



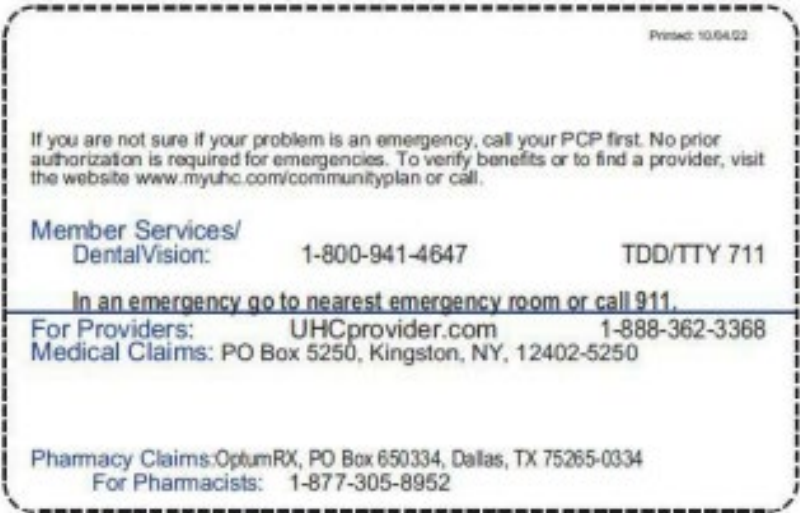
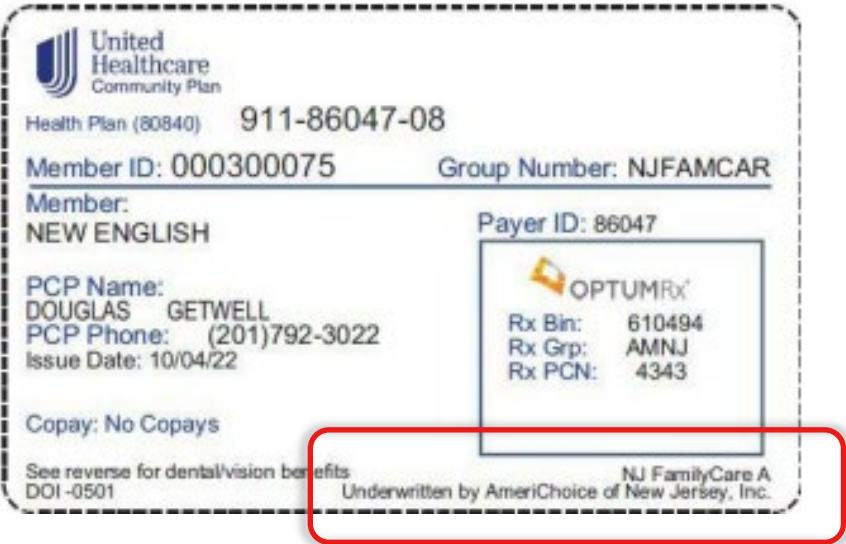
UnitedHealthcare  
Community Plan

# Utilization Management Guidance 2025

# Requirements

# UnitedHealthcare Membership Cards: New Jersey FamilyCare (Medicaid)

Providers are required to check eligibility with UnitedHealthcare to ensure services are eligible for payment:  
[UHCprovider.com](http://UHCprovider.com)



# How to Obtain a Prior Authorization

<b>Electronic Submission – Higher Levels of Care</b>	<ul style="list-style-type: none"> <li>Electronic Prior authorization for higher levels of care can be submitted through <a href="#">Provider Express</a> secure transactions &gt; Authorization Inquiry.</li> <li>Providers are required to log into the system and can search for members using member ID, name, and date of birth</li> <li><b>Existing Users:</b> must log in with One Healthcare ID or email address and password</li> <li><b>New Users:</b> New User Registration can be found by selecting “First-time user” on upper right corner of page</li> <li>Once the authorization information is received, a UHCCP NJ BH UM Care Advocate will have the ability to review and process the information and authorize care via the portal as applicable.</li> <li>If additional information is needed the Care Advocate will outreach to the provider via phone or chat directly on the portal.</li> </ul>
<b>Electronic Submission – Mental Health Partial Care</b>	<ul style="list-style-type: none"> <li>Electronic Prior Authorization for partial care mental health can be submitted through Provider Express. To access the request form, go to: <a href="#">Providerexpress.com</a> &gt; Our Network &gt; State-Specific Provider Information &gt; New Jersey &gt; <a href="#">Authorization Template</a></li> <li>Complete the online request form.</li> <li>Use the “Attesting Individual’s Email Address” to track where the request is in the authorization process.</li> </ul>
<b>Telephonic – Available for all requests</b>	<ul style="list-style-type: none"> <li>Call Toll-free Provider Line (on the back of the Member’s ID card): <b>1-888-362-3368</b></li> <li>Follow the below system prompts: <ul style="list-style-type: none"> <li>Enter TIN#</li> <li>Select option 3 (intake)</li> <li>Enter member ID/DOB</li> <li>Select option for “Mental Health”</li> </ul> </li> <li>After-hours care advocates available during evenings, weekends and holidays only for initial higher-level authorizations (e.g., IP MH, IP SUD, Residential Detox, IP Detox) 24 hours a day / 7 days a week.</li> </ul>
<b>SUD – NJSAMS</b>	<ul style="list-style-type: none"> <li>New Jersey Substance Abuse Monitoring System <a href="#">NJSAMS – Portal</a> for the following SUD services: <ul style="list-style-type: none"> <li>Substance Use Disorder (SUD) Intensive Outpatient Program – ASAM-2.1</li> <li>Ambulatory Withdrawal Management ASAM 2-WM</li> <li>Substance Use Disorder (SUD) Partial Hospital – ASAM-2.5</li> </ul> </li> </ul> <p>NJSAMS will then transmit the authorization request to the member’s MCO. The MCO will process the authorization and notify the provider according to standard MCO procedures and timeframes</p>

- Standard TAT 14 days, Expedited TAT 24 hours of receipt of necessary information

# Higher Level of Care Authorizations

Medical Necessity Waivers will continue until further notice, and no medical necessity will be applied to prior authorization requests (for any Phase 1 BH Integration service / submission method) during this time.

From now through July 20, 2025, providers should submit all “higher levels of care” administrative (no medical necessity applied) prior authorization requests telephonically to 1-888-362-3368 for the following impacted services:

- Acute Partial Hospitalizations Mental Health
- Psychiatric Partial Hospitalization Mental Health
- Medically Monitored Intensive Inpatient Services/Short-Term Residential (STR) ASAM 3.7
- Medically Monitored Intensive Inpatient Service Withdrawal Management ASAM 3.7-WM
- Substance Use Disorder Long Term Residential (LTR) ASAM 3.5

As of July 21, 2025, providers can submit authorization requests for the above services through:

- Provider Express secure transactions > auth inquiry, or
- Telephonically to 1-888-362-3368

There is no impact to prior authorization requests for:

- Mental Health Partial Care
- Services submitted via New Jersey Substance Abuse Monitoring System:
  - Ambulatory Withdrawal Management with extended on-site monitoring / Ambulatory Detoxification ASAM 2 – WM
  - Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1
  - Substance Use Disorder Partial Care (PC) ASAM 2.5

# New Jersey Substance Abuse Monitoring System

# NJSAMS Prior Authorization

Effective 1/1/25 prior authorization is required to be completed through New Jersey Substance Abuse Monitoring System [NJSAMS – Portal](#) for the following SUD services:

- Substance Use Disorder (SUD) Intensive Outpatient Program – ASAM-2.1
- Ambulatory Withdrawal Management ASAM 2-WM
- Substance Use Disorder (SUD) Partial Hospital – ASAM-2.5

NJSAMS will then transmit the authorization request to the member's MCO. The MCO will process the authorization and notify the provider according to standard MCO procedures and timeframes

- NJSAMS is a one-way communication system and information cannot be sent back to the provider via the system.



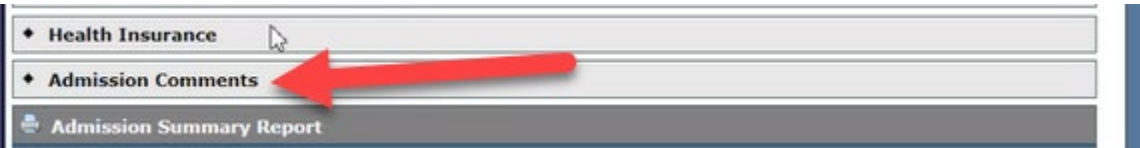
**[NJSAMS Training Tutorials](#) available on the NJSAMS - Portal**

# NJSAMS Admission Report - Initial Request

When accessing the Admission Comments section of the NJSAMS submission form it is necessary to have the following information to process PA request:

- Attending Physician if applicable
- Name, contact number and extension of submitter if different than counselor documented on LOCI3 Report (Submitter must be able to authenticate case using Member ID, First and Last name, Member DOB, Provider Tax ID, and servicing street address)
- Any additional information or updates in addition to existing required fields

## Provider view



The screenshot shows a sidebar menu with three items: 'Health Insurance', 'Admission Comments', and 'Admission Summary Report'. A red arrow points to the 'Admission Comments' item.

## Optum view

Health Insurance	Medicaid/NJ FamilyCare
Admission Comments	-Not Entered-



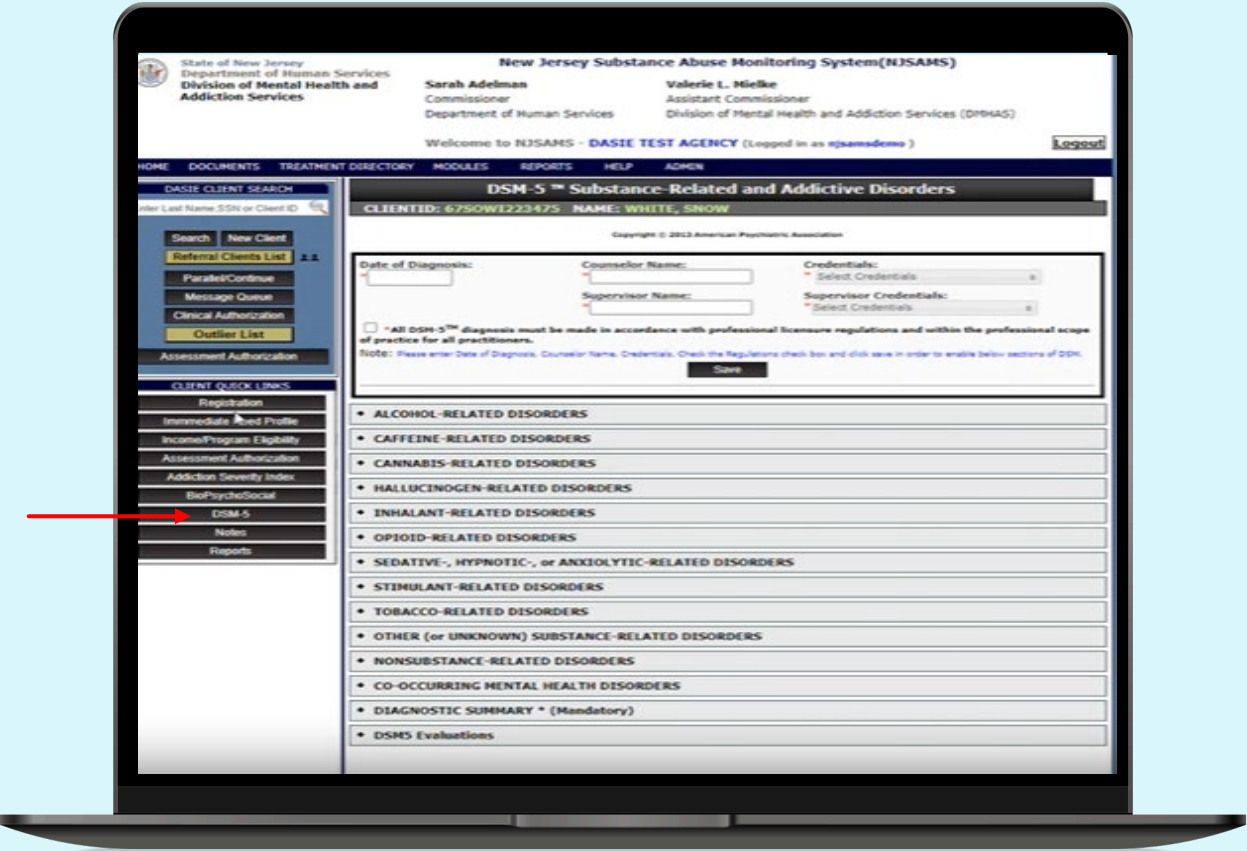
# NJSAMS Admission Report - Extension Request

**Include the following in the Admission Comments for an extension request:**



- Attending Physician if applicable
- Name, contact number and extension of submitter if different than counselor documented on LOCI3 Report (Submitter must be able to authenticate case using Member ID, First and Last name, Member DOB, Provider Tax ID, and servicing street address)
- Member last covered day of treatment
- State specifically what the provider is requesting, for example, “Requesting extension for additional services” or “Requesting date extension due to member not using all authorized sessions” (This will let Optum staff know the type of extension request)
- Projected discharge date
- Any additional information or updates in addition to existing required fields

# DSM 5 Report - NJSAMS Portal



- Initial requests**
- Enter all clinical information accurately.



- Extension requests**
- Ensure all clinical information entered has been updated. It should not be identical to the information submitted in the previous initial request.

# LOCI 3 Report - NJSAMS Portal

## Initial Request

- ✓ Enter the extension number and fax number for the counselor
- ✓ All clinical information must be accurate

## Extension Request

- ✓ Update all clinical information previously entered. It should not be identical to the information submitted in the initial request.

The screenshot displays the NJSAMS Portal interface. On the left is a sidebar with navigation links: DASIE CLIENT SEARCH, Search, New Client, Referral Clients List, Parallel/Continue, Message Queue, Clinical Authorization, Outlier List, Assessment Authorization, CLIENT QUICK LINKS, Registration, Immediate Need Profile, Income/Program Eligibility, Assessment Authorization, Addiction Severity Index, BioPsychoSocial, DSM-5, LOCI-3 (highlighted with a red arrow), Notes, and Reports. The main content area shows the LOCI 3 report for Client ID 45MNMU201290, Name MINNIE MOUSE. The report includes fields for Counselor Name (K Conway), Supervisor Name (S Maxfield), LOCI Evaluation Date (8/28/2023), Supervisor Credentials (LCADC), and contact information (Phone: (844)276-2444, Email: limeum@ubhc.rutgers.edu). A red arrow points to the 'LOCI-3' link in the sidebar. The footer contains copyright information for Norman G. Hoffmann, Ph.D. and The Change Companies.

# Mental Health Partial Care

# Requirements

United Healthcare Community Plan of New Jersey uses the online prior authorization process for the following Community Mental Health Service:

Service	Code
Mental Health Partial Care	H0035

- Level of Care Guidelines: [providerexpress.com](https://providerexpress.com) > Our Network > State-Specific Information > New Jersey > NJ Medicaid Supplemental Clinical Criteria

# Mental Health Partial Care and Mental Health Partial Hospital HCPC vs Revenue Codes Authorization Guidance

Service UHCCPNJ - OBH Provider Contract Type Billing Form	UHCCPNJ- OBH Provider Contract Billing Code	UHCCPNJ -OBH UM Authorization Code (Provider Express Authorization View)	UHCCPNJ- OBH Service Units - (Authorization and Billing)	NJ State FFS Billing Units
MH Partial Care (adult 18+) OP Agency Contract CMS 1500	H0035	H0035	Hour	Hour
MH Partial Care (youth under 18) OP Agency Contract CMS 1500	H0035	H0035	Hour	Hour
MH Acute Partial Hospital (APH) (adult 18+) Facility Contract UB-04	913	H0035	Per Diem	Hour
MH Partial Hospital (PH) (adult 18+) Facility Contract UB-04	912	H0035	Per Diem	Hour
MH Partial Hospital (PH) (youth under 18) Facility Contract UB-04	913	H0035	Per Diem	Hour

# Mental Health Partial Care Authorization Submission



## Where do I submit my authorization requests for Partial Care?

- New Jersey page of Provider Express
- To access the request form, go to: *providerexpress.com* > Our Network > State-Specific Information > New Jersey > Authorization Templates > Community Based Behavioral Outpatient Services Request Form

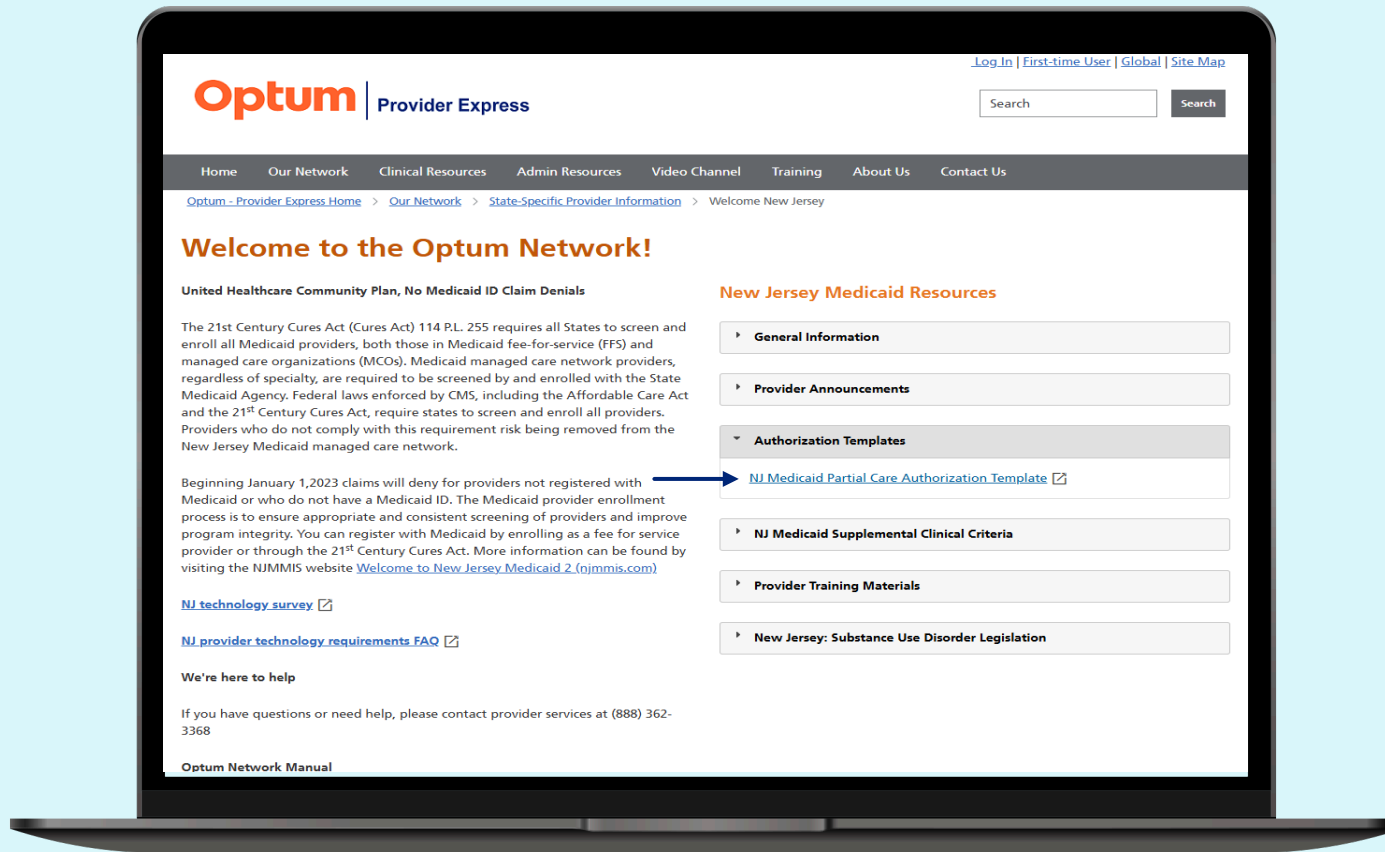
## Where do I check online for my authorizations?

- Uhcprovider.com
- To access the Prior Authorization and Notification Tool go to: UHCprovider.com > Sign In: With your One Healthcare ID and Password > Prior Authorization and Notification Tool



**NJ Partial Care Training available on Provider Express New Jersey page**

# Provider Express NJ Welcome Page



- Providers will submit authorization requests through a portal located on the Provider Express website

- To access the request form, go to:  
providerexpress.com > Our Network > State-Specific Information > [New Jersey](#) > Authorization Templates > [NJ Medicaid Partial Care Authorization Template](#)



# Prior authorization submission process



- Complete the online request form



- Use the "Attesting Individual's Email Address" to track where request is in the authorization process



- If you have checked [uhcprovider.com](https://uhcprovider.com) and have not received a decision within 7 days from the submission you can contact Provider Services via the Behavioral Health number on the member's insurance card

# Reminders

- Always check member benefits and eligibility
- Utilize correct address of the treating location vs mailing address
- Ensure all member information is 100% accurate
- Differentiation between Partial Care and Partial Hospital
- Verify if member has recently left or been discharged from another Partial Care agency

# Optum

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