



Prior Authorization Requirement for Peer Support Services and Evidence – Based Behavioral Health Service

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Agenda

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Peer Support Services (PSS) Prior Authorization Process

2

Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form

3

Resources

Provider Express

- The LA Page of Provider Express

Provider Express

- In scope MHR and EBP services that require prior authorization can be requested through a portal located on the Provider Express website
- To access the request form, go to: providerexpress.com > Our Network > State Specific Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form



Louisiana Page: Healthy LA MHR & EBP Request Form

The image shows a screenshot of the Optum Provider Express website for Louisiana. The main content area displays a 'Welcome to the Optum Network!' message and various resource links. A sidebar menu is overlaid on the right side, listing categories such as 'General Information', 'Provider Announcements', 'Louisiana Medicaid-Specific Resources', 'Authorization Templates', 'Healthy Louisiana Audit Tools', 'Adverse Incident Reporting', 'Level of Care Guidelines', and 'Archived Documents'. A blue arrow points to the 'Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form (online)' link within the 'Authorization Templates' section.

Optum Provider Express

Log In | First-time User | Global | Site Map

Search:

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home > Our Network > State-Specific Provider Information > Welcome Louisiana

Welcome to the Optum Network!

Louisiana Provider Resources

Optum Network Manual

- Network Manual
- LA Medicaid Behavioral Health Provider Manual

Clinical Criteria

- Standard Clinical Criteria

Best Practice Guidelines

- BP Guidelines

Coordination of Care (COC)

- COC Flyer
- COC Checklist

****LOUISIANA CRISIS RESPONSE SYSTEM****

[Louisiana Crisis Response System Fact Sheet](#)

****LA MEDICAID PROVIDER ENROLLMENT****

[IB22-4.pdf \(la.gov\)](#)

[Medicaid | Department of Health | State of Louisiana | \(lamedicaid.com\)](#)

Louisiana Medicaid-Specific Resources

[LA NILC Medicaid Roster Submission Form](#) - Please use this form to provide necessary information needed to submit your roster of unlicensed or non-individually licensed clinicians (NILCs). Before submitting, verify that the NILCs have obtained individual NPI numbers and are ready to be registered with the UHC Community Plan. By initialing this document, you and the individual providers are attesting that the information is true and accurate and all requirements have been completed as required in the Louisiana Department of Health Behavioral Health Services Provider Manual.

Authorization Templates

- [Electroconvulsive Therapy \(ECT\) Template](#)
- [Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form \(online\)](#)
- [Process Changes for Substance Use Disorder Intensive Outpatient Requests](#)
- [Therapeutic Group Home \(TGH\) Template](#)

Healthy Louisiana Audit Tools

Adverse Incident Reporting

Level of Care Guidelines

Archived Documents

Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form

Important Note: Please use Chrome with this form. Internet Explorer is not recommended due to performance issues.



Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request

Professionals completing this Request form should consider the following information:

- 1) Prior authorization must be obtained for coverage of Mental Health Rehabilitation and Evidence Based Practices services as required by the member's benefit plan. Applicable codes include:
 - Psychosocial Rehabilitation (PSR): H2017
 - Permanent Supportive Housing (PSH): H2017 TG
 - Community Psychiatric Support and Treatment (CPST): H0036
 - Permanent Supportive Housing (PSH): H0036 TG
 - Functional Family Therapy (FFT): H0036 HE
 - Homebuilders: H0036 HK
 - Multi-Systemic Therapy (MST): H2033
 - Peer Support: H0038
 - Assertive Community Treatment (ACT): H0039
 - Crisis Intervention (CI): 2011
 - Personal Care Services: S5125
 - Personal Care Services: S5126
 - Individual Placement Support: H2024
 - Individual Placement Support: H2024 HK
 - Community Brief Crisis: H2011 HK
 - Mobile Crisis Initial: S9485 TG U8
- 2) Authorization is contingent upon the member's eligibility, terms of the benefit plan, state regulations, provider contract, Louisiana Medicaid Supplemental Clinical Criteria and Optum Policies/Procedures.
- 3) Please confirm member coverage and availability for this service prior to completing this form. If online access for coverage is not available for you please call the number on the back of the member's card.
- 4) Only completed submissions will be considered an official request for services.
- 5) CALOCUS or LOCUS, Member Choice Form, and the Adult or Child/Adolescent Assessment are required to be submitted in the attachments for all requests. ISP is required for established treatment and should be submitted in the attachments.

Member and Provider information

Member Information:	
* Member First Name	* Member Last Name
<input type="text"/>	<input type="text"/>
* Member's DOB	* Member Medicaid ID #
<input type="text" value=""/>	<input type="text"/>
Provider Information:	
* Provider Facility/Group Name	* Tax ID
<input type="text"/>	<input type="text"/>
* Service Address 1	Service Address 2
<input type="text"/>	<input type="text"/>
* Address City	* Address State
<input type="text"/>	--None--
* Address Zip	* Treating Provider
<input type="text"/>	<input type="text"/>
* Direct Phone# of Treating Provider If Further Information Needed	Ext
<input type="text"/>	<input type="text"/>

Provider information (continued)

* License level ⓘ

Available


Master's Level

Bachelor's Level

Less than Bachelor's Level

Other

Chosen



Clinical information

Clinical Information:

<p>* Current Primary DSM-5 Diagnosis and Code</p> <input type="text"/>	<p>* Primary DSM-5 Diagnosis Description</p> <input type="text"/>										
<p>Secondary DSM-5 Diagnosis and Code</p> <input type="text"/>	<p>Secondary DSM-5 Diagnosis Description</p> <input type="text"/>										
<p>Tertiary DSM-5 Diagnosis and Code</p> <input type="text"/>	<p>Tertiary DSM-5 Diagnosis Description</p> <input type="text"/>										
<p>* Level of Functional Impairment</p> <p>--None--</p>	<p>* Risk of Harm to Self or Others</p> <p>--None--</p>										
<p>* Progress Towards Goals</p> <p>--None--</p>	<p>* Other Services Provided by Requesting or Other Entity</p> <table border="1"><thead><tr><th>Available</th><th>Chosen</th></tr></thead><tbody><tr><td>Group Therapy</td><td></td></tr><tr><td>Family Therapy</td><td></td></tr><tr><td>Community Supports</td><td></td></tr><tr><td>None</td><td></td></tr></tbody></table>	Available	Chosen	Group Therapy		Family Therapy		Community Supports		None	
Available	Chosen										
Group Therapy											
Family Therapy											
Community Supports											
None											
<p>* Is Coordination of Care occurring with the above providers?</p> <p>--None--</p>	<p>* Is the CALOCUS/LOCUS a 3 or 4?</p> <p>--None--</p>										

Authorization information

Authorization Info:

* Start Date Requested

* Requested Services

Available	Chosen
Homebuilders: H0036 HK	
Multi-Systemic Therapy: H2033	
Peer Support: H0038	
Assertive Community Treatment : H0039	
Crisis Intervention : H2011	

* Type of Request
--None--
✓ --None--
Initial Request
Previously Authorized Units Exhausted
Previous Authorization Expired

Acknowledge and Submit

I Hereby attest that all of the information above is true and accurate to the best of my knowledge.

* Attesting Individual's Name (Submitter)

* Attesting Individual's Email Submitter

[Save & Continue](#)

Attach documents

Attach Documents

Documents To Be Attached

Must attach other supporting documents OR all attachments in one file.

LOCUS/ CALOCUS

Or drop files

Member Choice Form

Or drop files

Assessment Form

Or drop files

All attachments in one file

Or drop files

Attached Documents

TITLE

Please Note: After attaching all documents Click on Submit button to Complete Request,if you don't click on Submit button, request will not be processed.

Peer Support Services Roster Form

- The PSS Roster Form is located on the [LA Page of providerexpress.com](#).
- Please submit the completed roster form to networkse@optum.com for loading Peer Support Providers.

Accessing Your Prior Authorization

- UHCprovider.com
- Prior Authorization and Notification Tool

Accessing your prior authorizations online

UnitedHealthcare Provider Website > UHCprovider.com > Prior Authorization and Notification Tool

The screenshot displays the UnitedHealthcare Provider Portal website. At the top, there is a navigation bar with links for "Members", "New User & User Access", and a search bar. Below the navigation bar, the UnitedHealthcare logo is visible on the left, and a menu with "Eligibility", "Prior Authorization", "Claims and Payments", "Referrals", and "Our ne" is on the right. A large banner for "Celebrating National Doctors' Day on March 30" is featured in the center. Below the banner, the "UnitedHealthcare Provider Portal" section is highlighted, with a description: "The UnitedHealthcare Provider Portal has more than 40 tools that allow you to take action on claims and get the answers you need quickly. It's available 24/7 - and at no cost to you. All without ha". Three main tool categories are listed: "Eligibility and Benefits", "Prior Authorization and Notification", and "Claims and Payments".

An inset window titled "Sign In With Your One Healthcare ID" is overlaid on the right side of the page. It contains a login form with the following elements:

- Input field for "One Healthcare ID or email address"
- Input field for "Password" with an eye icon for toggling visibility
- "Sign In" button
- Links for "Forgot One Healthcare ID" and "Forgot Password"
- "Chat with support" link with a note: "Note: This feature is not advisable for persons with visual impairments and/or who may require audible support."

An orange arrow points from the "Prior Authorization and Notification" tool category in the main portal to the login window.

Resources

Resources

- Louisiana Medicaid Supplemental Clinical Criteria for Peer Support Services
 - Go to: providerexpress.com > Clinical Resources > State Specific Criteria > State/Contract Specific Criteria > LA Supplemental Clinical Criteria > [Louisiana Medicaid Supplemental Clinical Criteria](#)
- LDH Behavioral Health Services Provider Manual
 - Chapter 2: Behavioral Health Services; Section 2.3: Outpatient Services

Prior Authorization and Notification Tool Resources

Live training session

- [UHCprovider.com](#) > Menu > Resource Library > Training > [Prior Authorization and Notification Overview](#)

Other training resources

- [UHCprovider.com](#) > Menu > Prior Authorization and Notification > [Prior Authorization and Notification Tool](#) > Quick Reference Guides, Videos and Training Tools



Summary

Where do I submit my authorization requests?

The Louisiana Page of Provider Express

To access the request form, go to: providerexpress.com > Our Network > State Specific Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices 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

If I am having trouble viewing my authorization online, who do I contact?

Technical Assistance

uhcprovider.com/en/contact-us/technical-assistance.html

Thank You!

UnitedHealthcare Community Plan

Provider Call Center

Phone: **1-866-675-1607**

Email: networkse@optum.com