		<h2>Policy and Procedure</h2>
Name of Policy:	Outpatient Requests Requiring Prior Authorization or Registration	
Policy Number:	CM-MS-003	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/16/03	
Last Revision Date:	04/14/26	
Last Review Date:	04/14/26	
OMHSAS Approval Date:	N/A	
Next Review Date:	04/01/27	

Policy: PerformCare has developed a procedure for providers to utilize when submitting outpatient treatment requests that require prior authorization or registration. This procedure provides for consistent application of documentation and submission practices by all providers.

Purpose: To outline guidelines for the submission, review, denial and return or approval and authorization of outpatient treatment requests from providers for mental health and substance use services.

Definitions: **Adjunct Outpatient Treatment:** A request for outpatient treatment that runs concurrently with another behavioral health treatment and therefore may not be medically necessary and considered a duplication of services (i.e., Mental Health Outpatient with FBMHS). Mental Health Outpatient with a Substance Use Disorder treatment or vice versa is not considered adjunct and does not require prior authorization.

Acronyms: **MH:** Mental Health
MN: Medical Necessity
PA: PerformCare Physician/Psychologist Advisor
SUD: Substance Use Disorder

Procedure:

1. Providers should submit claims for non-adjunct outpatient services (MH and SUD OP, Crisis) that do not require registration nor prior authorization. For adjunct services, outpatient services that require prior authorization, and services that require prior registration (*see CM-MS-003 Attachment 1 PerformCare Services Requiring Prior Registration*), providers should submit via NaviNet.
2. An outpatient treatment request may not be processed if:

- 2.1. Information is missing.
- 2.2. The individual is not a PerformCare Member or has lost Medical Assistance Enrollment.
- 2.3. Additional information or documentation is required but not provided.
3. Providers will be contacted if a request cannot be processed.
4. Adjunct Outpatient treatment requests that are clear duplication of treatment and do not provide different treatment and goals for the Member will be reviewed with a PerformCare PA. All MN denials will be issued by a PerformCare Physician/Psychologist Advisor review and determination. The regular denial process will be followed per *CM-013 Approval and Denial Process and Notification*.
5. Outpatient treatment requests that are completed correctly, do not have any eligibility problems, and meet MN (adjunct only) will be approved, documented, and authorization letters sent within two business days after the decision is made.
6. Providers are expected to follow Provider Information and/or Instructions posted on PerformCare's website, which detail the process for submission of outpatient treatment requests.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-036 Mental Health/Substance Use Targeted Case Management Initial and Reauthorization Requests and Discharges

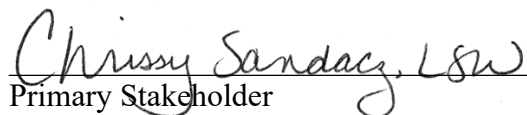
Related Reports: None

Source Documents and References: None

Superseded Policies and/or Procedures: *CM-049 Mental Health and Substance Abuse Outpatient Treatment Access, Authorization/Reauthorization and Registration*

Attachments: *Attachment 1 PerformCare Services Requiring Prior Registration*

Approved by:


Primary Stakeholder

CM-MS-003- Attachment 1 PerformCare Services Requiring Prior Registration

PerformCare services that require registration prior to services being rendered:

- Substance Use Intensive Outpatient
- Individual Peer Support **
- Group Peer Support (Concurrent Individual Peer Support authorization is required)
- Psych Rehab**
- Certified Recovery Specialist
- Mobile Psych Nursing
- Targeted Case Management
- Out of Network Crisis

** Prior authorization is required if Peer Support and Psych Rehab are requested concurrently to avoid a duplication of services. Or if Peer Support and Psych Rehab are being requested concurrently with ACT.