



Obtaining Authorizations for the New York City Service Center:

I. Referrals:

Care Managers and/or Customer Service Representatives are available 24 hours a day, 7 days a week to provide assistance to behavioral health Clinicians and Facilities and provide you with in-network referrals for medication evaluations, providers with specific clinical specialty areas, and for higher levels of care. Please have the member's identification number available when calling our customer service lines. Customer Service telephone numbers can be found by dialing the number on the back of the member's identification card.

II. Authorizations:

A. Waiver: For **new patients only**, initial case registration will no longer be required. You will only be required to submit claims for the initial outpatient mental health (and where applicable outpatient substance abuse) sessions. All contracted CPT codes would apply with the exception of psychological testing and ECT treatment, which continue to require pre-certification. You will be required to submit an Outpatient Review Form (ORF) if additional outpatient mental health sessions beyond the waivers are requested. As a contracted provider, it is your responsibility to ensure continued authorization is obtained before rendering additional sessions. Requests for additional visits are due no later than **two weeks** prior to the last session.

These initial sessions are **per member, per provider, per year**. It is important that you continue to verify eligibility by calling our toll free telephone numbers to ensure that the member has active coverage. Please note that some members have a fixed number of sessions available through their benefit plan per calendar year. Please verify with the member that they have available sessions before providing treatment and submitting claims. Claims payment is based on the member's eligibility at the time the claim is submitted. If you have any questions regarding this new enhancement to our case registration process, please contact our Customer Service Line by dialing the number on the back of the member's card.

Please note: Not all plans have the Authorization Waiver (see section below under Case Registration).

All **GHI-BMP** members are entitled to the Authorization Waiver, which allows ten (10) outpatient mental health waiver sessions without an authorization. To verify eligibility, please call our GHI-BMP toll free number (866) 271-6403.

All **GHI Medicare Choice PPO** members are entitled to the Authorization Waiver, which allows five (5) outpatient mental health waiver sessions without an authorization. To verify eligibility, please call our GHI Medicare Choice PPO toll free number (866) 318-7595.

All **Community Premier Plus** members are entitled to the Authorization Waiver and are allowed twenty (20) outpatient mental health and outpatient substance abuse waiver sessions without an authorization. **Liberty Health Advantage** members are allowed ten (10) outpatient mental health and twenty (20) outpatient substance abuse waiver sessions without an authorization. To verify eligibility, please call our toll free number (800) 922-3626 for Community Premier Plus members and (866) 635-3468 for Liberty Health Advantage members.

B. Case Registration:

Case registration for OPMH treatment can be completed by calling our Customer Service Department, Monday through Friday from 8:30 A.M to 5:00 P.M. Please refer to the back of the member's identification card for the toll free number.

The following plans require telephone calls to our Customer Service department for manual administrative pass-through sessions: Suffolk Health Plan, VidaCare, and GHI Family Health Plus PPO.



III. Concurrent Review (Outpatient Mental Health Only)

A. Outpatient Review Forms (ORF): Providers requesting treatment certification beyond the waiver or case registration must submit an ORF. When an authorization is issued, it specifies both the length and type of certified treatment. A New York City Service Center-specific ORF can be found on our ValueOptions website at www.ValueOptions.com.

Note: To avoid the possibility of administrative non-certification, ORFs requesting additional OPMH visits are due no less than **two weeks** prior to the last session or authorized session.

A new ORF should be completed with updated clinical information for any continued authorization request. Photocopies of previously submitted ORFs will not be processed.

B. Medication Management Forms (90862 and 90805): Psychiatrists (MDs and DOs) requesting continued treatment beyond the initial waiver or case registration can submit a Medication Management Form. The Medication Management Form is a simplified request for authorization that allows a psychiatrist to receive monthly 90862 and 90805 sessions for an entire year.

IV. Authorization for higher levels of care:

A. Inpatient Mental Health, Inpatient Detoxification and Inpatient Rehabilitation:

Case registration and Pre-certification for inpatient treatment is available 24 hours a day, 7 days a week. Concurrent Reviews are established during the pre-certification discussion. Please refer to the back of the member's identification card for the toll free number.

B. All other levels of care (Outpatient Chemical Dependency, Intensive Outpatient treatment, Partial Hospital Program, Ambulatory Detoxification)

Case registration should be made during normal business hours Monday through Friday 8:30 A.M. to 5:00 P.M. EST. A ValueOptions Care Manager will review the clinical information for medical necessity and will discuss the next steps for concurrent reviews. Please refer to the back of the member's identification card for the toll free number.

V. Medical Necessity Determinations and Appeals:

Medical Necessity reviews are based on ValueOptions' Clinical Criteria for mental health treatment and the American Society of Addiction Medicine (ASAM) Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM-PPC 2R) for alcohol and substance abuse treatment.

ValueOptions also developed clinical practice guidelines for the treatment of Major Depression, Bipolar Disorder, Schizophrenia, ADHD, Co-Occurring Mental Health and Substance-Related Disorders, and Opioid Related Disorders. These guidelines are available on our web site www.valueoptions.com.

Non-certifications are based upon a lack of medical necessity and can only be rendered by Peer Advisors.

VI. Claims Submission:

For GHI-BMP, claims must be submitted within 365 days after the date services were rendered. Claims submitted after this timely filing period will be denied.

For Community Premier Plus, Liberty Health Advantage, GHI Medicare Choice PPO and GHI Family Health Plus PPO, claims must be submitted within 180 days of the date the services were rendered.