Medica Behavioral Health - MN CAC Authorization Requirements
Optum Behavioral Solutions
Effective: 10/01/2016

Medicaid Products:	PMAP, MNCare, MSC+, MSHO (Dual Solution), SNBC (AccessAbility Solution)
Medicare Products:	Prime Solutions, Select Solutions
Commercial Products:	Fully and Self Insured Group Plans

Authorization Requirements for *Medicaid* Products:

Level of Care	Contracted for Level of Care		Non-Contracted
	Mental Health	**Substance Use Disorder**	**Mental Health and Substance Use Disorder**
Adult Rehabilitative Mental Health Services (ARMHS) **Functional Assessments for select providers may require authorization due to contract	Not Required	*N/A*	Medicaid products do not have Out-of-Network benefits. The member is required to use a Medica Behavioral Health network provider to receive services. If a member needs a covered service that cannot be received from a Plan network provider, authorization from Medica Behavioral Health to see an Out-of-Network provider is required. ***Exceptions: Authorization is NOT required for Out-of-Network ARMHS and CTSS services.***
Assessments **Excludes assessments for Autism, Eating Disorders and Methadone Treatment**	Not Required	Not Required	
Assessments for Autism, Eating Disorders and Methadone Treatment	Authorization Required	Authorization Required	
Assertive Community Treatment (ACT)	Not Required	*N/A*	
Autism Services	Authorization Required	Authorization Required	
Behavioral Health Homes – Certified by DHS	Authorization Required	Authorization Required	
Biofeedback	Not Required	*N/A*	
Children's Residential – Rule 5	Authorization Required	Authorization Required	
Children's Therapeutic Services and Supports (CTSS)	Not Required	*N/A*	

Crisis Residential	Authorization Required	*N/A*	
Crisis Response Services **Includes Mobile Crisis	Not Required	Not Required	
Detox - Community Based Residential Detox/Ambulatory Detox	*N/A*	Not Covered	
Detox - Inpatient Hospital Based	*N/A*	Authorization Required	
Eating Disorder Services	Authorization Required	Authorization Required	
Electro-Convulsive Therapy	Not Required	*N/A*	
Evaluation/Management Services	Not Required	Not Required	
Health and Behavioral Assessment **96150-96155	Not Required	Not Required	
In-Home Therapy Services	Not Required	Not Required	
Inpatient	Authorization Required	Authorization Required	
Intensive Community Based Services (ICBS) **Does not include ICBS Assessments	Authorization Required	Authorization Required	
Intensive Outpatient Services (IOP) **Including DBT** **Services for Eating Disorders and Autism Require Authorization**	Not Required	Authorization Required	
Intensive Residential Treatment Services (IRTS)	Authorization Required	*N/A*	
Mental Health Therapy Outpatient Services **Includes, but not limited to 90832-90853	Not Required	Not Required	
Methadone **Excluding Assessment**	*N/A*	Not Required	

Neuropsychological Testing	Not Required	*N/A*	
Observation Bed/Hours	Not Required	Not Required	
Opioid Treatment – Other than Methadone	*N/A*	Authorization Required	
Partial Hospitalization	Authorization Required	Authorization Required	
Psychological Testing	Not Required	*N/A*	
Residential	Authorization Required	Authorization Required	
SNBC Care Coordination **Eligible only for Group Numbers 05054 and 05064**	Not Required	*N/A*	
Substance Abuse Outpatient Services (H2035/H2035 HQ)	*N/A*	Authorization Required	
Targeted Case Management (TCM)	Not Required	*N/A*	
Telemedicine/Telehealth **Refer to Medica's Coverage Policy www.medica.com**	Not Required	N/A	
Telephonic Evaluation **99441-99443**	Not Required	Not Required	
Travel **Only in Conjunction with Covered Treatment Services**	Not Required	*N/A*	

Authorization Requirements for ***Medicare*** Products: **Providers must be Medicare Eligible**			
Level of Care	**Contracted for Level of Care and Medicare Eligible**		**Non-Contracted**
	Mental Health	**Substance Use Disorder**	**Mental Health and Substance Use Disorders**
Assessments **Excludes assessments for Eating Disorders Treatment**	Not Required	Not Required	If out-of-network providers are used to obtain services, the services are covered under Original Medicare. Out-of-Network Providers bill Medicare as the Primary Payer. Member is liable for Patient Responsibility such as coinsurance when Medicare pays as Primary.
Assessments for Eating Disorder Treatment	Authorization Required	*N/A*	
Biofeedback	Not Required	*N/A*	
Crisis Response Services **Includes Mobile Crisis	Not Covered	Not Covered	
Crisis Residential	Not Covered	Not Covered	
Detox - Inpatient Hospital Based	*N/A*	Medicare is the Primary Payer	
Detox - Community Based Residential Detox/Ambulatory Detox	*N/A*	Not Covered	
Dietician Services for Eating Disorders	Not Covered	*N/A*	
Eating Disorder Services	Authorization Required	*N/A*	
Electro-Convulsive Therapy	Not Required	*N/A*	
Evaluation/Management Services	Not Required	Not Required	
Health and Behavioral Assessment **96150-96155	Not Required	Not Required	
Inpatient – Hospital Based Facilities	Medicare is the Primary Payer	Medicare is the Primary Payer	

Residential – Medicare Eligible Hospital Based Facilities	Medicare is the Primary Payer	Medicare is the Primary Payer	
Partial Hospitalization	Medicare is the Primary Payer	Medicare is the Primary Payer	
Intensive Outpatient Services **Allowed under Prime Solutions Product, though not covered under standard Medicare benefits - This includes DBT. **Services for Eating Disorders Require Authorization** **IOP is NOT available under Select Solutions	Authorization Required	Authorization Required	
Observation Bed	Not Required	Not Required	
rTMS	Authorization Required	*N/A*	
Substance Use Disorder Outpatient Services (H2035/H2035 HQ)	*N/A*	Authorization Required	
Mental Health Outpatient Therapy Services **Includes, but not limited to 90832-90853	Not Required	Not Required	
Methadone	*N/A*	Not Covered	
Neuropsychological Testing	Not Required	*N/A*	
Observation Bed	Authorization Required	Authorization Required	
Opioid Treatment – Other than Methadone	*N/A*	Not Covered	
Psychological Testing	Not Required	*N/A*	
Telemedicine/Telehealth **Refer to Medica's Coverage Policy www.medica.com	Not Required	*N/A*	
Telephonic Evaluation **99441-99443	Not Covered	Not Covered	
Travel	Not Covered	*N/A*	

Authorization Requirements for *Commercial* Products: *5 Digit Groups Only* Please call for benefits to determine authorization requirements for 6 digit group numbers.			
Level of Care	**Contracted for Level of Care**		**Non-Contracted:** Out-of-Network Benefits Apply
	Mental Health	**Substance Use Disorder**	**Mental Health and Substance Use Disorders**
Assessments **Excludes assessments for Autism, Eating Disorders and Methadone Treatment**	Not Required	Not Required	Not Required
Assessments for Autism, Eating Disorders and Methadone Treatment	Authorization Required	Authorization Required	Authorization Required
Autism Services	Authorization Required	Authorization Required	Authorization Required
Biofeedback	Not Required	Not Required	Not Required
Crisis Response Services **Includes Mobile Crisis	Not Required	Not Required	Not Required
Crisis Residential	Authorization Required	*N/A*	Authorization Required
Detox - Community Based Residential Detox/Ambulatory Detox	*N/A*	Authorization Required	Authorization Required
Detox - Inpatient Hospital Based	*N/A*	Authorization Required	Authorization Required
Eating Disorder Services	Authorization Required	Authorization Required	Authorization Required
Electro-Convulsive Therapy	Not Required	*N/A*	Not Required
Evaluation/Management Services	Not Required	Not Required	Not Required
Health and Behavioral Assessment **96150-96155	Not Required	Not Required	Not Required
In-Home Therapy Services	Not Required	Not Required	Not Required

Inpatient	Authorization Required	Authorization Required	Authorization Required
Intensive Community Based Services (ICBS) **Does not include ICBS Assessments	Authorization Required	Authorization Required	Authorization Required
Intensive Outpatient Services **Including DBT** **Services for Eating Disorders and Autism Require Authorization**	Not Required	Authorization Required	Not Required
Mental Health Outpatient Therapy Services **Includes, but not limited to 90832-90853	Not Required	Not Required	Not Required
Methadone **Excluding Assessment**	N/A	Not Required	Not Required
Neuropsychological Testing	Not Required	*N/A*	Not Required
Observation Bed/Hours	Not Required	Not Required	Not Required
Opioid Treatment – Other than Methadone	N/A	Authorization Required	Authorization Required
Partial Hospitalization	Authorization Required	Authorization Required	Authorization Required
Psychological Testing	Not Required	*N/A*	Not Required
Residential	Authorization Required	Authorization Required	Authorization Required
Substance Use Disorder Outpatient Services (H2035/H2035 HQ)	*N/A*	Authorization Required	Not Required
Telemedicine/Telehealth **Refer to Medica's Coverage Policy www.medica.com	Not Required	Not Required	Not Required
Telephonic Evaluation **99441-99443	Not Required	Not Required	Not Required
Travel	Not Covered	Not Covered	Not Covered