



CLINICAL MODEL 2.1 UPDATES- APRIL 2016

Section/ Page Number	Previous Content	New Content
Authorization Requirements Category Four Page 11	<ul style="list-style-type: none"> <p>■ Category Four – Threshold Based (Relaxed Prior Authorization Requirements) These services were formerly included in Category Three, requiring authorization (prior or retro) for every request. As of 7/1/14 Optum established certain thresholds or parameters of units per service per member for the services included in this category; these do not require a prior authorization. The limits are per calendar year and are reset every year. If more units are needed after the initial limits have been exhausted within the calendar year, the Provider will need to submit a prior authorization for additional units.</p> 	<ul style="list-style-type: none"> <p>■ Category Four – Threshold Based (Relaxed Prior Authorization Requirements) These services were formerly included in Category Three, requiring authorization (prior or retro) for every request. As of 7/1/14 Optum established certain thresholds or parameters of units per service per member for the services included in this category; these do not require a prior authorization as long as the initial units are not exhausted within the prescribed one year period. The limits for most of the Category 4 services are per calendar year and are reset every year. However, Family Support Services are authorized on a six month (26 week) basis. If more units are needed after the initial limits have been exhausted within the initial authorization time period, the Provider will need to submit a prior authorization request for additional units.</p>
Authorization Requirements Category Four Page 15	<p>These services should be used as clinically indicated and as medically necessary. Creation of this new Category will help decrease Provider’s administrative burden. Crisis services should be used at the time of the crisis; Provider should request an authorization after providing the service. Treatment Planning applies to CBRS, case management, peer support and does not apply to medication management and psychotherapy. Extended Office Visits are more lengthy sessions. BH Assessment includes PECFAS/CAFAS).</p> <p>Below are the thresholds per service per Member in a calendar year:</p> <ul style="list-style-type: none"> ■ Case Management – Threshold is 240 units per calendar year, additional services must be authorized via prior authorization process (before units run out) ■ Peer Support – Threshold is 416 units per calendar year, additional services must be authorized via prior authorization process (before units run out) ■ Crisis Services - Threshold is 40 units per calendar year, additional services must be authorized, Retro request through utilization management (current process) 	<p>These services should be used as clinically indicated and as medically necessary. Creation of this new Category will help decrease Provider’s administrative burden. Crisis services should be used at the time of the crisis; Provider should request an authorization after providing the service. Treatment Planning applies to CBRS, case management, peer support and family support services, and does not apply to medication management and psychotherapy. Extended Office Visits are more lengthy sessions. BH Assessment includes PECFAS/CAFAS).</p> <p>Below are the thresholds per service per Member in a calendar year:</p> <ul style="list-style-type: none"> ■ Case Management – Threshold is 240 units per calendar year, additional services must be authorized via prior authorization process (before units run out) ■ Peer Support – Threshold is 416 units per calendar year, additional services must be authorized via prior authorization process (before units run out) ■ Family Support Services (H0046) – Threshold is 208 units per six month (26 weeks) interval. Additional services must be pre-authorized (before units run out). ■ Crisis Services - Threshold is 40 units per calendar year, additional services must be authorized, Retro request through utilization management (current process)

Section/ Page Number	Previous Content	New Content
<p>Authorization Requirement Category Four Page 15</p>	<p>■ BH Assessment - Threshold is 4 units per calendar year (PECFAS/CAFAS); 3 units each for case management and peer support: additional services must be authorized via a prior authorization process; updating with a new PECFAS/CAFAS is dependent upon member's clinical presentation at the point of transfer, to be determined by the new provider.</p>	<p>■ BH Assessment - Threshold is 4 units per calendar year (PECFAS/CAFAS); 3 units each for case management, family support and peer support. Due to discreet age delineations for the services, BH assessments for family support and peer support should not be completed for the same member. Additional services must be authorized via prior authorization process; updating with a new PECFAS/CAFAS is dependent upon member's clinical presentation at the point of transfer, to be determined by the new provider</p>