

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

Determine when PA is required

Complete and submit PA request

MCO processes PA request

Dispute and/or appeal PA decision

- For which services is PA required vs. not required?
- What are the required fields / information I must submit?
- Where do I submit my 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)

- 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



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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 \rightarrow DSM-5 \rightarrow 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

DSM-5

Admission

Provider information

Provider 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:**

Member information:

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

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

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

LOCI-3

Supervisor credentials





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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 multiple choice and short answer fields

- Providers are prompted to answer questions on the following clinical information
 - Current substance use
 - 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 required for PAs submitted to the IME; 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 medicationassisted treatment (MAT)
 - If so, include frequency of MAT and member response to treatment

Additional information to include in comments

- Requested start date of service
 - · Requested end date of service
- Requested number of units of service
 - Anticipated full length of stay at requested level of service (including continued stays)
- Provider tax ID number

Starred fields will be added to NJSAMS in an upcoming update early next year. Until then, providers should use this field to include the information

Completing clinical information in the DSM-5 module

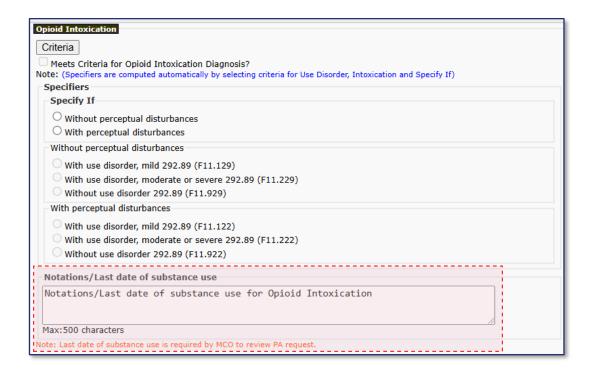
The DSM-5 module evaluates a member across a series of SUD diagnoses

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
- L - MCO content requirements for this field to follow - - 3



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 and frequency of substance used
 - Age of first use
 - Date of last use
 - Any past treatment for that substance (e.g., medication-assisted treatment, outpatient services, inpatient services)

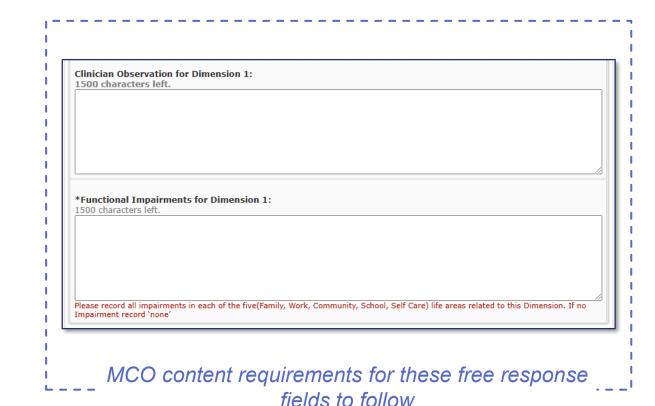
Completing clinical information the LOCI-3 module

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

Please note: Each LOCI submitted should be specific to the member at that point in time. The LOCI module must be updated for any extension requests



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?

- 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?

- 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?

- 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?

- 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?

- 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

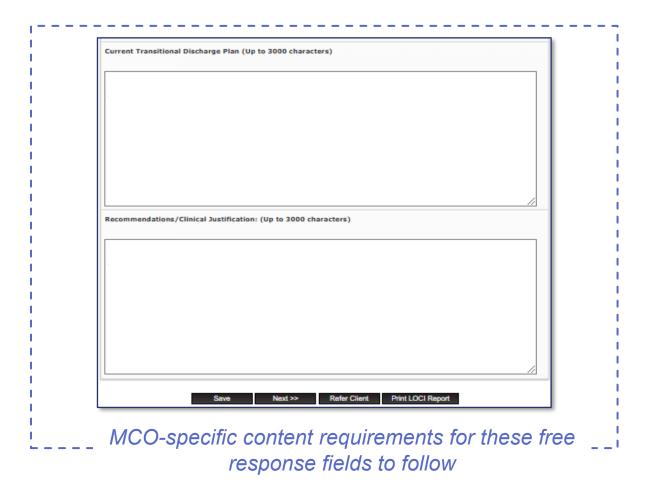
- Do any family members, significant others, living situations, or school or work situations pose a threat to the patient's safety or engagement in treatment?
 - What is the patient's current exposure to substance use or violence?
- How supportive and stable are the patient's relationships (e.g., family, 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?

- 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 summary of clinical information included in each LOCI dimension
- Additional fields include:
 - Level of care indicated in LOCI.
 - Level of care recommended / received
 - Free response field for current transitional discharge plan
 - Free response field for recommendations
 / clinical justifications



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 <u>SUD intensive</u> 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 <u>Ambulatory Withdrawal Management (AWM)</u>

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 medical 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 <u>adults</u> 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	General population	NJSAMS	MCO
Intensive OutpatientPartial CareAmbulatory Withdrawal Management	Presumptive eligibility or members without an active MCO	NJSAMS	IME
Note: Includes Recovery Court	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 to provider via fax or phone call

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 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 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 receive a fax or mailed notice of determination letter for each prior authorization request

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 via phone call
- 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 via fax or phone call

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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 denial¹ 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: Denial¹ - 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

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 <u>under normal operations</u>

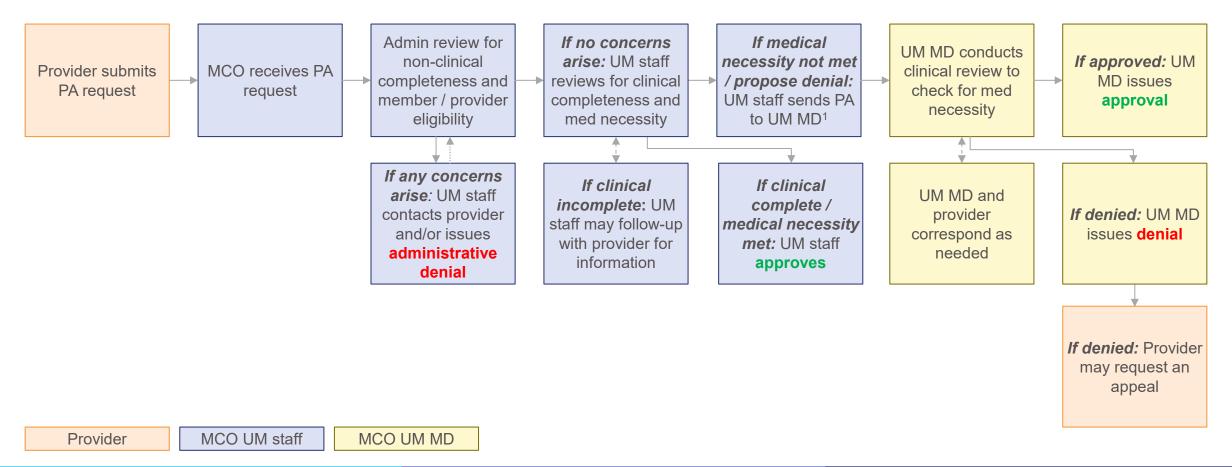


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MCOs must use ASAM criteria to evaluate medical necessity for SUD services

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 ASAM¹

- 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

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



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

Clinical information submitted¹ 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 submitted¹ 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



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

Clinical information submitted¹ 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

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 submitted¹ 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 submitted¹ 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



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

Clinical information submitted¹ 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

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

Medical necessity against ASAM criteria for SUD Intensive Outpatient

Dimension 1 – Withdrawal Potential

Openonstrates 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

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

Clinical information submitted¹ 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 intoxicationrelated fall in apartment lobby, resulting in head injury
- Admission Date: 3/10/2025

Clinical information submitted¹ 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 stepdown from withdrawal management; also, has attended outpatient and IOP treatment in the past year



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

Clinical information submitted¹ 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 PCPprescribed 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

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 submitted¹ 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 submitted¹ 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



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

Clinical information submitted¹ 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

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

Medical necessity against ASAM criteria for SUD Partial Care

Dimension 1 – Withdrawal Potential

Mas 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 submitted¹ 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 submitted¹ 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

HUMAN SERVICES

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

Clinical information submitted¹ 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

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 imminent¹
- 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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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
МН	 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

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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)
- 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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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 website¹

The <u>Provider Resources</u>
<u>webpage²</u> 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:







etna Fidelis Care

United Healthcare

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



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 website¹

The <u>Provider Resources webpage</u> 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

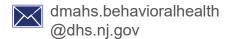
If your issue is related to contracting & credentialing, claims & reimbursement, appeals, or prior authorizations, then contact OMHC:



- 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**:







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
- <u>Tuesday October 14 12-1:30</u>

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 <u>here</u>)
- Wellpoint Provider Manual
- Wellpoint ProviderQRG.pdf
- New BH Provider Orientation

