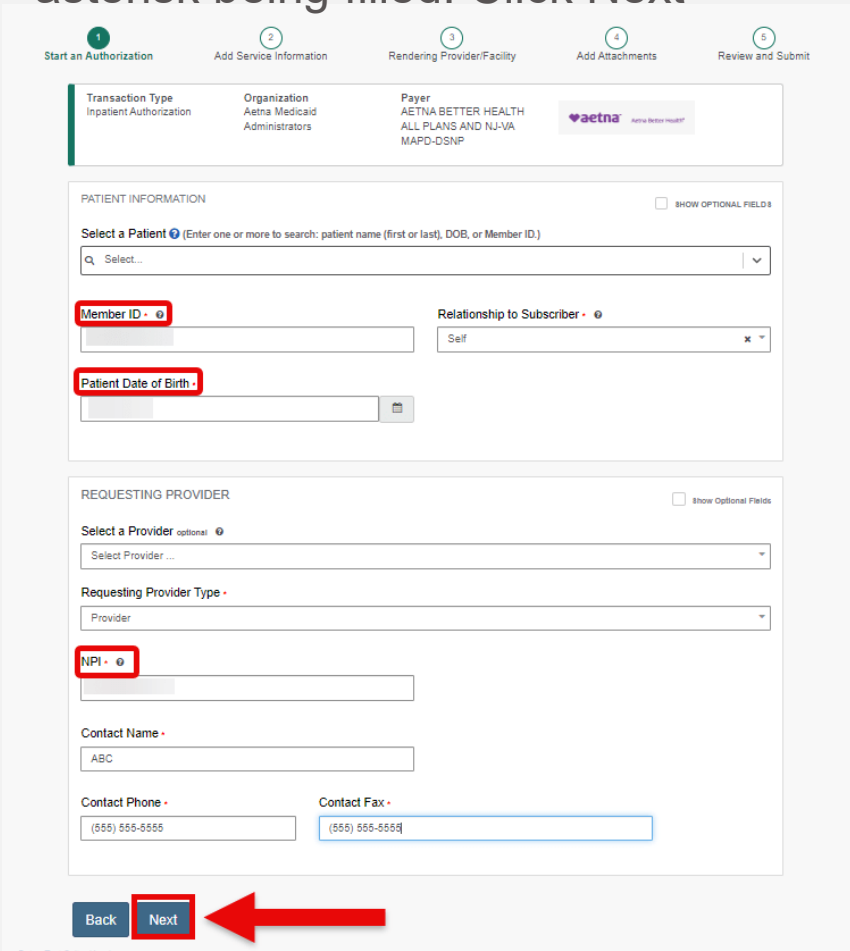
1 Select Authorization Request



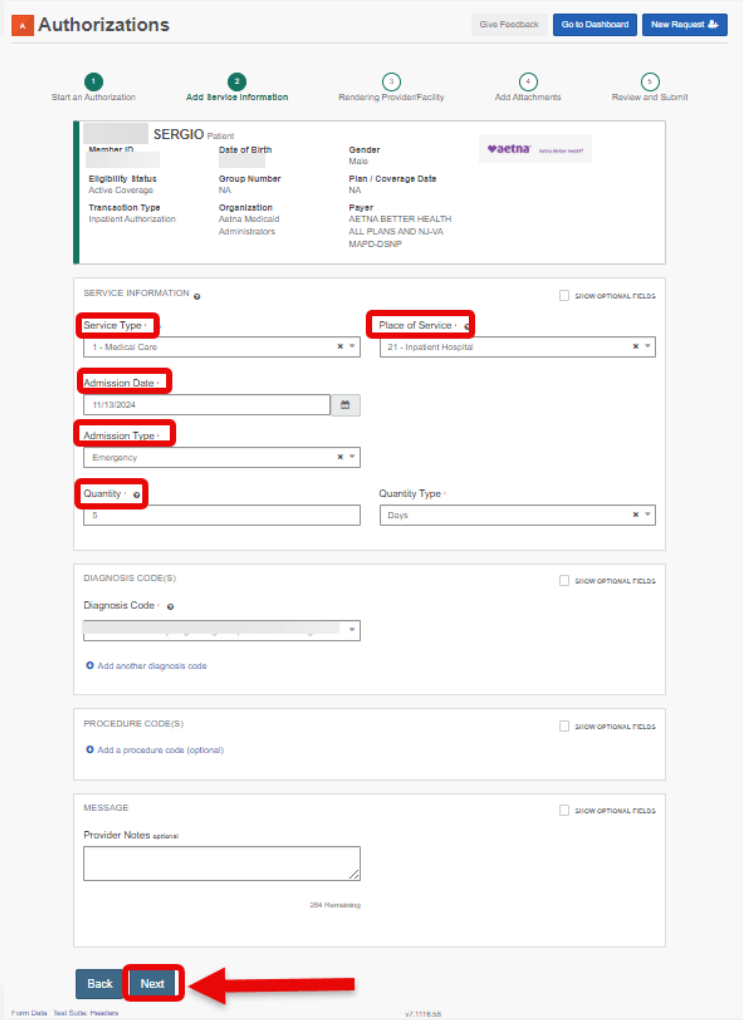
2 Enter applicable info and click Next



3 Enter the information for each asterisk being filled. Click Next

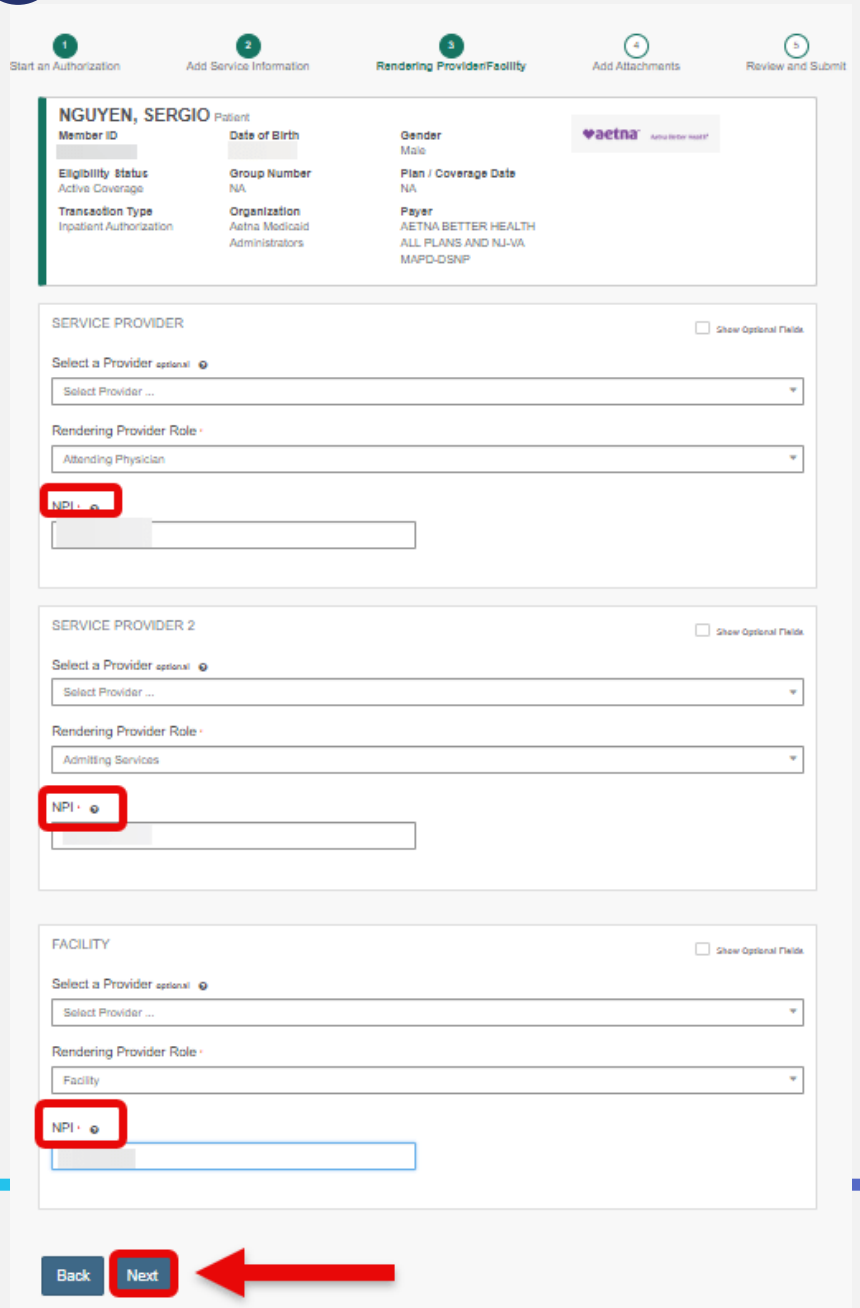


4 Enter the information for the authorization. Click Next

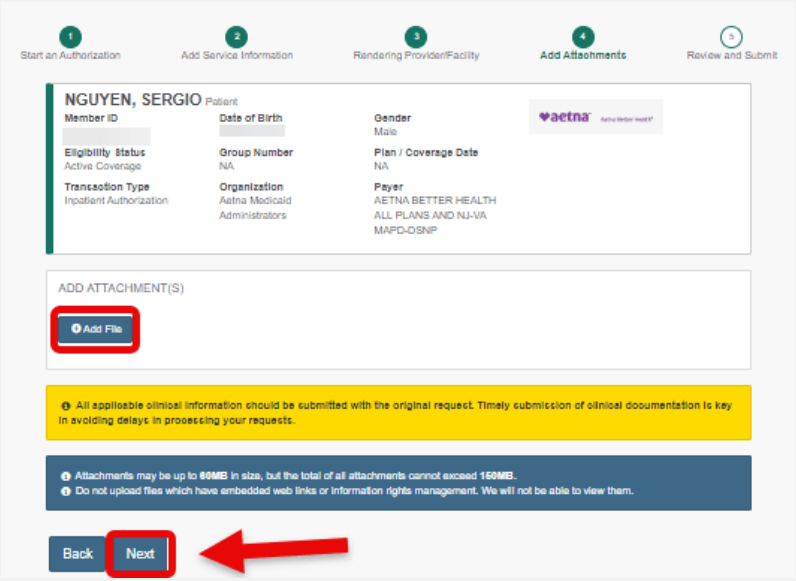


NEW JERSEY HUMAN SERVICES

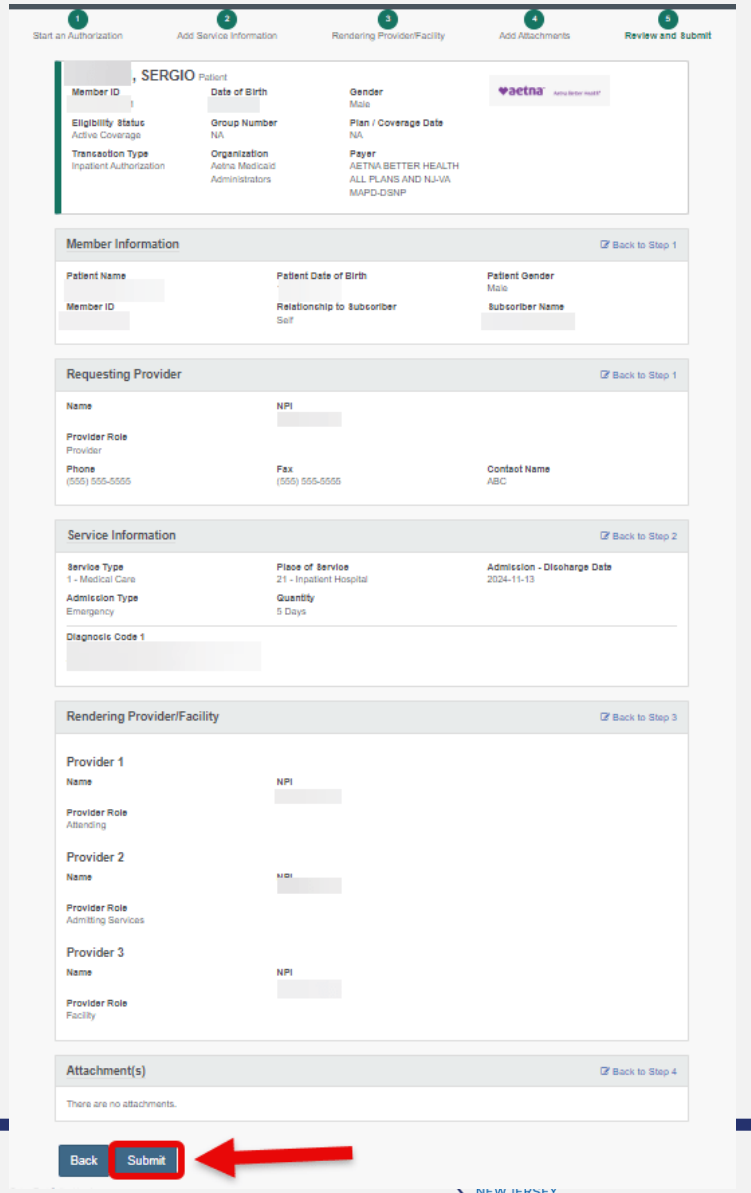
5 Enter the provider info and click Next



6 Add any attachments and click Next



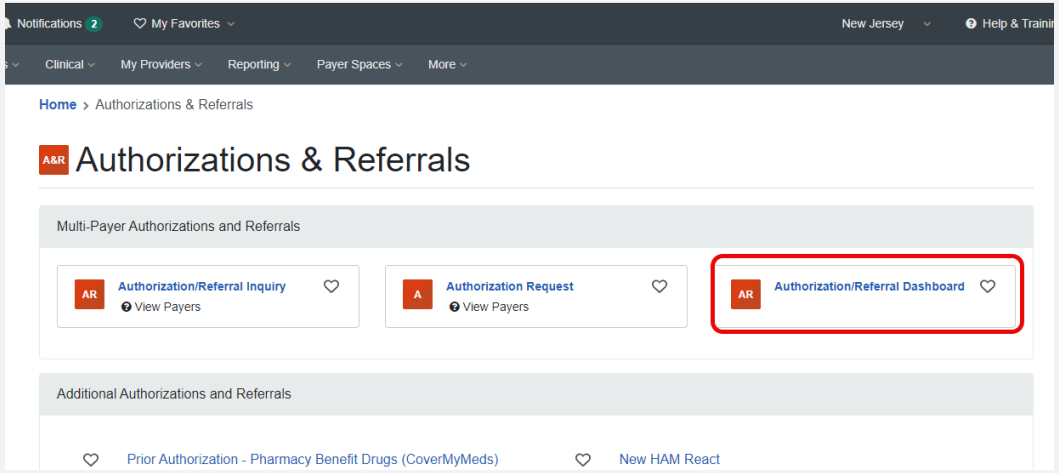
7 Verify all information and hit Submit



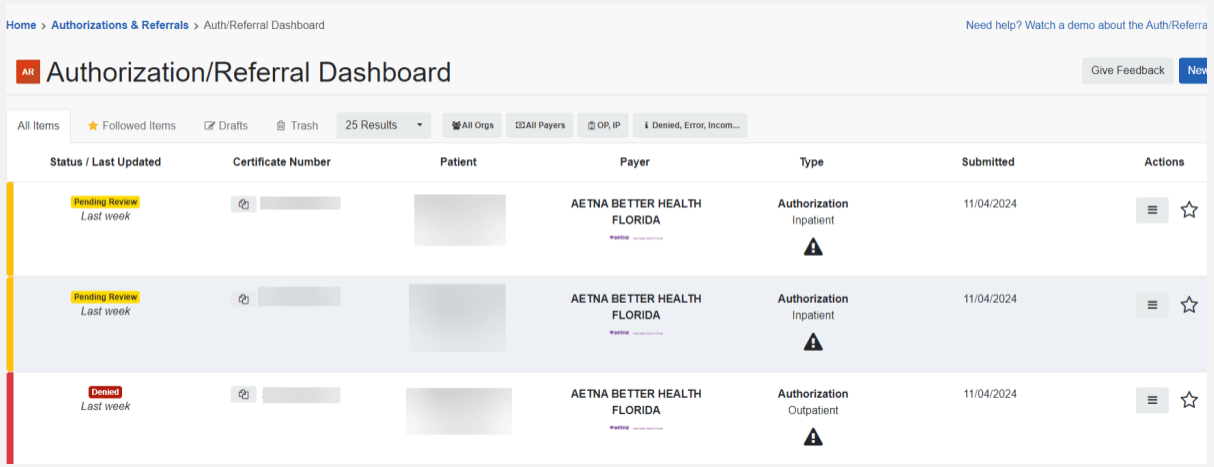
NEW JERSEY HUMAN SERVICES

Checking Status of Authorizations Submitted via Availity

1. Click on Authorization/Referral Dashboard



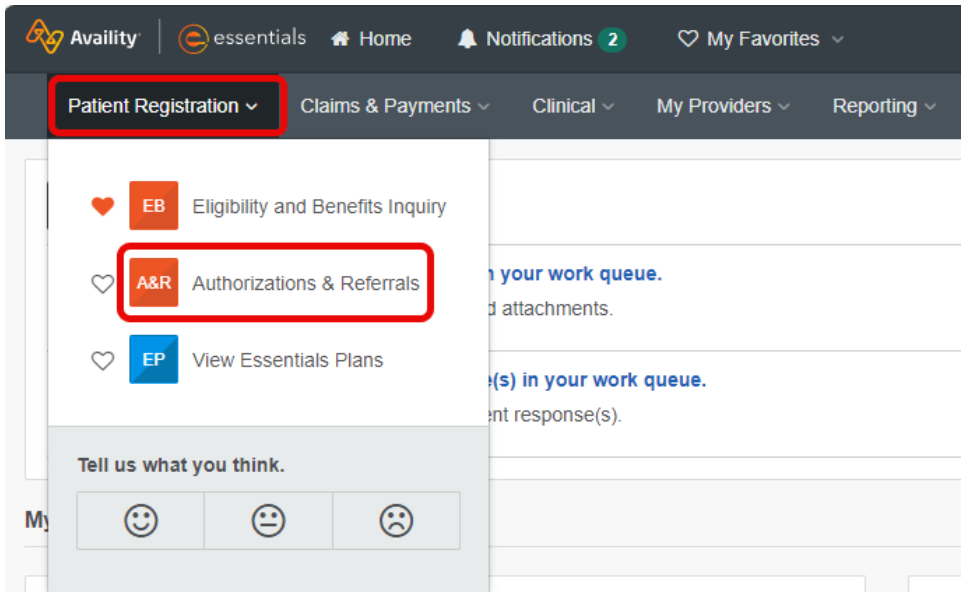
2. This will show status of those submitted in Availity only



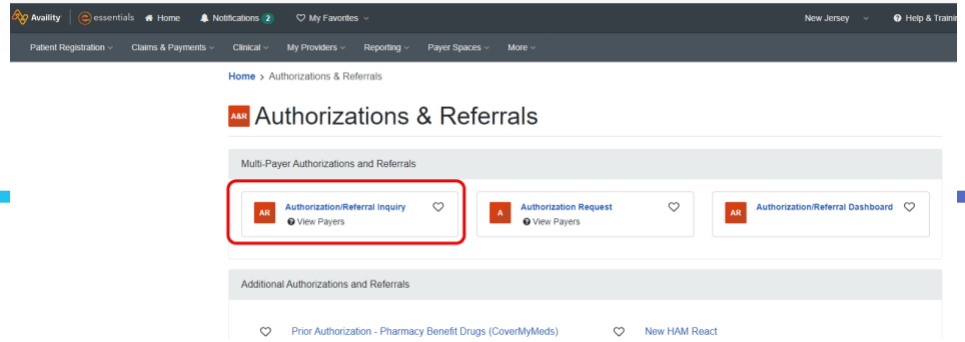
NEW JERSEY HUMAN SERVICES

Authorization Inquiries

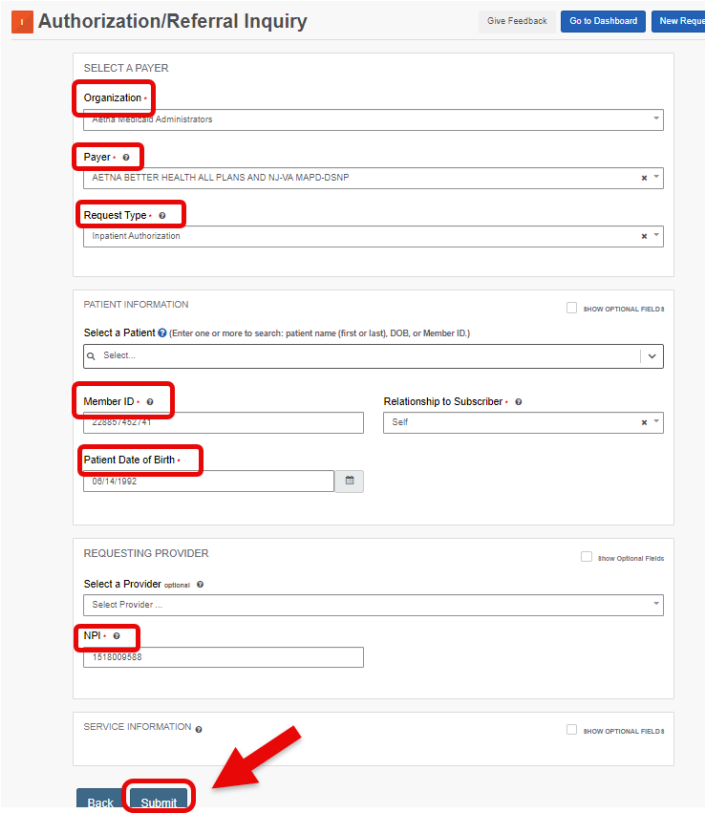
1. Once the provider is logged in, go to patient registration and authorizations & referrals.



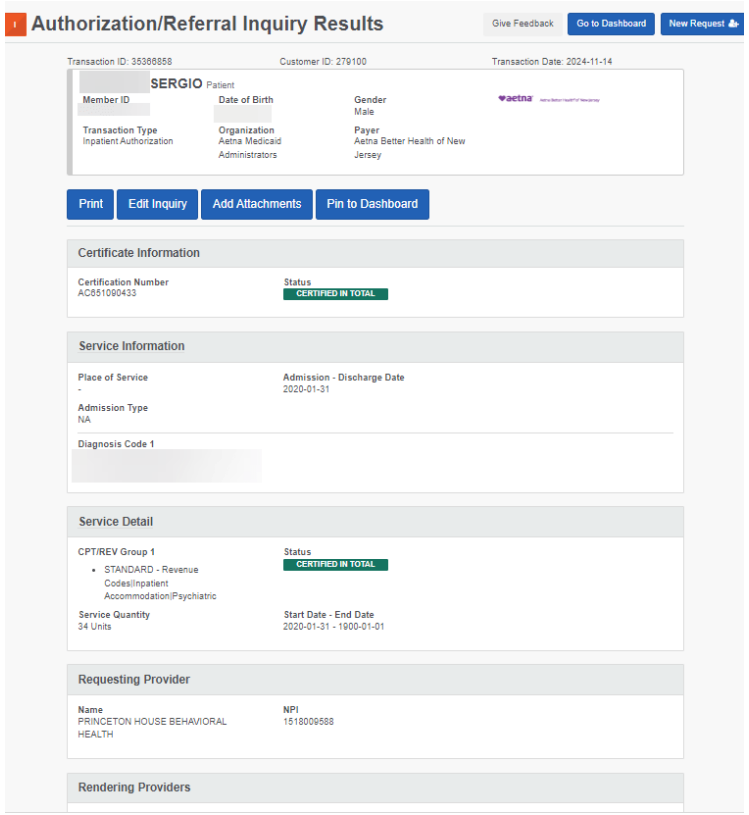
2. For inquiries, select Authorization/Referral Inquiry



3. Enter all applicable data that has an asterisk *. Then click submit



4. Once you click submit, the auth information will populate.



NEW JERSEY HUMAN SERVICES

Fidelis Care | Additional PA resources

PA contact information

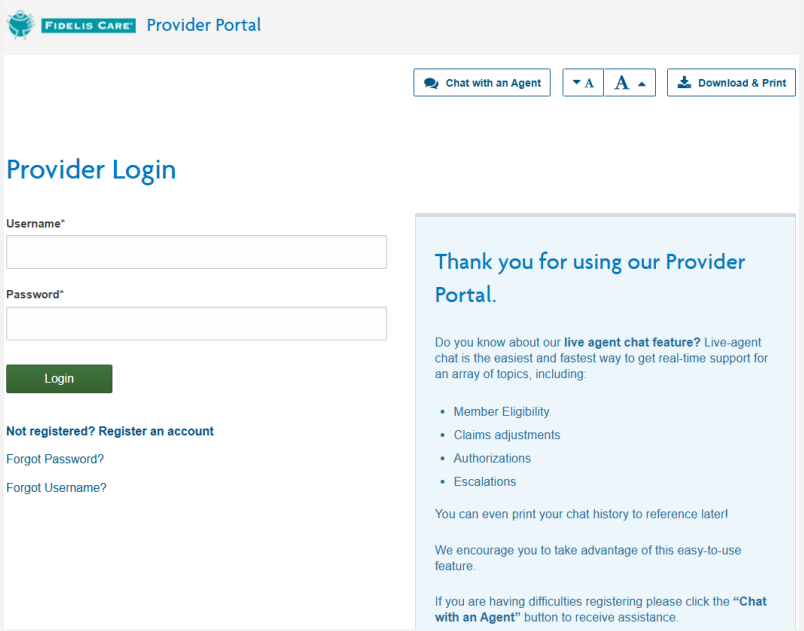
For more information on PAs, please contact:

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

Fidelis Care
MH PA requests using our portal

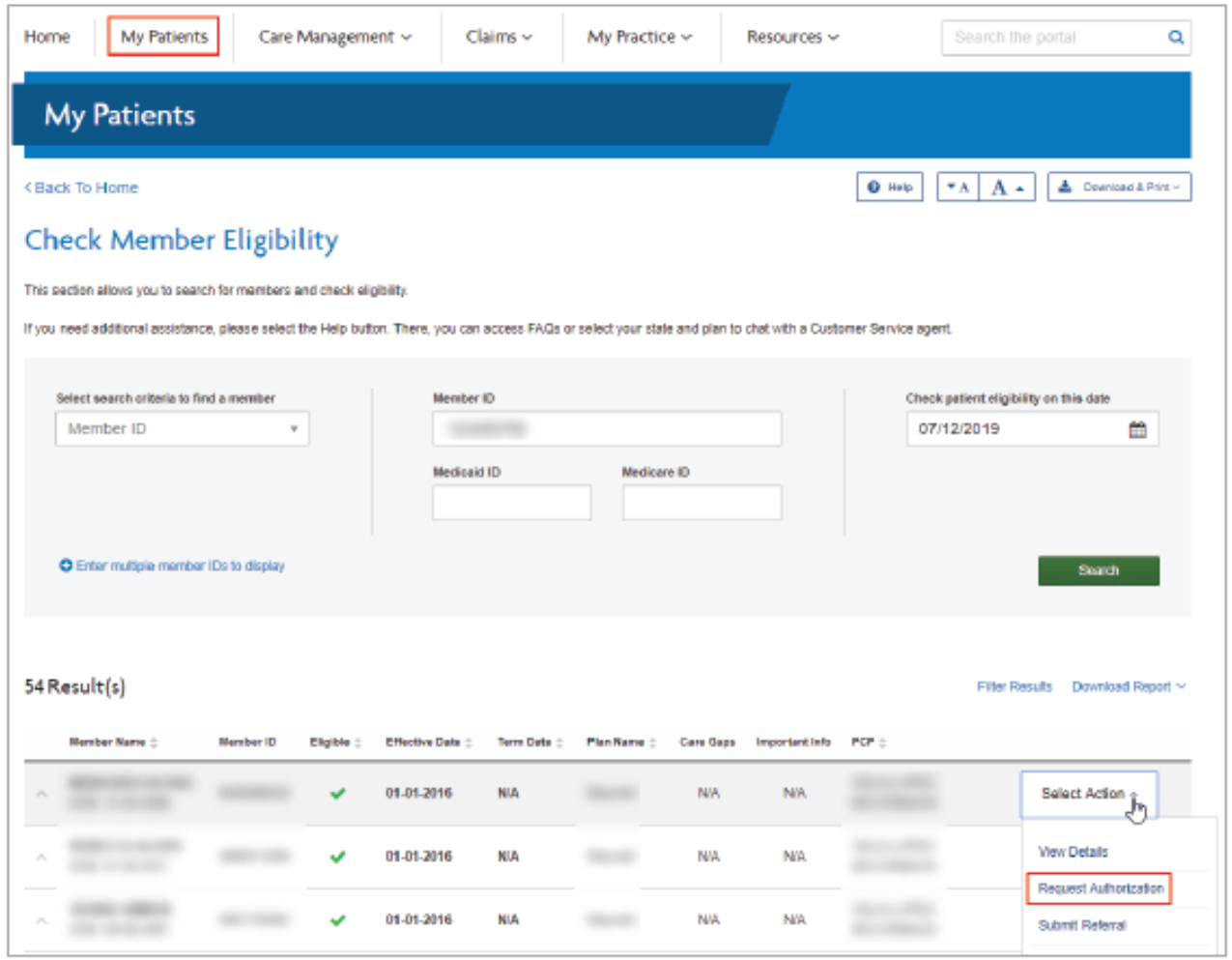


Submit PA using Fidelis Care Portal [secure online provider portal](#).

NEW JERSEY HUMAN SERVICES

Option 1:

Navigate to the "**My Patients**" and search for the desired member. Then open the "**select action**" drop down. Here you will find the "**Request Authorization**" option:

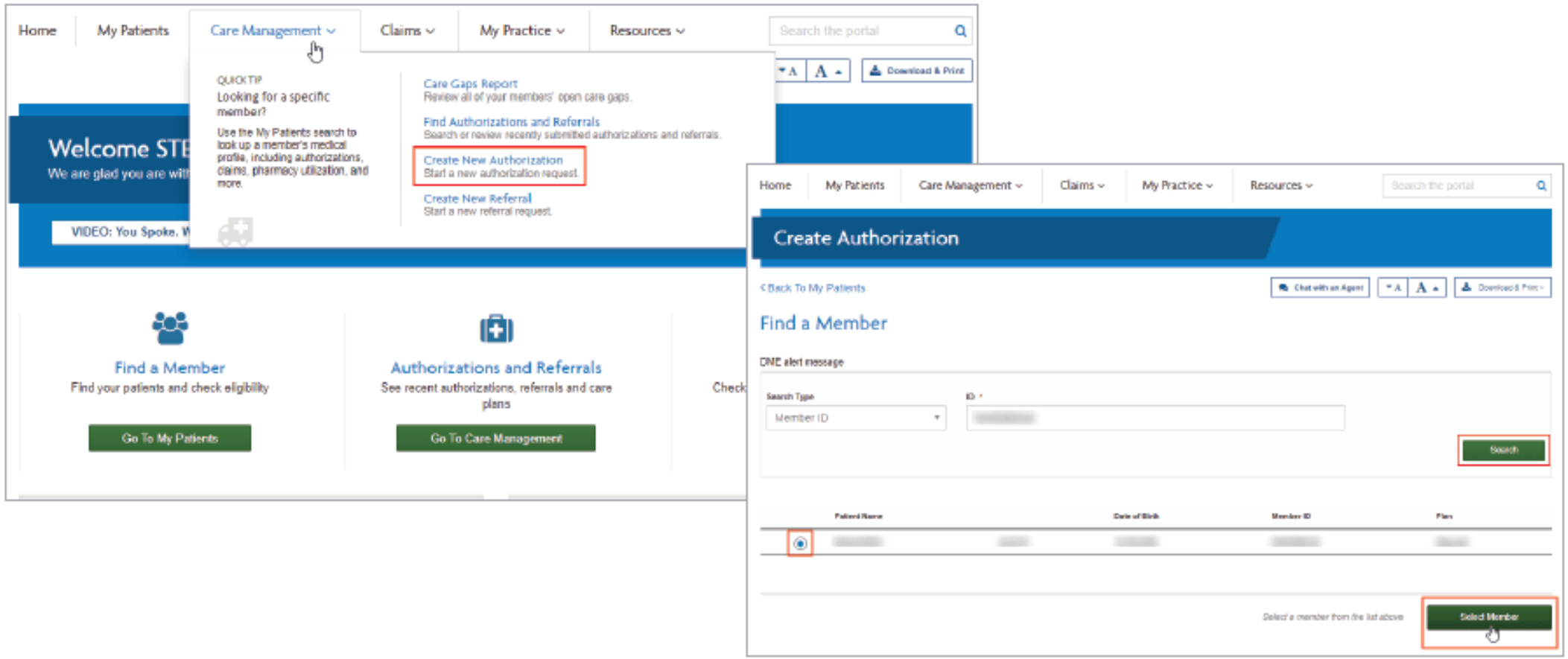


Select "**Request Authorization**" to access the authorization request form.

HUMAN SERVICES

Option 2:

From the "**Care Management**" tab, select "**Create New Authorization.**" You will then be prompted to enter the associated Member ID.



Create Authorization

Chat with an Agent | Help | -A A+

Download & Print

Member Information

COLLAPSE

The following Member is attached to this Authorization

Member Name	Member ID	Date of Birth	Gender	Address	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Search a Member

Requesting Provider Information

COLLAPSE

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	
					Choose a Provider

County

Requesting Provider Fax *

Is this a prescheduled service or an inpatient notification?

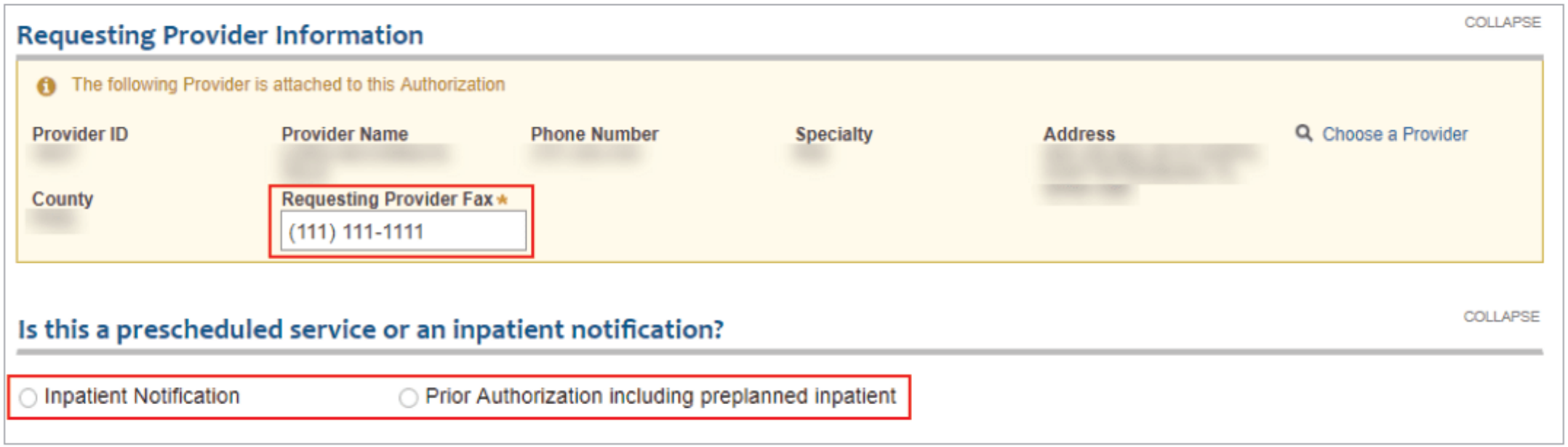
COLLAPSE

Inpatient Notification | Prior Authorization including preplanned inpatient

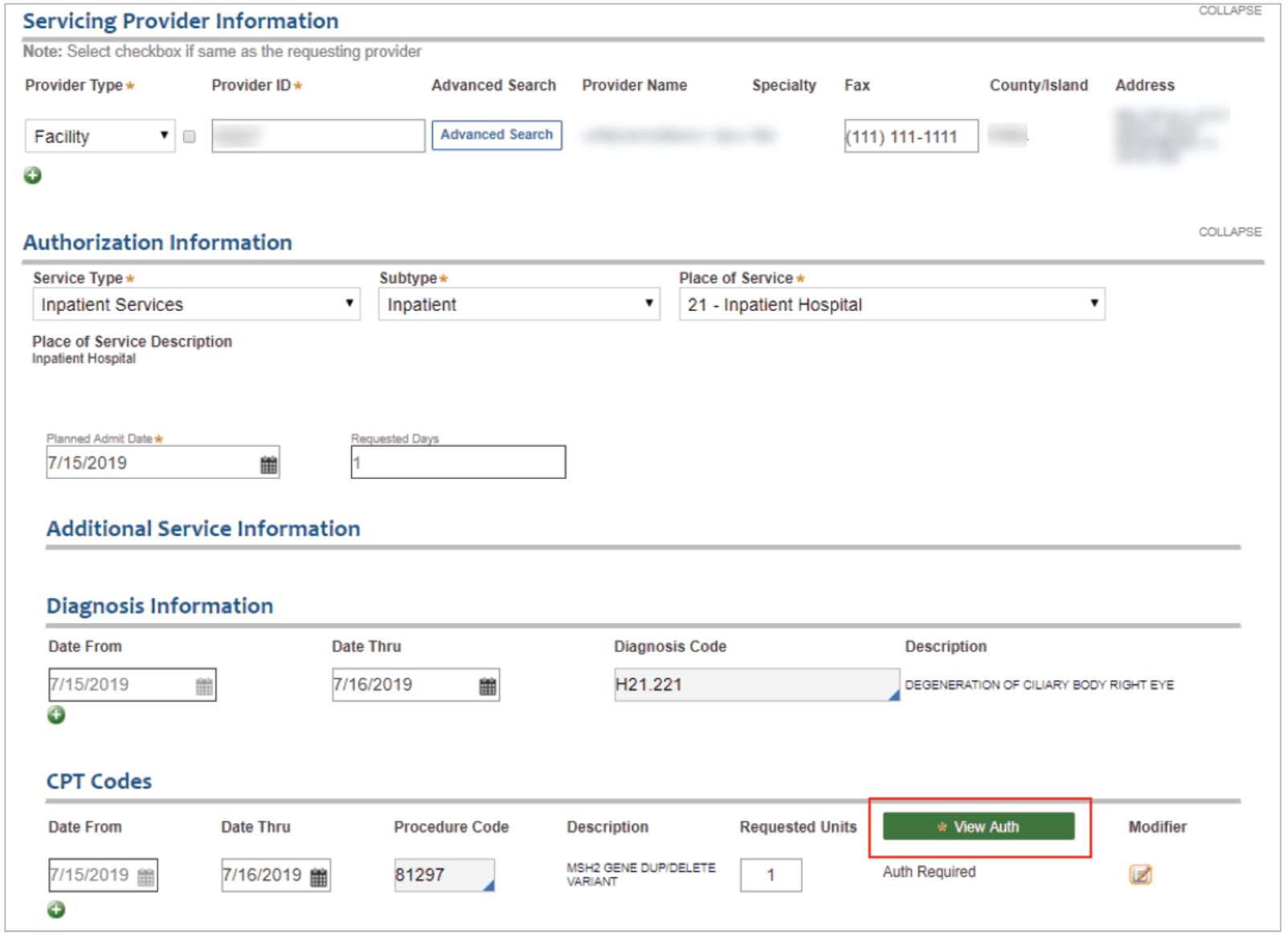
Next, insert a valid fax number using the following format: (111) 111-1111. Then make a selection to determine "**Inpatient**" or "**Outpatient**" for the request. Fields within the form will update, based on whether the authorization is identified as inpatient or outpatient.

Select "**Inpatient Notification**" or "**Prior Authorization including preplanned inpatient**" in the "**Is this a prescheduled service or an inpatient notification?**" field.

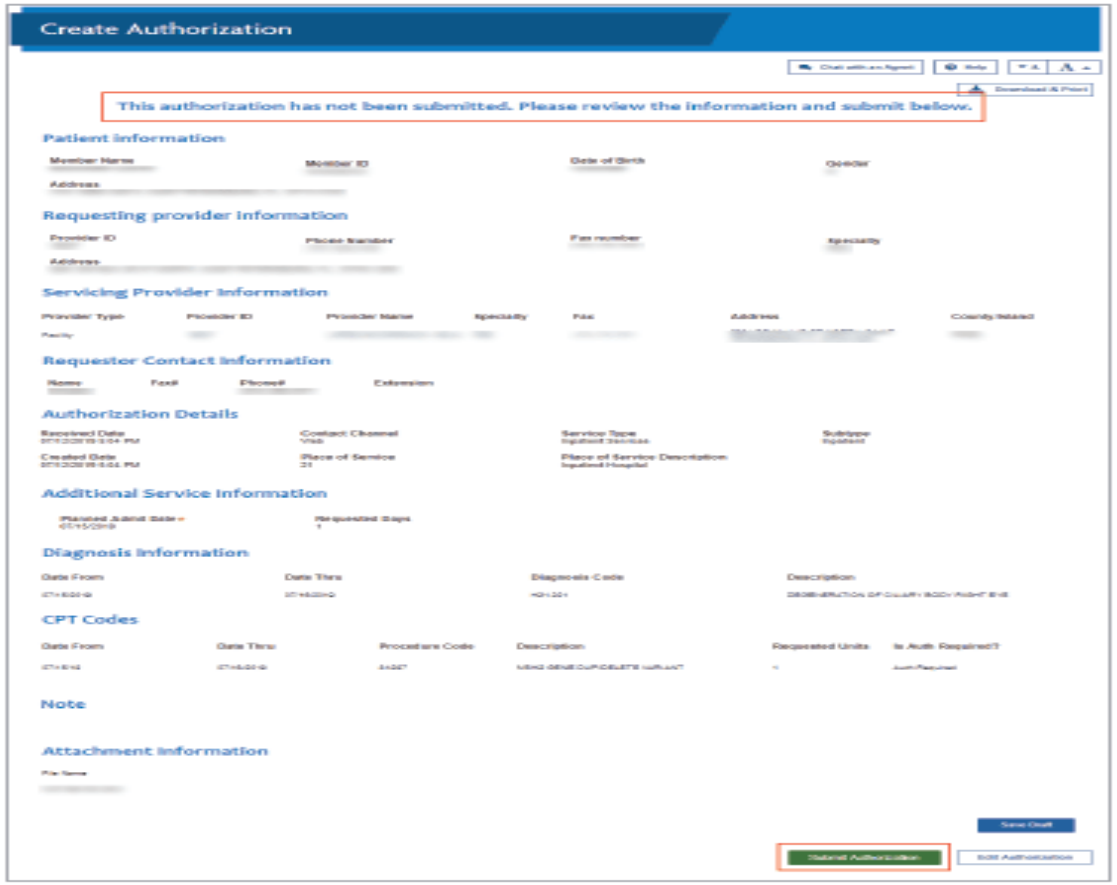
- Inpatient Notification – **Use for an inpatient/observation request**
- Prior Authorization including preplanned inpatient – **Use for an outpatient request or preplanned inpatient request for a future date of service**



Complete the fields in the following sections. For an outpatient authorization, you **must** check the "**View Auth Requirements**" button. (This is not necessary for inpatient authorizations.)



Prior to submission, you will be prompted to review your selections, and given the options to "**Edit**" or "**Submit**":



A reference number will be provided once you submit the request. An authorization number will be sent to you via fax within state-regulated turn around times. You must use the authorization number to search for this authorization in the Provider Portal.

NOTE: An authorization cannot be viewed via the portal until it has moved to an in-progress state and the fax containing the authorization number has been sent.

There are several types of reference numbers:

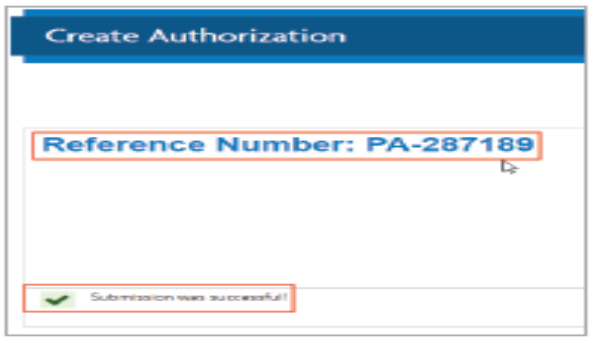
ADMNT: This is a notice of admission

CR: This is a concurrent review. After the notice of admission, this is the clinical review that takes place. There can be multiple concurrent reviews for a single stay. Ex. If a member is admitted to the hospital, there will be an initial review and then one or more additional reviews confirming whether the member is ready for discharge.

PA: Prior authorization. This is an advance notice for outpatient services or for pre-planned inpatient services.

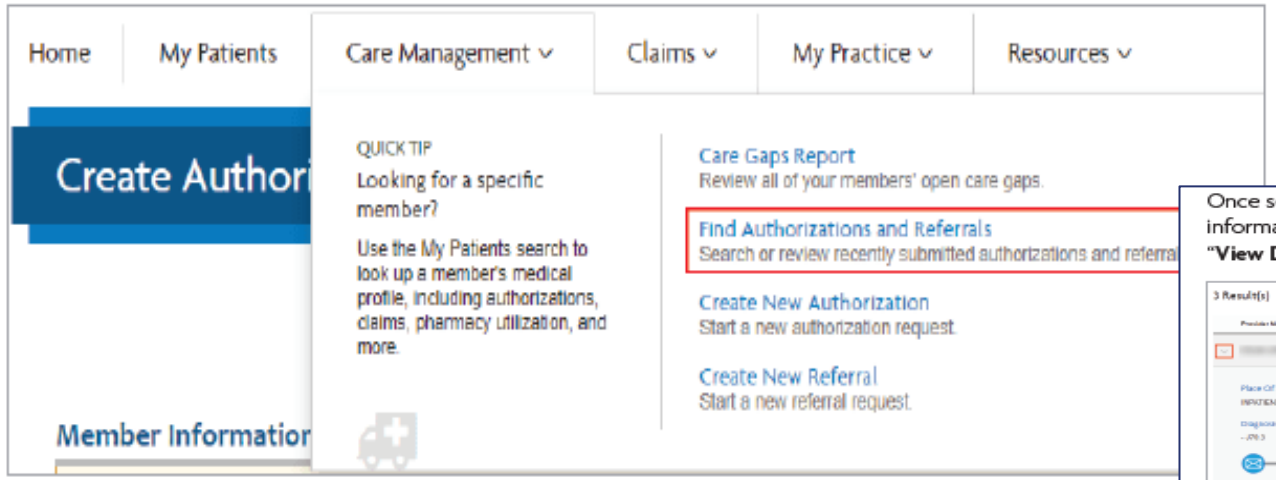
Authorization number: This number is required when submitting your claim(s) for payment.

Example of an ADMNT reference number:

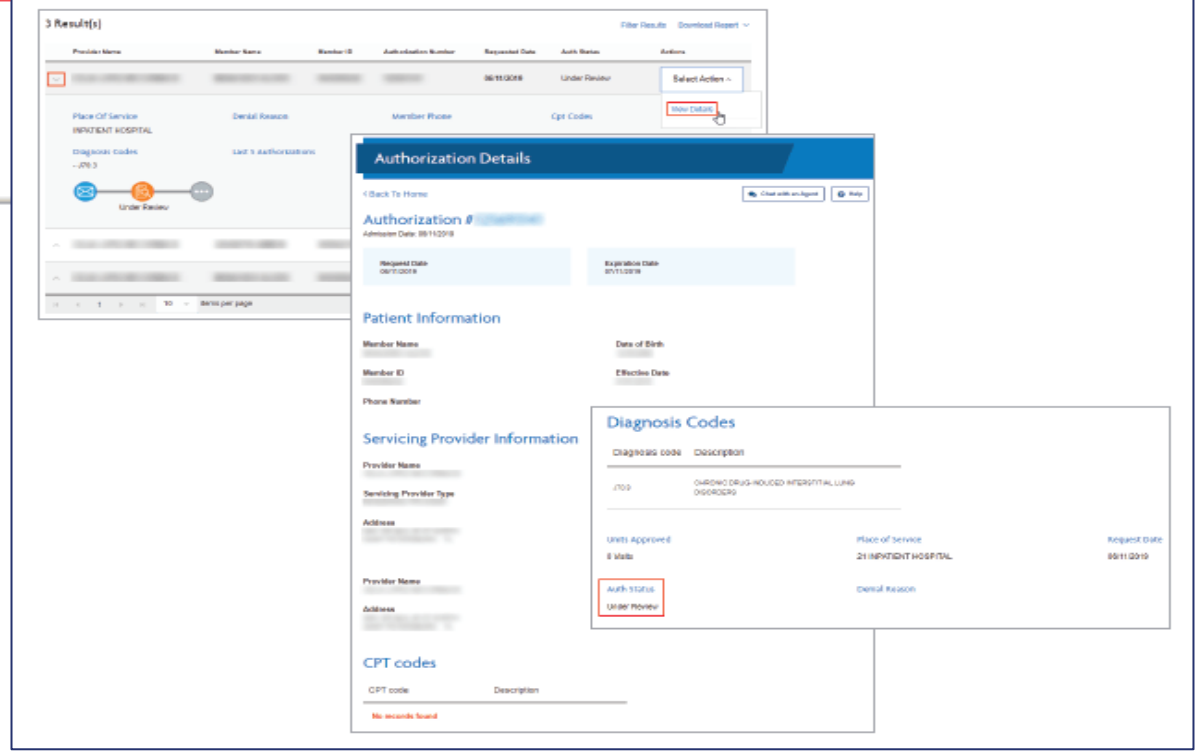


Check Authorization Status

Navigate to the "**Care Management**" tab and select "**Find Authorizations and Referrals**" to view the authorization status.



Once search results are returned, each authorization has an expandable section that provides more detailed information about that authorization. You may also view the full authorization details by selecting the "**View Details**" from the "**Select Action**" drop down.



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

Horizon NJ Health
MH PA requests using Horizon's portal

Submit PA using Availity Portal
https://availity.com/

Learn about the Utilization Management Request Tool Enhancements
Self Study Guide

UM Tool Training Module

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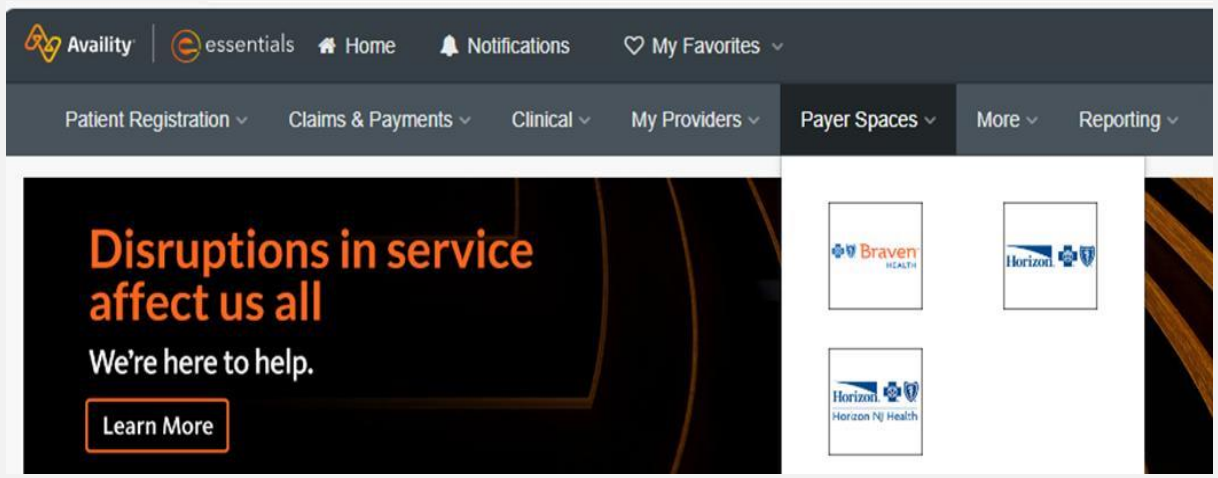
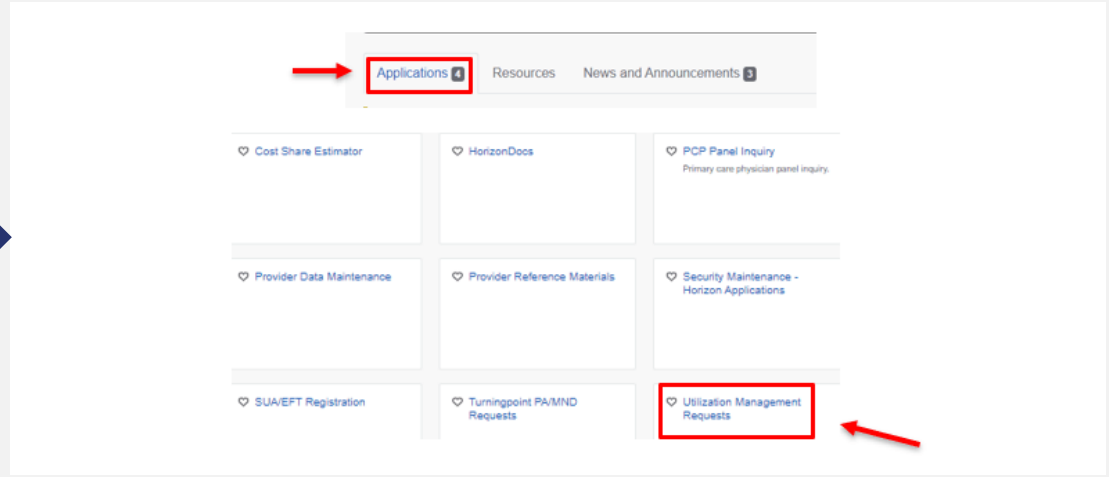
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Once logged into Availity, Click Payer Spaces dropdown and select plan type for member you are requesting services for.



Scroll within Applications tab to Utilization Management Requests and click.

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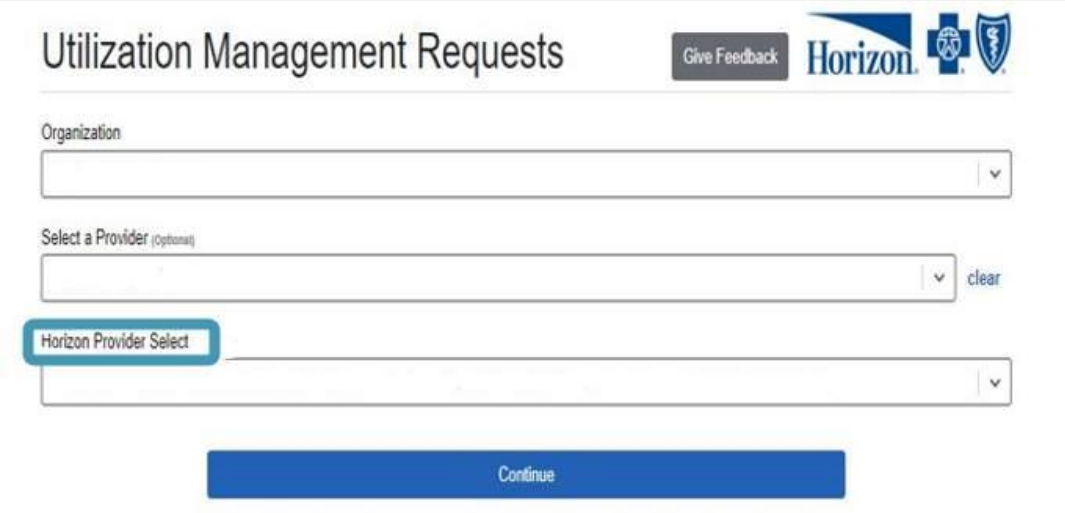
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Once you click Utilization Management Requests, you will need to select your organization and complete "Horizon Provider Select" field. Click continue.

This screen advises that you that you will be re-directed to a platform called CareAffiliate. Click Submit to proceed.

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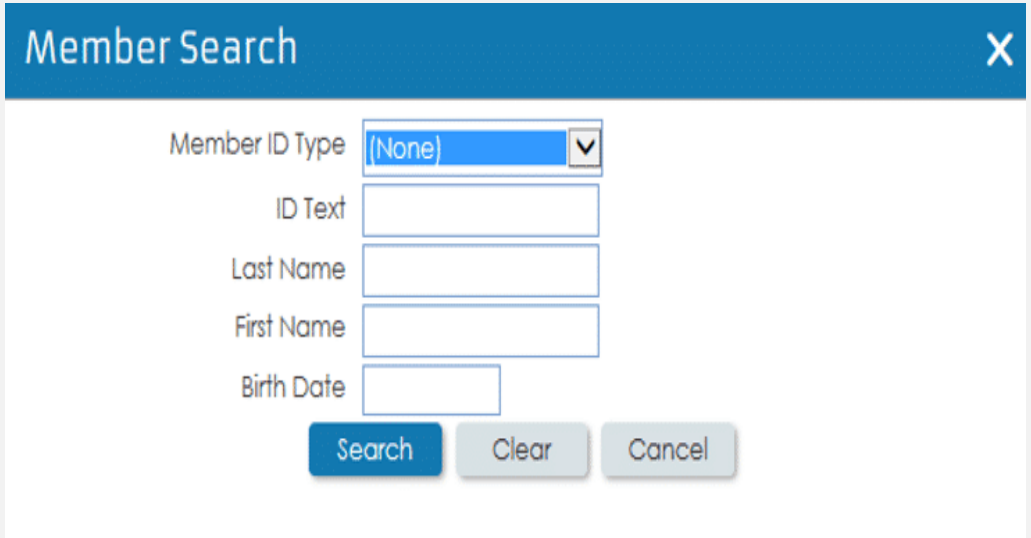
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal

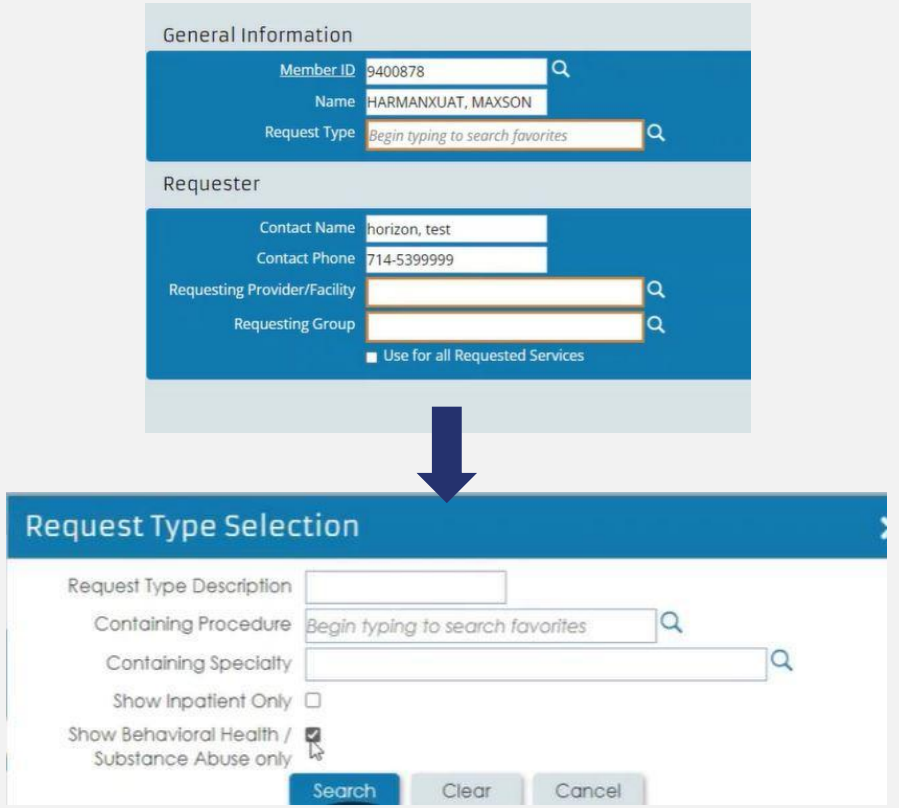
Within CareAffiliate, from the Home tab, click the yellow Look Up button.



You will then see this screen. You can search by Member Name or Member ID.

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal

Once member has been found, an authorization can be initiated. Click the New button next to Authorizations option. *Note, if you click the Authorizations link, it will bring up prior submitted requests for selected member.



This step allows for entering request type selection. Click magnifying glass next to Request Type. A search box will populate. Click check box next to Show Behavioral Health/Substance Abuse Only, and hit Search. Then scroll through the list of options and select an option.

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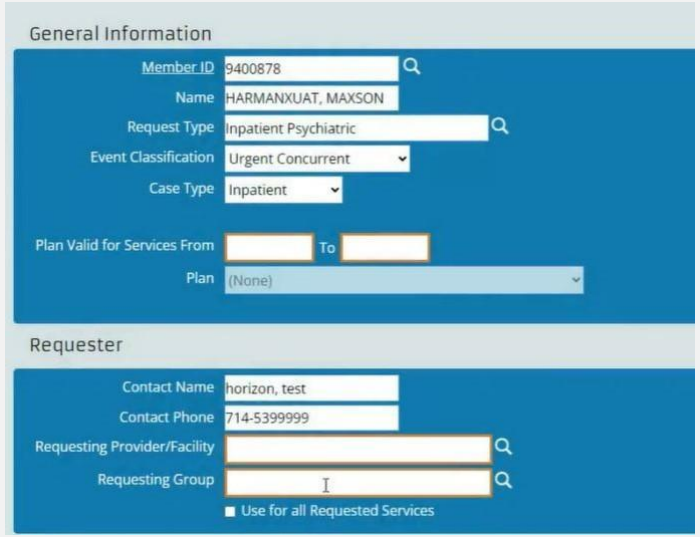
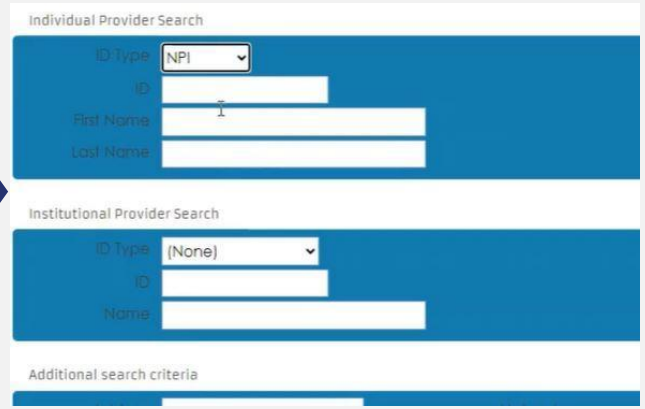
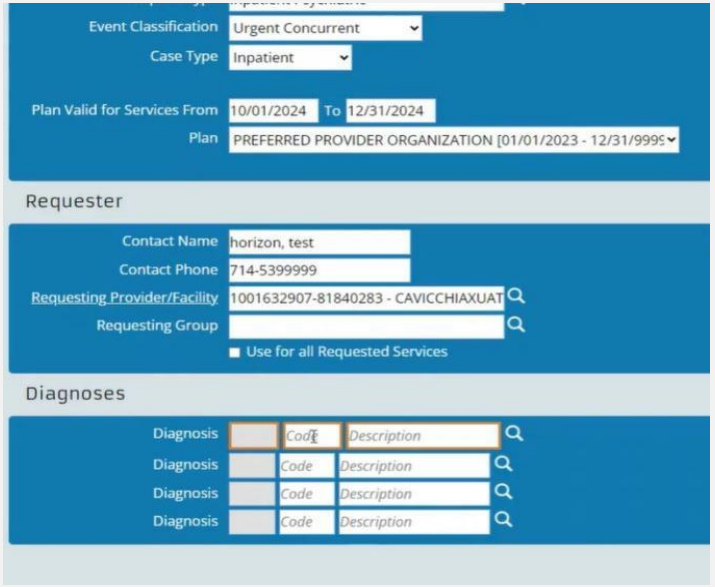
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Next, enter 90-day date span under Plan Valid for Services From and To, which will prompt a benefit/eligibility check. Then, click on magnifying glass next to Requesting Provider/Facility or Requesting Group.



Search box will open. Fill in ID type and ID information, and hit Search. Choose the correct option through the search results.



Diagnosis codes can now be added. Click magnifying glass next to description, and search by F code. Up to 4 diagnoses can be entered in this section.

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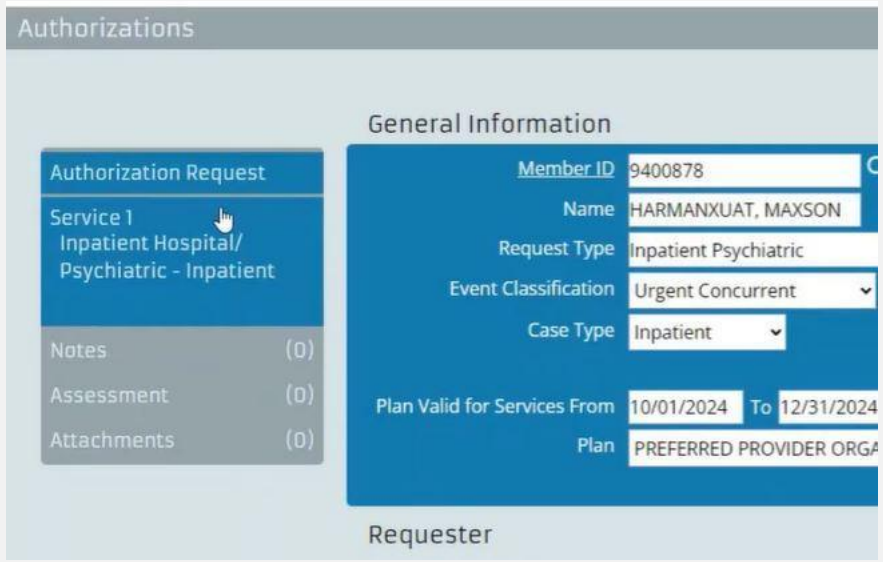
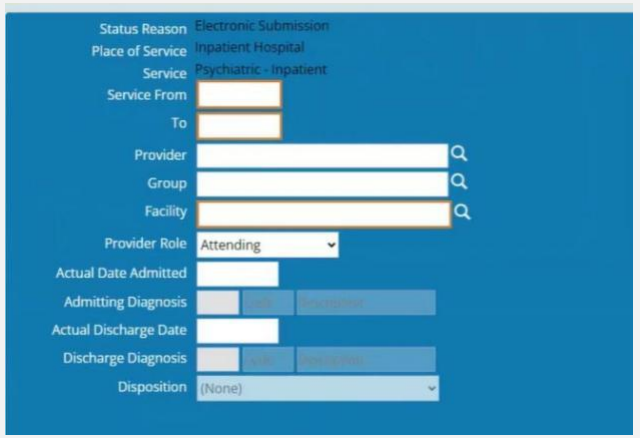
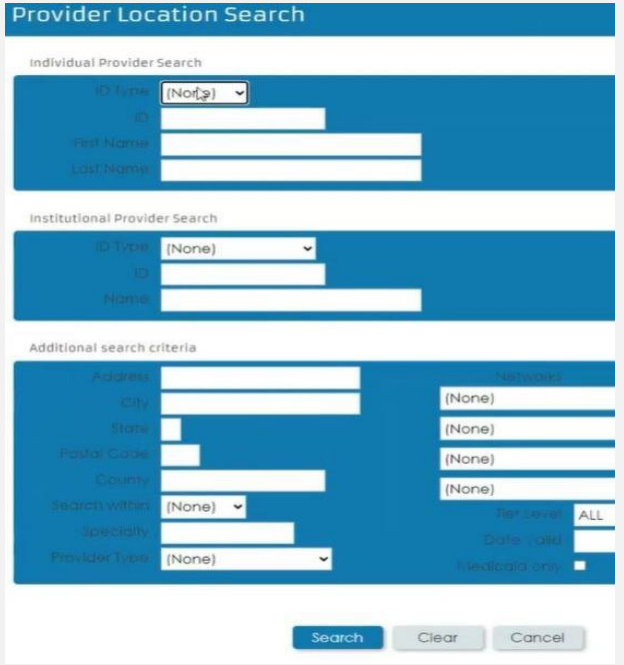
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal







To initiate adding a service, click Service 1 in the Authorization Request box in upper left side of page.

When entering dates of service, they must fall within 90 day date span that was initially entered. Click Magnifying glass for Provider, Group or Facility, and repeat provider search steps previously described by searching individual or institutional provider. This time, you must enter rendering provider's information.

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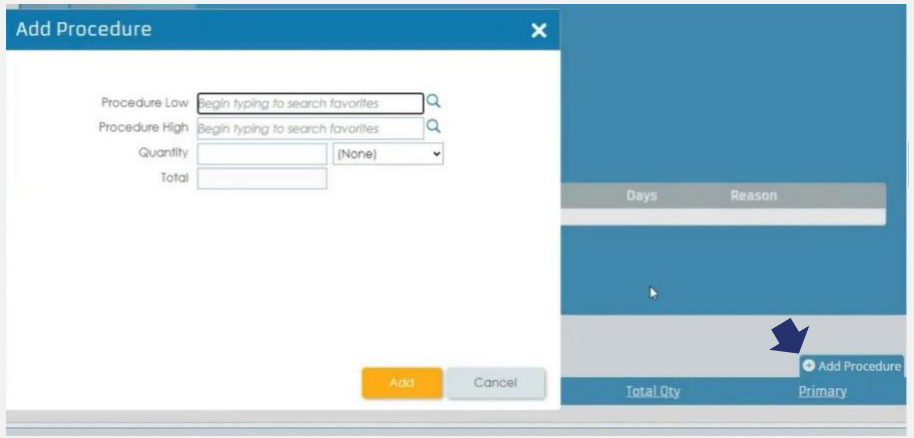
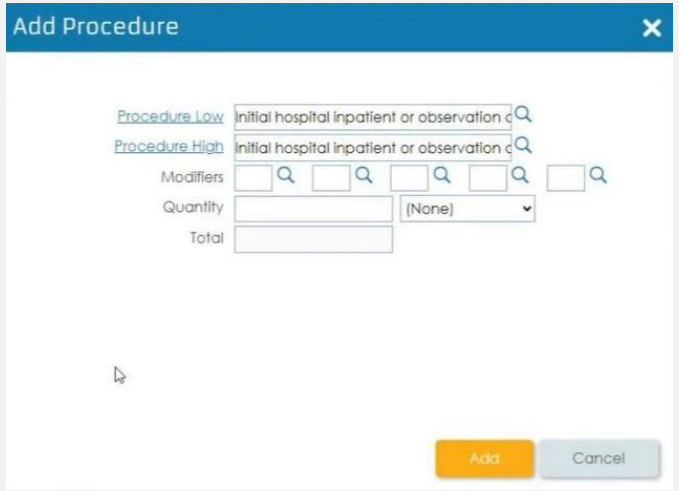
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



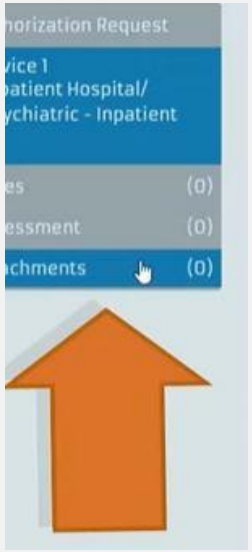


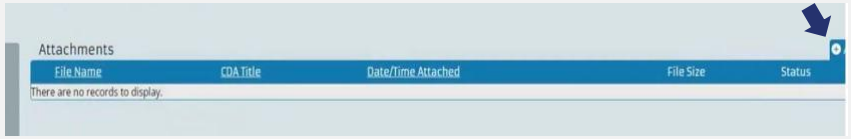
Next, procedure information should be added only for outpatient levels of care. Click add procedure tab toward bottom right of screen. A new window will open. Click magnifying glass next to Procedure Low to open search window.

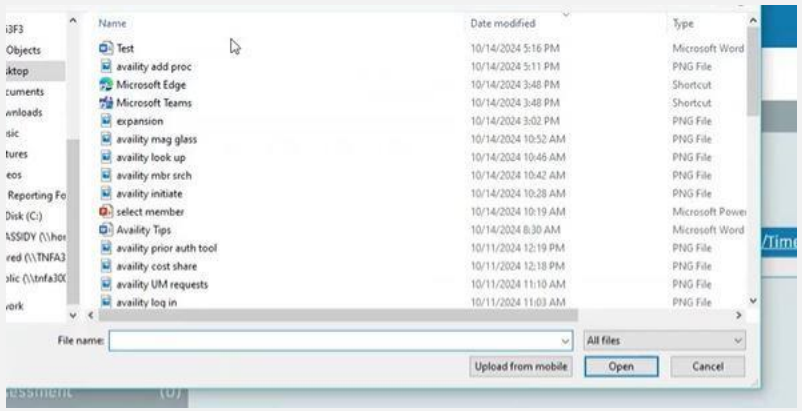
Open drop down menu next to Procedure type. Make your selection and enter code. Click Search. You will be back at Add Procedure page. Procedure Low and High will be populated. Next, enter number of units requesting in Quantity field. Click drop down to right to select units. Then Click Add. *Note, if needing to add additional procedures, scroll up and click orange Copy Service Line.

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal





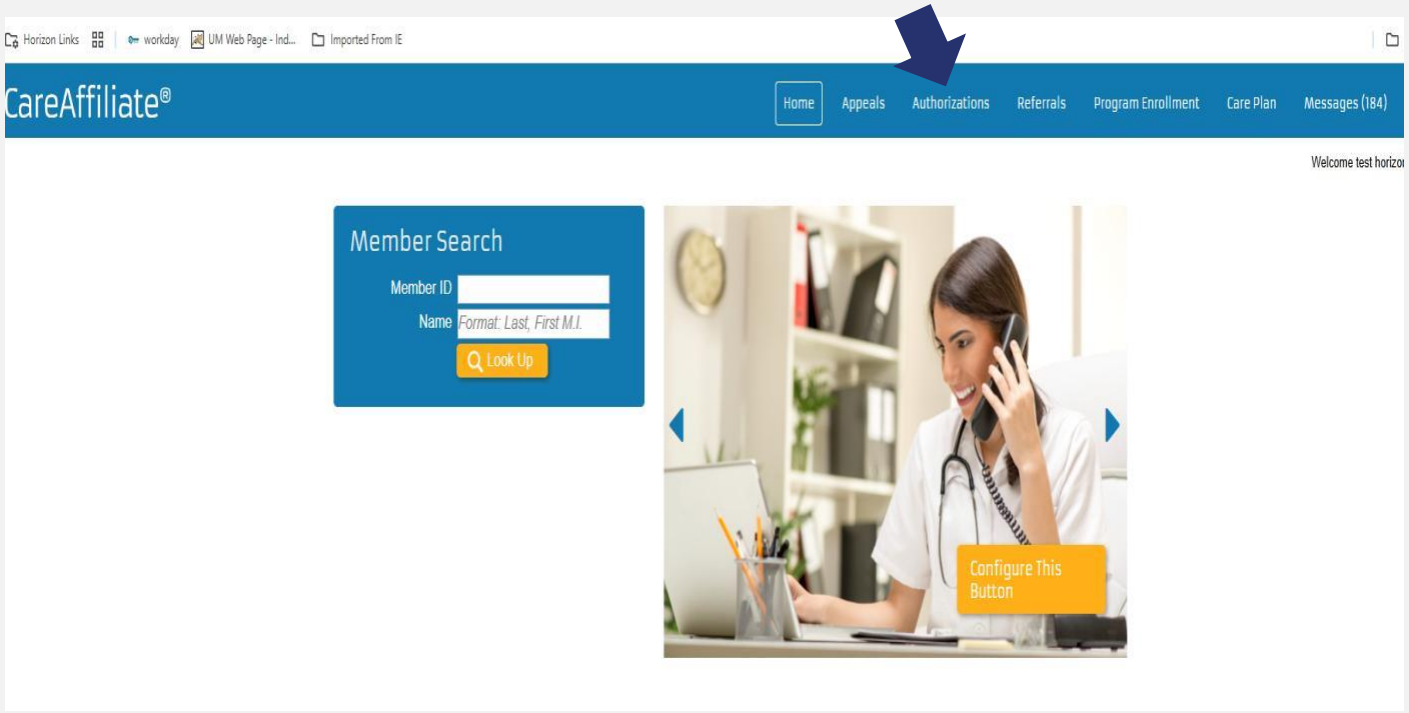


To add clinical information, attachments of clinical records can be added. Click add attachments in top left and then add file in the top right.

Double click on the file to be attached and then click upload file. A status of Attached appears when files are uploaded successfully.

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to check status of MH and SUD PA requests in Horizon's portal



On the Home Screen, go to Authorizations section for Mental Health and Substance Use Disorders.

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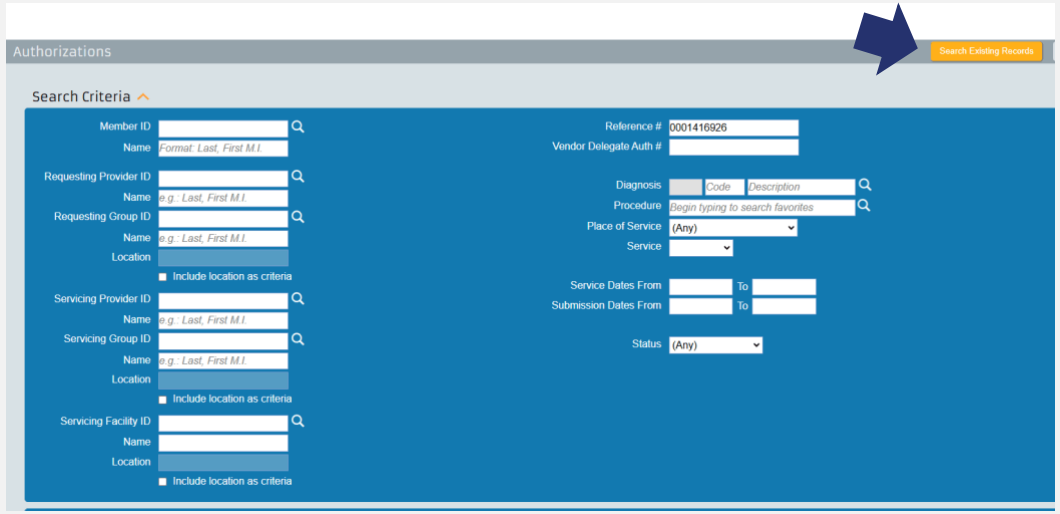
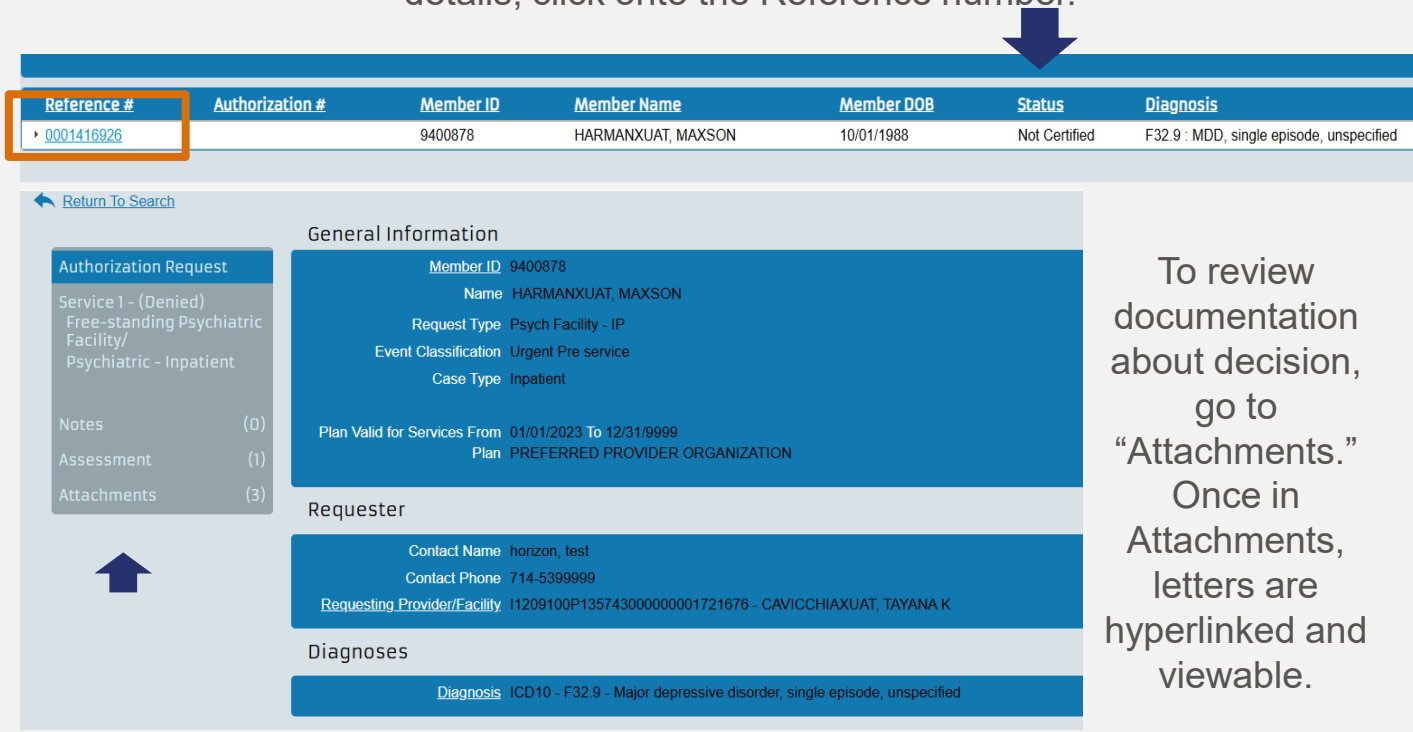
Horizon NJ Health | How to check status of MH and SUD PA requests in Horizon's portal



Input the Reference number given on initial submission and click on "Search Existing Records."

Immediately you can review the Status. To get additional details, click onto the Reference number.



To review documentation about decision, go to "Attachments." Once in Attachments, letters are hyperlinked and viewable.

*Note: In order to get a print-out of the request and status, you can print screen.

NEW JERSEY HUMAN SERVICES

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

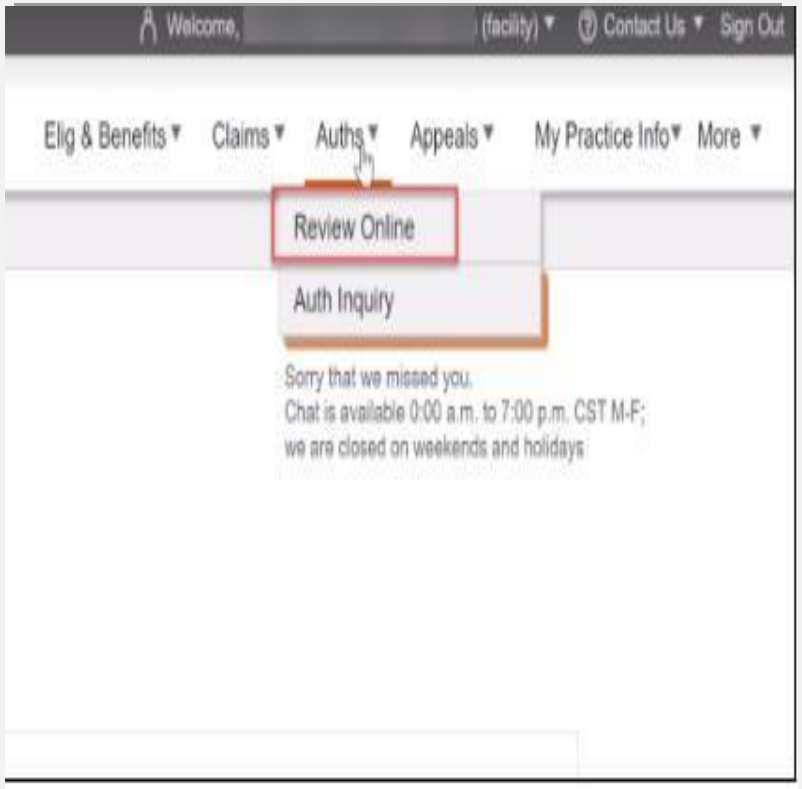
Provider Express PA Portal

Provider Manual

Quick Reference Guide

New Provider Orientation

UnitedHealthcare
MH PA requests using our portal



Submit PA using Providerexpress.com
[Optum - Provider Express Home]

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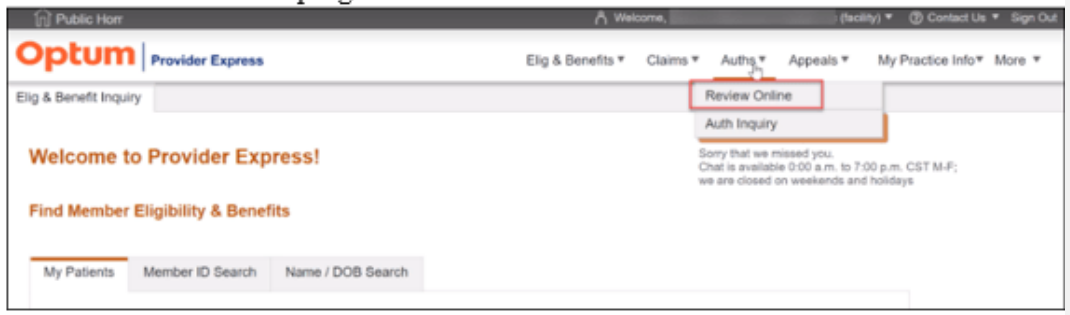
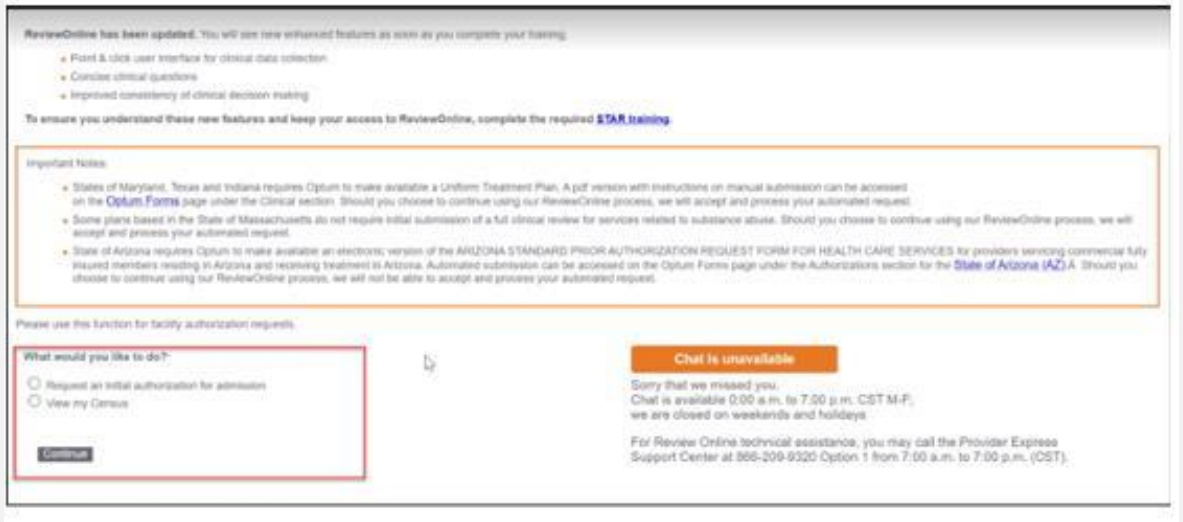
UnitedHealthcare

Step	Action
1	Providers will sign into Provider Express. https://public.providerexpress.com/content/ope-provexpr/us/en.html
2	Click on **Auths** in the top right-hand corner and select **Review Online**. 
3	Now, there are two options for the provider at this point. Providers can • **Request an initial authorization for admission** • **View their Census** - This takes you to a list of all of the facilities, patients and admit status. The Census page will show if an action is required or just the status of where the authorization is. Providers can also click on the Census option for Concurrent Review. 

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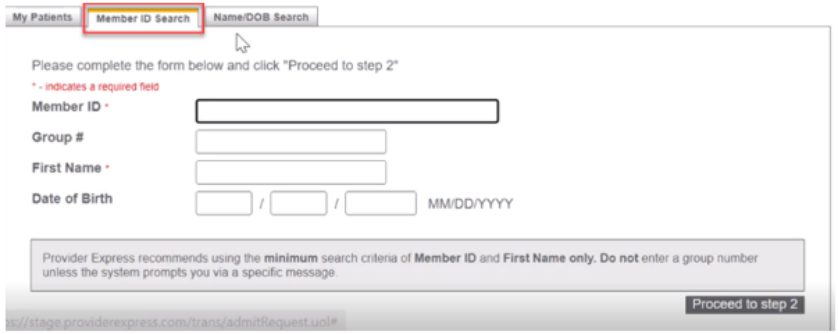
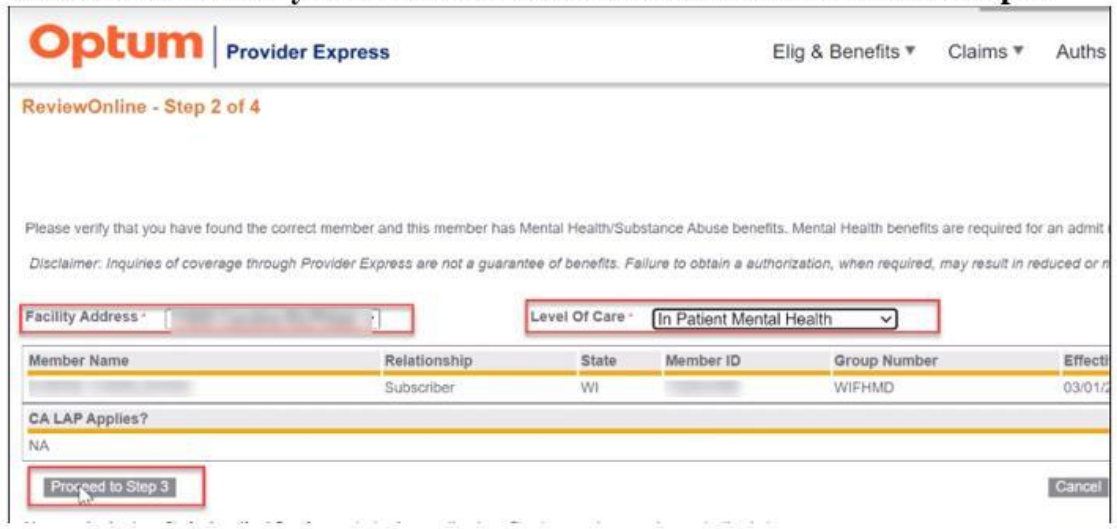
Step	Action
1	The provider will land on the **ReviewOnline**- On this page providers can locate a member 3 different ways. a. **Member ID Search** – search by Member ID. 
2	Select **Proceed to step 2** at the bottom of the page.

3	This takes the provider to the **ReviewOnline-Step 2 of 4**. On this page the provider will select the **Facility Address** and **Level of Care**. Select **Proceed to Step 3**. 

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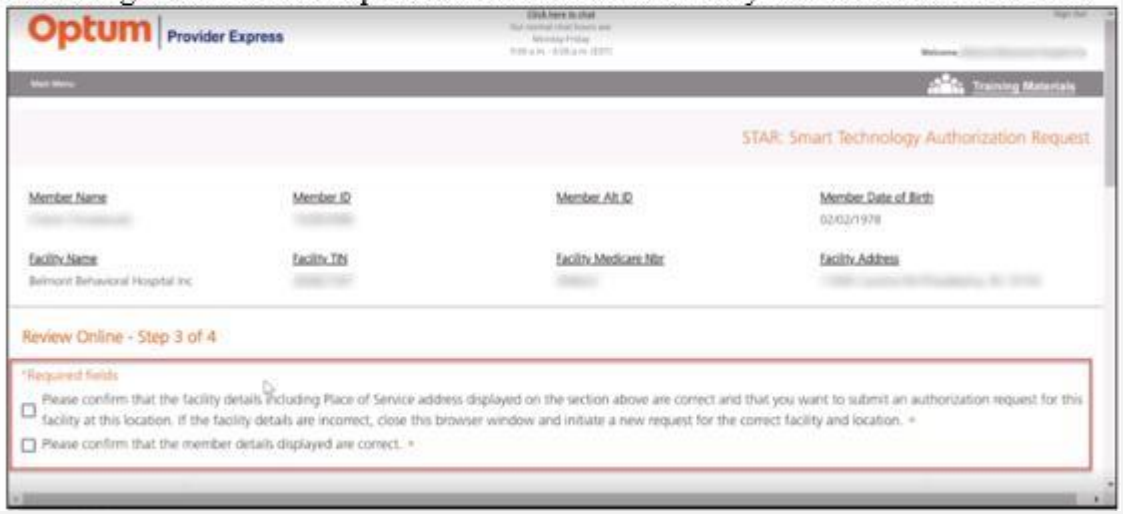
Step	Action
4	This takes the provider to the **ReviewOnline-Step 3 of 4**. On this page begin answering the initial set of questions to confirm the facility and member information. 

	• Enter the diagnosis
	• Pick the Level of Care
	• Answer the following questions
	  ○ **Involuntary admission?**
	  ○ **Is this request from an ER?**
	  ○ **Member admitted?**
	  ○ **Admit date**
	  ○ **Has the member been discharged from the current episode of care?**
	Select **Next**.

5	On the next page the provider will see a popup reminder letting the provider know that *The Draft is Saved. Incomplete drafts will be removed in 72 hours and no authorization will be created.* Select **OK**.

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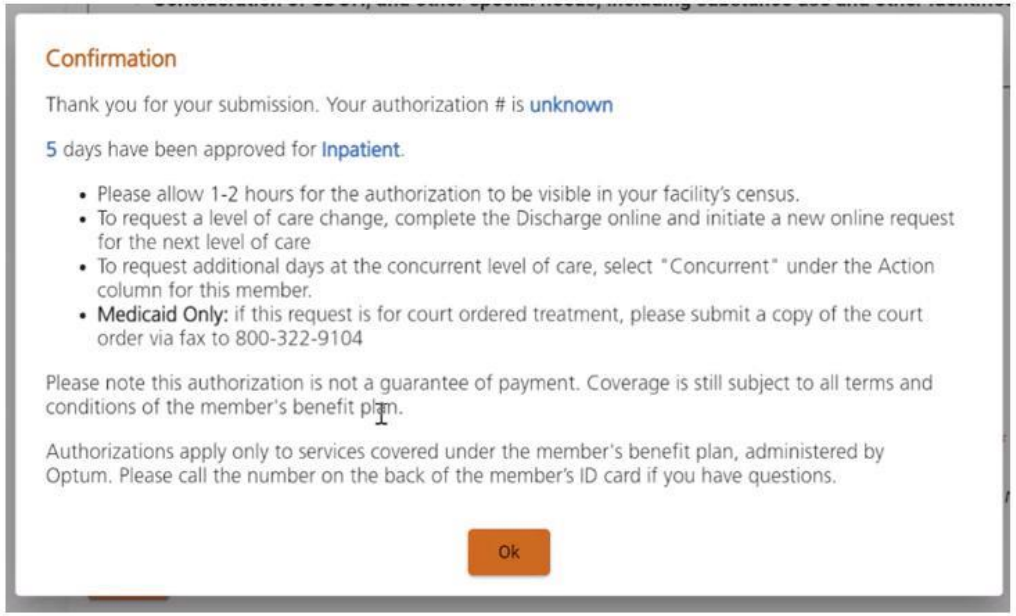
Step	Action
6	On the next page the Provider will complete all of the required information in the following sections • **Member Information** • **Admission Information** • **Attending MD** • **Utilization Reviewer** • **Current Symptoms and Severity.** • **Risks** • **Proposed Treatment** • **Discharge Planning** • **Attestation** **Note**: Fields with a red asterisk are required. Click **Next**.
7	On the next page the provider will see the Confirmation pop-up. The pop-up will provide the following • Authorization number • Number of days the level of care has been approved for 

UnitedHealthcare MH Partial Care PA

Electronic Submission – MH Partial Care	• Electronic Prior Authorization for partial care mental health can be submitted through Provider Express. To access the request form, go to: Providerexpress.com > Our Network > State-Specific Provider Information > New Jersey > Authorization Template • Complete the online request form. • Use the “Attesting Individual’s Email Address” to track where the request is in the authorization process.

Wellpoint | Additional PA resources

PA contact information

Where to submit MH PA requests:

Call or Fax:

- **Inpatient Medicaid, PHP, IOP, and all Urgent Services:** 844-451-2794 *(fax)*
- **Inpatient Medicare, PHP, IOP, and all Urgent Services:** 844-430-1702 *(fax)*
- **Access Fax Forms Here:**
  - Forms | Wellpoint New Jersey, Inc.
- **Call:** 833-731-2149

Where to submit SUD PA requests:

- Submitted through **NJSAMS**
- Decisions communicated to provider via fax or phone call

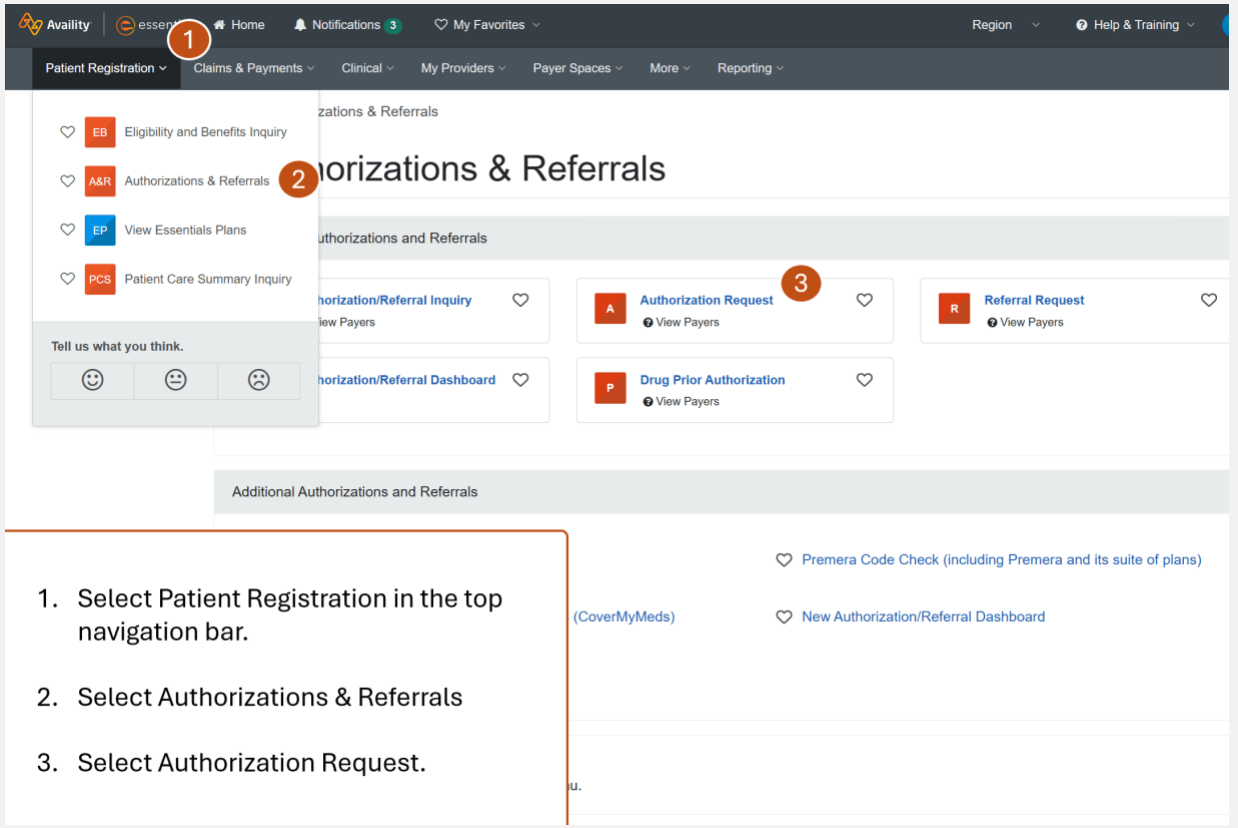
Ann Basil, LCSW, Director of Behavioral Health
Ann.Basil@Wellpoint.com

Additional PA resources

Links:

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

Wellpoint
MH PA requests using our portal



Submit PA using Availity Portal
(access here)

Note – recent issue submitting PA via portal will be fixed by March 17th.
Please use fax until that date

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