

# Introduction

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The goal of the Behavioral Health Services (BHS) Department is to ensure the highest quality of care for our members. To that end, we work with providers and members to coordinate care. Our staff works directly with providers and members to make available resources known within the provider and community network. Our nurse navigators, depression disease navigator, and pre-authorization navigators are available to assist providers and members in obtaining and locating needed services.

Behavioral Health Services works directly with other departments at The Health Plan to address behavioral health related concerns. This incorporates behavioral components with disease navigation, primary care, specialty care, and behavioral providers.

In this section, you will find information that will guide you in achieving this goal. You will find information regarding the referral process, pre-authorization, medical management oversight, forms necessary for continuation of treatment, and reimbursement.

Our 24-hour phone number is **1.877.221.9295** for any patient needs. You may also reach Behavioral Health Services Department at 740.695.7896 with any questions.

You may fax requests for treatment and report crisis encounters to **1.866.616.6255** or **740.699.6255**. This is a dedicated computer fax that is available only to behavioral health personnel. Information may be emailed to Behavioral Health Services secure email at [behavioralhealthdocuments@healthplan.org](mailto:behavioralhealthdocuments@healthplan.org).

***Remember, The Health Plan does not require pre-authorization for crisis encounters or an initial evaluation visit and 12 psychotherapy visits. Medication management visits do not require pre-authorization. Pre-authorization may be necessary for employer-funded groups.***

## Review Criteria

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Nationally recognized clinical criteria are utilized to perform reviews for medical appropriateness allowing for consideration of the needs of the individual member, their circumstances, medical history, and availability of care and services within The Health Plan network. Input is sought annually or as needed in the review of criteria from physicians in the community and those who serve as members and associate medical directors of the Physician Advisory Committee. In cases where specific clinical expertise is needed to perform a review, particularly specialized review experts outside The Health Plan may be used.

# InterQual® Review

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The Health Plan utilizes McKesson InterQual® criteria as a screening guideline to assist the reviewers with respect to medical appropriateness of health care services. Any participating provider, upon request, may review the specific criteria used in an active clinical review process of a procedure requiring the use of InterQual®. You may call The Health Plan Behavioral Health Services Department if you have a general InterQual® question or a question regarding a particular care. Also, a The Health Plan nurse navigator can visit your office or you may come to The Health Plan to review the criteria. InterQual® review worksheets are available upon request.

**InterQual® may be utilized to assist in the review of the following procedures:**

- Psychological testing
- Inpatient admissions
- Partial hospitalization
- Intensive outpatient treatment
- Community-based treatment
- Outpatient treatment

**Please indicate if your request is emergent so that we may expedite the review.** *Simply scheduling the testing/procedure does not warrant an expedited review.* Unless an emergency, scheduling should be done *after* being approved by The Health Plan.

*See Pre-Authorization Request Form for necessary pre-authorization information.*

# Review of Inpatient, Detoxification, Substance Abuse Rehabilitation, Partial Hospitalization, Intensive Outpatient, Chemical Dependency Intensive Outpatient, Eating Disorder and Observation

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Reviews for inpatient services require admission and concurrent review by The Health Plan.

Information may be provided to The Health Plan electronically or telephonically. Faxes should be sent to **1.866.616.6255** or **740.699.6255**, telephonic reviews should be called to **740.699.6254**.

Information may also be submitted via the web. This information will be accessed by Behavioral Health personnel only.

Reviews are expected on the day of admission. When the admission is approved, the date for concurrent review will be established and conveyed to the provider.

If the information submitted does not meet review criteria for admission, The Health Plan nurse navigator will forward the clinical information for review to a physician for evaluation. The physician will provide a clinical review of the case and provide a medical appropriateness determination. The provider will be notified when a determination is made and, if there is an adverse decision, will be provided an opportunity for appeal and further review.

Attached are admission, concurrent review, and discharge forms for use in providing review information to The Health Plan. These forms are also available on the behavioral health page of The Health Plan website, [healthplan.org](http://healthplan.org). The Health Plan will also accept assessment completed on facility forms.

### **Facility Claims**

Facility claims are typically billed on a UB-04 and refer to services and programs such as:

- Intensive Outpatient Services (IOP)
- Partial Hospitalization (PH)
- Emergency Room Visits
- Observations
- Residential Services
- Inpatient Services

### **Intensive Outpatient Services (IOP)**

Intensive Outpatient Services is an intermediate level of care in which individuals are seen as a group two to five times per week, depending on the structure of the program, for two to three hours per session. The clinical work is primarily done in a group setting, with individual sessions scheduled periodically, generally outside group hours.

Facilities are expected:

- To call or electronically submit admission demographics and clinicals to The Health Plan on the date of admission to the program.
- The admission will be certified by meeting InterQual criteria for initial review.
- The nurse navigator will certify the program session for the appropriate number of days and inform the facility of the date that a concurrent review will be due.
- Concurrent reviews may be submitted by phone or electronic transmission.
- If the sessions meet InterQual criteria for continued programming, the nurse navigator will continue to allow the course of treatment and inform the facility of the date when the next concurrent review is due. This will continue through until discharge.
- Discharge clinicals can be called or electronically submitted in the same manner.
- If the reviews do not meet InterQual criteria, the information submitted by the facility will be sent for physician review prior to denial of services.

### **Partial Hospitalization (PH)**

Partial hospitalization is an intermediate level of care for behavioral health disease. Services are rendered by an accredited program, in a treatment setting for behavioral health and/or substance abuse. The program is an alternative to or a transition for traditional inpatient care for members with moderate to severe symptoms. Treatment is an individualized, coordinated, comprehensive, multidisciplinary program. Members participate in this structured program up to five days per week, usually four to five hours per day.

Facilities are expected:

- To call or electronically submit admission demographics and clinicals to The Health Plan on the date of admission to the program.
- The admission will be certified by meeting InterQual criteria for initial review.
- The nurse navigator will certify the program session for the appropriate number of days and inform the facility of the date that a concurrent review will be due.
- Concurrent reviews may be submitted by phone or electronic transmission.
- If the sessions meet InterQual criteria for continued programming, the nurse navigator will continue to allow the course of treatment and inform the facility of the date when the next concurrent review is due. This will continue through until discharge.
- Discharge clinicals may be submitted by phone or electronic transmission.
- If the reviews do not meet InterQual criteria, the information submitted by the facility will be sent for physician review prior to denial of services.

### **Observation**

Observation is a facility-based treatment providing a level of service lower than inpatient, however providing a safe environment to stabilize the member's condition in an emergency situation. After the observation period has expired, if the member is not ready for discharge, he/she will be transitioned to another level of care.

### **Crisis Encounter/Intervention**

This service refers to a short, face-to-face, intervention dealing with an emergent event with the member. The service could take place in any setting.

Crisis service does not require a pre-authorization, but should be reported within 48 hours, utilizing a Crisis Encounter Report Form, found on the web. Submission of the Crisis Encounter Form will provide contact information for claims payment. This will prevent the visit from being assessed to any existing referrals.

### **Inpatient Psychiatric, Detoxification, Substance Abuse or Eating Disorder Services**

Inpatient services are acute care services delivered in a psychiatric, detoxification, substance abuse or eating disorder unit of a general hospital, free-standing psychiatric facility, or a state hospital. The acute care services provided include assessment, individual and group therapies, medication management, attention to medical problems, with all care coordinated by the physician. Inpatient hospitalization is usually short-term, stabilization and treatment of an acute episode of behavioral health problems.

**Pre-authorization of elective admissions** is performed to confirm eligibility, benefits, and medical appropriateness of services to be rendered and level of care to be utilized. The process is initiated by the member's primary care physician (PCP) or referring participating specialist with the Behavioral Health Nurse Inpatient Navigators.

**Notification of urgent/emergent admissions**, by the admitting facility, is required at the time of, or as soon as practically possible after admission. This activity is performed for early discussion of member's needs as related to the admission or alternative health care services.

**All out-of-plan and tertiary requests require a referral and pre-authorization.** Clinical information is reviewed for availability of service within the inplan network, urgent/emergent situation, or other extenuating circumstances and should be supplied by the behavioral health practitioner.

**Concurrent review** is the process of continued reassessment of member progress and discharge planning. Any member identified with potential discharge planning needs is referred by behavioral health's nurse inpatient navigator to the complex case nurse navigator, the care navigator or the depression disease nurse navigator, or social worker, as appropriate for early intervention. Concurrent review is performed telephonically, by fax or by electronic transmission. For facility convenience, Admission and Concurrent or Discharge Review Information Sheets are available on the behavioral health services web page under "Providers." These reviews involve communication with physicians, hospital UR and social workers, and family members, as necessary. Anytime a quality of care issue is identified or suspected, the case is referred to The Health Plan Quality Improvement Department for review.

**Please indicate if your request is emergent so that we may expedite the review.** *Simply scheduling the testing/procedure does not warrant an expedited review.* Unless an emergency, scheduling should be done *after* being approved by The Health Plan.

#### **FAX AND PHONE NUMBERS:**

Behavioral Health secure FAX: **1.866.616.6255 or 740.699.6255**

Toll-free behavioral health phone: **1.877.221.9295**

# Outpatient Pre-Authorization Referral Management

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**Members are afforded direct access to behavioral health practitioners.** No pre-authorization is necessary for crisis visits, the initial evaluation or the initial 12 visits for an episode of care. Evaluation and management visits no longer require pre-authorization.

Remember that additional services may require pre-authorization based on specific plan requirements; some, especially those that are self-funded, may require pre-authorization for all services.

There may be additional services that will require medical director review. Contact The Health Plan if you have a concern regarding a particular procedure or test.

All out-of-plan and tertiary requests require a referral and pre-authorization. Clinical information is reviewed for availability of service within the inplan network, urgency/emergency of the situation, or other extenuating circumstances. This information should be supplied by the behavioral health provider, PCP or appropriate inplan specialist (if referring within his/her specialty).

Authorization may be obtained via telephone, fax or web submission. Copies of all treatment requests forms are included in the pre-authorization section to assist you in pre-authorizing these services. These forms are available in electronic format on the provider secure web portal. They may also be submitted electronically or printed and faxed or mailed in for review. Additional services that require pre-authorization include procedures that may have limited coverage under the plan benefit. Also, high cost procedures and new technologies that have specific coverage guidelines should be pre-authorized to assure medical appropriateness and compliance with established standard of care guidelines. Please contact The Health Plan Behavioral Health Services Department if you have any concern regarding coverage of any service.

Any referral that does not meet medical appropriateness review by the nurse navigator is referred to the medical director for review determination. The medical director may contact the behavioral health provider for case discussion. Availability of services within the provider network and alternative levels of care for services may be offered as appropriate to the member's needs. "Member Driven" referrals that cannot be justify as medically necessary should not be initiated.

Autism services are now a covered benefit for eligible groups.

***Please see The Health Plan website, behavioral health page, for additional autism information, including pre-authorization and concurrent authorization forms.***

***Services that require a pre-authorization are listed on The Health Plan pre-authorization list.***



Refer to **Appeals**, found in the Medical Management section, to assist you in the event of prospectively non-authorized services.

**Please indicate if your request is emergent so that we may expedite the review.** *Simply scheduling the test/procedure does not warrant an expedited review.* Unless an emergency, scheduling should be done after the service is approved by The Health Plan.

# Crisis Encounters

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Crisis encounters should be reported to The Health Plan Behavioral Health Services Department within 48 hours of the visit. A crisis encounter is defined as an unscheduled, direct, face-to-face encounter with a member in need of psychiatric and psychological intervention to resolve an acute or severe situation.

Reporting of the encounter will ensure that the visit is not counted against any existing pre-authorization of services or prevent denial of services if there is no pre-authorization of services.

Crisis encounters can be reported telephonically or electronically. The Crisis Encounter Form is located at the end of this section or can also be found on The Health Plan website. Search for “Crisis Encounter Report Form.”

# Care Navigation

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Care Navigation manages individual patients as designated, normally on a short-term basis, mainly episodic or situational, such as those SecureCare HMO members identified by a health risk assessment (HRA) or members identified through discharge survey.

The Care Navigation Program is also individualized to the member and coordinates resources across the continuum to minimize costs while improving quality of care. Care Navigation is a pro-active approach that focuses on promotion of health education and member empowerment through self- maintenance.

Members are identified through established Care Navigation criteria, referral from other areas of clinical services, member/family or physician, other departments within The Health Plan, health risk assessments, and discharge surveys. Both physicians and members may use the following methods to contact the Behavioral Health Services Department to see if a particular patient could benefit from Care Navigation Services.

Phone: **1.877.221.9295** or **740.695.7896**

Secure email: [behavioralhealthdocuments@healthplan.org](mailto:behavioralhealthdocuments@healthplan.org)

The nurse care navigators can take elective, urgent, or emergent admission notifications, as well as other services, such as partial hospitalizations, crisis stabilization, intensive outpatient services, or outpatient services. They will coordinate and authorize services with comprehensive community centers and secure the assistance of the licensed social worker. They will also partner with other community organizations to link members to necessary services.

## **Behavioral Health Care Navigation**

1. Primary Substance Abuse, other than opiates
2. Multiple Co-Morbidities or high risk co-morbidity with short term, non-bio-based Behavioral Health Diagnosis, identified by depression survey or referral, not suitable for complex case navigation
3. Enrollment in Clinical Trials
4. Identification through Discharge Survey
5. All members seeing out of network providers
6. Redirection/Transition of members for OON to IP providers
7. Crisis Encounter follow-up
8. Antidepressant Medication Management follow-up
9. Autism

# Complex Case Navigation

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Complex Case Navigation manages individual patients, normally on a long-term basis, who are identified to be at high-risk due to high costs or catastrophic illness.

The Complex Case Navigation Program is an individualized, patient-specific process of coordinating resources and creating flexible, quality, cost effective health care options. The process is dependent upon collaboration between treating physicians, members and their family, or significant others and the nurse navigator.

Identification of members is primarily through inpatient admission, illnesses, high costs utilization, health risk assessment, or the pre-authorization/referral, and concurrent review process. Referrals for case navigation may also come from other sources such as family, physician, behavioral health providers, hospital staff, medical management case review and other departments within The Health Plan via health screening and outreach programs.

Registered nurse navigators perform the complex case navigation function. They coordinate care and resources, provide alternatives to hospital care, facilitate care across the continuum, and prevent duplication and fragmentation of health care services. They manage individual patients normally on a long-term basis who are identified to be at high-risk due to high costs or catastrophic illness. They work with the 20 percent of the people who use 80 percent of health care resources.

The processes of complex case navigation include the following: case identification and referral, case screening and assessment, case implementation, case monitoring, and case closure.

Please contact The Health Plan Behavioral Health Services at **1.877.221.9295**, or enroll members online at [healthplan.org](https://healthplan.org) to refer a member for complex case navigation assessment.

### **Behavioral Health Case and Complex Case Navigation**

1. Schizophrenia
2. Attempted Suicides or Homicides
3. Stays Longer than 30 Days as Identified by the LOS > 15 Day Report
4. MDD, not qualifying for Disease Navigation
5. Substance Abuse Diagnosis with or without a Mental Health Diagnosis
6. Inpatient Admissions, not qualifying for Depression Disease Navigation
7. Outpatient Treatment of Opioid Addiction
8. Psychosis
9. High Cost Ongoing Complex Care needs as identified on Weekly Paid Hospital Claims Report Greater than \$20,000
10. PTSD
11. Bipolar Disorder
12. Eating Disorder
13. OCD
14. Panic Disorder

Cases with diagnoses 1, 2, 4, 8, 11 and 12 are designated as complex cases on the behavioral health assessment screen, as well as any others at the discretion of the complex case navigator.

# Social Work Services

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Social work services are available to assist The Health Plan members and their families with socio-economic, psychosocial, personal, and environmental issues, which can predispose illness or interfere with obtaining the maximum benefit from medical care.

The social worker coordinates with health care providers, the Behavioral Health Services, and The Health Plan Medical Department staff to identify community resources that will assist the member to resume life in the community or learn within the limits of a disability in an effort to restore the member to an optimal level of social and health adjustment.

**Services provided by The Health Plan social worker may include:**

- Financial counseling
- Assisting in applying for financial aid programs
- Assessing need and qualifications for pharmacy assistance programs
- Home visits to evaluate and assess the needs of the member
- Educating members on resources available to them and their families
- Coordinating referrals to ancillary support, personal care, and nursing home placement
- Coordinating with comprehensive community centers, targeted case navigators, and other community-based organizations to assist in member care
- Providers identifying social-economic needs of a member may contact the social worker to discuss possible assistance programs and support services

# Chronic Disease Navigation - Depression Program

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The Health Plan's Chronic Disease Navigation Programs are multidisciplinary and continuum-based systems developed to pro-actively identify populations with or at risk for chronic conditions. Behavioral Health Services currently navigates members with a diagnosis of Major Depressive Disorder.

Chronic Disease Navigation Programs support the practitioner-patient relationship and plan of care; and emphasize the prevention of exacerbations and complications using evidence-based practice guidelines and patient empowerment strategies. The Health Plan programs continuously evaluate clinical, humanistic, and economic outcomes with the goal of improving overall health status. The essential elements of chronic disease navigation include understanding the course, clinical implications, and trajectory of specific diseases; identifying and targeting patients likely to benefit from intervention; focusing on prevention; and not working toward resolution of resource-intense problems.

## **Program Content**

The navigation program includes condition monitoring that is ongoing and proactive. This allows the member, the practitioner, and the nurse navigator to assess how well the condition is being managed. Monitoring is done through the use of regular clinical assessment with surveillance of pharmacological management, lifestyle management, and assessment of the member's understanding of the condition itself as well as the related comorbid conditions likely to affect overall health status. Members will be encouraged to develop healthy behaviors through education.

Member adherence to the program's treatment plan is an integral part of disease navigation. Members are followed to determine their success with self-management, self-monitoring activities, and medication compliance. High risk members are called at periodic intervals negotiated between the member and nurse navigator. Information is gathered regarding health status, treatment plan adherence, functional status, and quality of life. A specific plan of care is developed based on the findings from the assessment and functional inventory. An addition to this plan might include providing information to a caregiver that will foster a supportive relationship in managing the member's chronic condition. This is done with permission from the member.

Ongoing monitoring by the nurse navigator ensures timely intervention when a change in risk status is identified. The frequency of outbound calls to participants by the nurse navigator is determined by the severity of symptoms and member preference. This may result in daily contact in times of high risk or concern. If other services are needed to promote improvements in disease state, the nurse navigator works with the practitioner, nurse care navigator, and other departments to coordinate necessary care and services. Clinical and Social Service specialists are available if indicated.

The Depression Disease Navigation Program gives consideration to other health conditions that directly affect the member's overall health status. A multi-disciplinary approach to chronic disease navigation enables the nurse navigator to develop a treatment plan that includes condition monitoring of comorbid conditions. Performance results are tracked for comorbid conditions of individual members if in the high risk program. The program provides interventions for self-management of comorbidities.

All members identified with a Major Depression Disorder who are managed by the Depression Disease Navigation Program are screened for depression. The Patient Health Questionnaire (PHQ-9) is used to screen members with Major Depression Disorder.

Because lifestyle issues are strongly linked with depression, high risk stressors or chronic medical conditions, strategies to address current lifestyle and the need to modify behavior is addressed in this program. Whether members need interventions addressing issues such as depression education, medication management, or activities of daily living the nurse navigator is able to address readiness to change and to provide additional resources to affect needed change.

Psychosocial issues significant to the condition are addressed with members and interventions modified to accommodate the issues. Some of these psychosocial issues included are:

- Beliefs and concerns about the condition and treatment.
- Perceived barriers to meeting treatment requirements.
- Access, transportation and financial barriers to obtaining treatment.
- Cultural, religious and ethnic beliefs.

The Health Plan's Depression Disease Navigation Program elements include:

- Evidence-based standards of care and intervention strategies, best practices, and targeted outcomes.
- Identification of the member and assessment of health status.
- Proactive intervention to include the application of appropriate therapies and systematic surveillance of appropriateness of medication, education and counseling about daily self-management and symptom management.
- Tracking of the member's clinical and functional status over time.
- Assessment of effectiveness of treatment and sharing of knowledge gained to achieve optimal member outcomes.

Attention to all program elements and improvements in all of these areas will likely lead to improved outcomes for those who are at risk for or who suffer from Major Depression Disorder.



A successful program is dependent on the coordination of health care services. The role of the practitioner is vital and the Depression Disease Navigation Program intends to complement the behavioral health care each member received from his/her practitioner. The goals of The Health Plan are to foster a collegial relationship between the practitioner and the nurse navigator to coordinate the necessary care for the member for the member and to empower members to communicate with their practitioners about their conditions and treatment plan.

# Depression Disease Navigation

The Depression Disease Navigation Program is designed to reach out to members who have been diagnosed with Major Depression Disorder. This is accomplished by promoting treatment plan compliance through education, counseling and support. This program is dedicated to helping out members cope with the stresses of their condition, thereby improving their lives, both at home and at work. The Depression Disease Navigation Program strives to integrate behavioral, medical and pharmacological aspects of health care to support the total member. This will be accomplished through establishment of a secure relationship between the depression disease nurse navigator and the member. The depression disease nurse navigator will reinforce the member's capacity for self-management, self-determination, self-education, as well as provide educational materials, information on the condition, collaborative planning, and assist with problem-solving. The program goal is to enhance the member's own capacities of self-worth and self-reliance to care for his/her own needs.

**Goals of the program include:**

- Reduction in depression screening score, thereby preventing recurrence and promoting progress.
- Reduction in frequency of hospitalizations.
- Increase in medication compliance.
- Reduction in ER visits for members with a depression diagnosis.
- Enhancement of the patient/provider relationship.
- Improvement of quality of life.
- Remission from depression (Depressed individuals are determined to be in remission as evidenced by a PHQ-9 score of less than 15 in a two week period).

**Program Content**

Member identification is conducted by using claims encounters, health risk screening, or direct referral from a member, primary care physician or behavioral health provider. Member stratification is based on diagnosis and acuity of condition.

The Depression Disease Navigation Program relies on population based measures of hospitalization utilization, ER utilization and the HEDIS *Antidepressant Medication Management* measure utilizing codes to identify major depression and additional codes to identify depression. The same measures are also used at the individual member level for those stratified as high risk and who participate in The Health Plan's telephonic Depression Disease Navigation Program. Primary attention is given to evaluation of

clinical symptoms, assessment of the severity of those symptoms, safety issues, medication compliance and member needs, education and counseling about self-management and self-direction. Additionally, depression screening will be utilized during the telephonic process or by mail. Referrals, linkage and follow-ups to primary care or behavioral health providers will be provided as necessary.

Population based disease navigation strategies include targeted educational mailings throughout the year, accompanied by depression screenings. High risk members receive telephonic disease navigation intervention from a behavioral health nurse navigator who provides individualized interventions that include a depression screening, evaluation of clinical symptoms, lifestyle and coping, safety issues, education and counseling about self-management and self-direction. The member will be also be referred, as appropriate, to counseling services, group services, and/ or community services.

Consideration of co-morbid conditions is included in the navigation program and integrated with the Medical Department as necessary.

Condition monitoring and surveillance are ongoing and proactive. Detailed questions are asked about the member's condition and information is gathered about member status, treatment plan adherence, functional status, and quality of life. Ongoing monitoring by the depression disease nurse navigator ensures timely intervention when a change in risk status is identified. The frequency of outbound calls to participants by the nurse navigator is determined by the member severity of symptoms. This may result in daily contact at times of high risk or concern as well as consultation with the physician. If referral to an alternate level of care is necessary, the nurse navigator will work with the physician to coordinate the necessary services.

A major component of the Depression Disease Navigation Program is the empowerment of the member through education. Patient education materials are posted on The Health Plan website and available in print form if member does not have computer access in addition to educational mailers. A variety of topics are addressed in both initial and reinforcement teaching. Patient education materials are provided to each member throughout the program and are used in the teaching process. A thorough education of the disease process and recognition of triggers are included in the teaching process. Warning signs are reviewed each assessment call along with a review of medications and medication compliance and behavioral health services. Education is aimed to increase member awareness, knowledge and comfort level regarding depression. Lifestyle issues are addressed through education and include the importance of socialization, physical activity and nutrition as related to management of depression.

A clinical pharmacist may participate in the program by reviewing cases for appropriateness of medications as needed.

A successful Depression Disease Navigation Program is dependent on the coordination of health care services. The role of the physician is vital and this program is intended to compliment the medical care the member is receiving from his/her physician. The goal of the Depression Disease Navigation Program is to foster a collegial relationship between the physician and the depression disease nurse navigator in order to coordinate the necessary care for the member and to empower members to communicate with

their practitioners about their condition and treatment plan. Evidence based guidelines are available and recommended for use by the physician to manage the patient with depression. The Health Plan Depression Disease Management Program is based on the American Psychiatric Association/Major Depression Disorder Practices Guideline and Adult Depression in Primary Care located on The Health Plan website in Providers Resources.

## Aims/Objectives of Depression Disease Navigation

1. Achieve remission of symptoms in acute treatment phase.
2. Reduce relapse and reduction of symptoms.
3. Return member to previous level of occupational and psychological function.
4. Enhance patient self-management skills including recognizing signs of relapse.

## Outcomes Measurements

1. The percentage of members who consent to participate in the program.
2. Follow -up visits post discharge from a behavioral health facility.
3. Treatment and Medication Management: Measurement by calculation of program-specific antidepressant adherence rates.
4. Inpatient Utilization for Behavioral Health Services: Measurement of inpatient utilization and measurement of average length of stay.
5. Effectiveness of Behavioral Health Care: Measurement of improvement in depression severity scores by monitoring changes in PHQ-9 scores at initial, 3 month and 6 month intervals.
6. Counseling Measurement: Measurement of members receiving counseling.
7. The response to the member satisfaction survey.

# Depression Disease Navigation

## Stratification

### High Risk

- An **ICD- 10** code for major depressive disorder or other depressive disorders as a primary diagnosis **AND EITHER** a **CPT** code listed as high-risk (e.g. services in a psychiatric or other inpatient hospital) **OR** a **POS** code listed as high risk. (e.g. inpatient psychiatric treatment facility) occurred within the recent past (e.g. within 12-18 months).
- An **ICD- 10** code listed as high risk.
- **CPT** code 90870 **AND** a **POS** code listed as high risk (e.g. inpatient psychiatric treatment facility) occurred within the recent past (12-18 months) **AND** an **ICD- 10** code for major depressive disorder or other depressive disorder as a primary diagnosis.
- **Any** of the **ICD-10** depression codes listed as moderate-or high risk **AND** a **CPT** code listed as moderate-risk (e.g., inpatient consultation).
- **Any** of the **ICD-10** depression codes listed as moderate -or high risk **AND one** of the **ICD-10** codes listed for suicidal gesture, suicidal ideation (T1 4.91, R45.851), as primary and secondary diagnosis in either order.
- An **ICD-10** code for major depressive disorder or other depressive disorders as a primary diagnosis **AND** a **UB-04 Revenue Center Code** that occurred within the recent past (12-18 months).

### Medium Risk

Any of the **ICD-10** depression codes listed as moderate risk (e.g. MDD moderate, single episode) **AND no** **CPT** code listed as high-risk occurred within the recent past (e.g. 12-18 months).

### Low Risk

- Any of the **ICD- 10** depression codes listed as low risk (e.g. MDD mild, single episode) **AND no** **CPT** code listed a high-risk occurred within the recent past (e.g. 12- 18 months).

**Exclude** any of the excluded **ICD-10** codes (schizophrenia, bipolar disorder, anxiety disorder, substance use disorder, psychotic disorder, NOS) as a primary diagnosis.

# Appropriate Inclusion in Depression Disease Navigation

DSM-V Major Depression Diagnosis - HEDIS Codes Used to Identify Major Depression  
ICD-10 F32 thru F33

Age 18-85

Negative History of Dementia/Associated Disease Process

## **Exclusion Criteria:**

Schizophrenia

Bipolar Disorder

Active Substance Abuse Disorder (history of recovery < one year)

Psychosis Disorder NOS

Active Suicidal Ideations

## **Remainder of Depression Disease Navigation Criteria:**

Hearing Impairment

Age > 85

Dementia

Hospice Care

# Stratification of Depression Disease Navigation Population

## HIGH RISK

1. ICD -10 Codes for Major Depression with Either CPT Code Listed as High Risk or POS Listed as High Risk

### ICD-10

F32.0  
F32.1  
F32.4  
F32.9  
F33.0  
F33.1  
F33.40  
F33.41  
F33.42  
F33.9

### CPT

90832  
90833  
90834  
90836  
90837  
90838  
90839  
90840  
90885  
99221  
99222  
99223  
99231  
99232  
99233  
99281  
99282  
99283  
99284  
99285



**POS**

21  
51  
52  
55  
56

2. **High Risk ICD-10 Codes:**

F32.2  
F32.3  
F33.2  
F33.3

3. **CPT 90870 and High Risk POS (in last 12-18 months) and ICD-10 - Primary Dx:**

**CPT**

90807

**POS**

21  
51  
52  
55  
56

**ICD-10**

F32.2  
F32.3  
F33.2  
F33.3

4. **ICD - 10 Moderate to High Risk and CPT Moderate Risk:**

**ICD-10**

F32.1  
F32.2  
F32.3  
F32.9  
F33.1  
F33.2  
F33.3

**CPT**

99251  
99252  
99253  
99254  
99255

5. **ICD-10 Moderate to High and ICD-10 for Suicidal Gesture/Suicidal Ideation:**

**ICD-10**

F32.1  
F32.2  
F32.3  
F32.9  
F33.1  
F33.2  
F33.3

**ICD-10**

T14.91  
R45.851

6. **ICD-10 and Rev Code within Past 12-18 Months:**

**ICD-10**

F32.0  
F32.1  
F32.2  
F32.3  
F32.4  
F32.9  
F33.0  
F33.1  
F33.2  
F33.3  
F33.40  
F33.41  
F33.42  
F33.9

**Rev Code**

114  
124  
134  
144  
154  
900  
901  
905  
911  
912  
913  
914  
915  
916

**MEDIUM RISK****Medium Risk ICD-10 and No High-Risk CPT in Past 12-18 Months:****Medium Risk ICD-10**

F32.1  
F32.9  
F33.1

**Without High Risk in Past 12-18 Months:**

90832  
90833  
90834  
90836  
90837  
90838  
90839  
90840  
90885  
99221  
99222  
99223  
99231  
99232  
99233  
99281  
99282  
99283  
99284  
99285

### LOW RISK

#### Low Risk ICD- 10 and No High-Risk CPT in Past 12-18 Months:

##### Low Risk ICD-10

F32.0  
F32.4  
F33.0  
F33.41  
F33.42  
F34.0  
F34.1

#### Without High Risk in Past 12-18 Months:

90832  
90833  
90834  
90836  
90837  
90838  
90839  
90840  
90885  
99221  
99222  
99223  
99231  
99232  
99233  
99281  
99282  
99283  
99284  
99285

If the following ICD-I O CODES are the primary diagnosis, the member should be excluded from the program:

F07.0	F15.251	F23	F40.231
F07.81	F15.259	F24	F40.232
F10.220	F15.280	F25.0	F40.233
F10.229	F15.281	F25.1	F40.240
F12.20	F15.282	F25.8	F40.241
F12.21	F15.288	F25.9	F40.242
F12.220	F15.29	F28	F40.243
F12.221	F16.20	F29	F40.248
F12.222	F16.21	F30.10	F40.290
F12.229	F16.220	F30.11	F40.291
F12.250	F16.221	F30.12	F40.298
F12.251	F16.229	F30.13	F40.8
F12.259	F16.24	F30.14	F40.9
F12.280	F16.250	F30.2	F41.0
F12.288	F16.251	F30.3	F41.1
F12.29	F16.259	F30.4	F41.3
F13.20	F16.280	F30.8	F41.8
F13.21	F16.283	F30.9	F41.9
F13.220	F16.288	F31.0	F42
F13.221	F16.29	F31.10	F43
F13.229	F18.20	F31.11	F44.0
F13.230	F18.21	F31.12	F44.1
F13.231	F18.220	F31.13	F44.2
F13.232	F18.221	F31.2	F44.4
F13.239	F18.229	F31.30	F44.5
F13.24	F18.24	F31.31	F44.6
F13.250	F18.250	F31.32	F44.7
F13.251	F18.251	F31.4	F44.7
F13.259	F18.259	F31.5	F44.81
F13.26	F18.27	F31.60	F44.84
F13.27	F18.280	F31.61	F44.9
F13.280	F18.288	F31.62	F45.2
F13.281	F18.29	F31.63	F45.21
F13.282	F19.20	F31.64	F45.22
F13.288	F19.21	F31.70	F45.29
F13.29	F19.220	F31.70	F68.11
F14.20	F19.221	F31.71	F68.13
F14.21	F19.222	F31.72	F68.8
F14.220	F19.229	F31.73	
F14.221	F19.230	F31.74	
F14.222	F19.231	F31.75	
F14.229	F19.232	F31.76	
F14.23	F19.239	F31.77	
F14.24	F19.24	F31.78	
F14.250	F19.250	F31.81	
F14.251	F19.251	F31.89	
F14.259	F19.259	F31.9	

## Management Programs

Behavioral Health Services conducts management programs that address Autism, Anti-Depressant Medication Management, ADHD Medication Management and Suboxone Therapy Management.

These Management Programs encompass support and education in order to assist the member and family to attain the goal of treatment.

The ADHD Medication Management, Anti-Depressant Medication Management and Suboxone Therapy Management programs are conducted in conjunction with the Pharmacy Department.

The Autism Program is aimed to provide support to the families of children newly diagnosed with Autism. Behavioral Health Services receives system generated reports of newly diagnosed members and contacts the family to discuss benefits and needs.

Referral for these programs will also be accepted from practitioners.

# Annual Program Evaluation

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The Behavioral Health Services Utilization Management Program and the Quality Management Program are evaluated on an annual basis. A written summary is prepared from the evaluation process that includes utilization and quality management activities during the year, achievement of goals, and revisions for the upcoming year.

The annual program evaluation is approved by the Executive Management Team (EMT) and the Quality Improvement Committee.

# Behavioral Health Advisory Committee

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The Health Plan has established a Behavioral Health Advisory Committee. The purpose of the committee is to evaluate the provision of care and assess provider needs.

The committee meets quarterly and ad hoc, as necessary. The committee is composed of representatives from the provider community, The Health Plan medical directors, nurse navigators, and the Behavioral Health Provider Liaison.



# Access to Care

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**To comply with NCQA standards, The Health Plan holds to the following standards for access to care for behavioral health cases:**

- Practitioners should provide care within six hours in an emergent, non-life-threatening situation.
- Practitioners should provide care within 48 hours of a request for service when the need is urgent.
- Practitioners should provide a follow-up appointment within seven days of discharge from an inpatient facility.
- Practitioners should provide a routine office visit within 10 days of request.

If the practitioner is not available, the member should be made aware of how to access care. This would apply to after hours and weekend coverage as well as other situations.

# Continuity and Coordination of Care

The Health Plan Behavioral Health Services Department advocates continuity and collaboration of care between behavioral health and physical health practitioners. Continuity and coordination is an important aspect in the delivery of quality health care as behavioral and medical conditions can interact to affect an individual's overall health. Information is expected to be exchanged between behavioral and physical health care providers whenever clinically appropriate.

It is the responsibility of the behavioral health practitioner to communicate with the PCP and the PCP to communicate with the behavioral health practitioner. Any information that is shared between providers must be maintained in the member's medical record. If assistance is required to facilitate this exchange of information to ensure care coordination, the Behavioral Health Services is available to provide this service.

According to federal and state law, the following information can be shared, in regard to behavioral health information:

- Diagnosis
- Medications, along with any changes
- Labs, if applicable
- Treatment plan

The Health Plan expects that this information be shared and recognizes the right to keep progress notes private. The Health Plan also understands that there are special situations where information cannot be shared. A Continuity of Care Consultation Sheet is available on The Health Plan's website for use in facilitating this communication at [www.healthplan.org](http://www.healthplan.org).

# Behavioral Health Services Forms

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The following forms are provided to assist practitioners in requesting services for patients and providing information necessary for coordination, continuity, and coordination of care. Behavioral health pre-authorization and review forms can be transmitted to The Health Plan electronically via the provider secure web portal. These transmissions are received in the Behavioral Health Secure Incoming Fax Management Queue, which is restricted to behavioral health personnel only. The forms listed below are available online. The Admission and Concurrent/Discharge form is used for IOP, partial hospitalization, rehab, and acute admissions. These forms may also be called in telephonically, faxed, or emailed to [behavioralhealthdocuments@healthplan.org](mailto:behavioralhealthdocuments@healthplan.org). Admission, concurrent, and discharge reviews may be called to the nurse inpatient navigator.

Admission Review Form

BHU Fax Cover Sheet – for Medical Review Only

Concurrent Authorization for ABA/Behavioral Services Form

Concurrent or Discharge Review Information Form

Continuity of Care Consultation Form

Crisis Encounters Report Form

Initial Authorization for ABA/Behavioral Services Form

Psychological Testing Pre-Authorization Request Form

Treatment Continuation Request Form

Substance Abuse Admission Review Form

Substance Abuse Continuity or Discharge Review Information Form



Please fax to: Behavioral Health Unit: 740.699.6255 • Toll Free: 1.866.616.6255

Today's Date: \_\_\_\_\_

## SUBSTANCE ABUSE ADMISSION REVIEW

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Admitting Physician: \_\_\_\_\_

### Utilization Review Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Information submitted by: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Type of Admission

☐ Emergency Room

☐ Urgent Admission

☐ Elective Admission

☐ Transfer from another Unit

☐ Outpatient/Office

Room Number: \_\_\_\_\_

### DSM IV Multi-Axial Diagnosis: (Complete all 5 Axis)

Axis 1      Diagnosis Code: \_\_\_\_\_

Axis 2      Diagnosis Code: \_\_\_\_\_

Axis 3      Does the patient have a current medical condition linked to the Axis 1 or 2 diagnosis? ☐ Yes ☐ No

Please describe below:

Describe Axis 3: \_\_\_\_\_

Axis 4      Please indicate the Severity of Current Psych Social Stressors: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Axis 5      GAF Score: Highest Past Year: \_\_\_\_\_ Current: \_\_\_\_\_



Admission Chief Complaint/Current Substance Abuse Use/History of Substance Abuse:

Precipitating Factors/Triggers:

Active Psychiatric Symptoms/Behavioral Health History if Applicable:

Risk Level:

☐ SI Plan: \_\_\_\_\_

☐ HI Plan: \_\_\_\_\_

Pertinent Lab Results (Routine/Abnormals); (U-tox Results and Dates):

Other Pertinent Diagnostic Results, for Example: Substance Abuse Scales/Scores (COWS, CEWA, ASAM Dimensions, Etc.):

Mental Status:



Current Psychotropic Home Medications:

--

Detox Only Vital Signs:

Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____

Current Substance Abuse & Providers/Past Substance Abuse Treatment:

--

ADLs: (ex. ambulation, sleep, appetite)

--

Substance Abuse Issues/Acute/Post Acute Symptoms:

--

Legal Issues:

--

Initial Orders/Treatment:

--



Requested Level of Care:

☐ Observation

☐ Crisis Stabilization

☐ Chemical Dependency Intensive Outpatient

☐ Inpatient

☐ Partial Hospitalization

☐ Rehab

☐ Detox

☐ Intensive Outpatient

Estimated Length of Stay: \_\_\_\_\_ days

**The Health Plan**

52160 National Road East

St. Clairsville, OH 43950-9365

Telephone: (740) 695-3585 or Toll Free: 1-800-624-6961

[www.healthplan.org](http://www.healthplan.org)

Fax: 1-740-695-7882

**FAX COVER SHEET (FOR MEDICAL REVIEW ONLY)**

TODAY'S DATE: \_\_\_\_\_

TO: \_\_\_\_\_

PROVIDER'S NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPANY FAX: \_\_\_\_\_

PAGES INCLUDING THIS COVER SHEET: \_\_\_\_\_

---

**PLEASE COMPLETE EACH SECTION TO ENSURE YOUR  
DOCUMENT WILL BE ROUTED CORRECTLY**FOLDER SYSTEM: MEMBER ID# \_\_\_\_\_ - \_\_\_\_\_  
(MUST INCLUDE MEMBER SUFFIX)

DATE OF SERVICE: \_\_\_\_\_

DOCUMENT TYPE (XX) MEDICAL RECORDS

DOCUMENT DESCRIPTION (PLEASE INDICATE ONE OF THE FOLLOWING...)

<input type="checkbox"/>	ER TREATMENT	<input type="checkbox"/>	HEARING AID DOCUMENTATION
<input type="checkbox"/>	OFFICE/CLINICAL NOTES	<input type="checkbox"/>	IV HOME INFUSION
<input type="checkbox"/>	OPERATIVE REPORT	<input type="checkbox"/>	THERAPY NOTES (PT, OT, ST)
<input type="checkbox"/>	PHYSICIAN ORDERS	<input type="checkbox"/>	X-RAY INTERPRETATION REPORT
<input type="checkbox"/>	MANUFACTURES INVOICE	<input type="checkbox"/>	LAB REPORT
<input type="checkbox"/>		<input type="checkbox"/>	

**CONFIDENTIALITY NOTE**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS CONFIDENTIAL INFORMATION INTENDED FOR THE USER OF THE INDIVIDUAL ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION IS STRICTLY PROHIBITED.





## Concurrent Authorization for ABA/Behavioral Services

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ NPI #: \_\_\_\_\_

Address: \_\_\_\_\_

### **Assessment: (Complete all)**

Clinical Disorders/Syndromes: \_\_\_\_\_

Personality Disorders/Intellectual Disabilities: \_\_\_\_\_

Relevant Medical Issues/Physical Problems: \_\_\_\_\_

Psychosocial Stressors: Please indicate level of current psychosocial Stressors:

☐ None ☐ Mild ☐ Moderate ☐ Severity

GAF: Current \_\_\_\_\_ Highest Past Year: \_\_\_\_\_

Initial Evaluation: \_\_\_\_\_

Number of hours of ABA requested per week: \_\_\_\_\_

Number of hours of Parent/Caregiver training: \_\_\_\_\_

**\*All evidence-based screening and scaling results used in determining the diagnosis must be submitted with this request form.**

### **Behaviors and Interventions\***

*\* Please list the behaviors that were identified for treatment on the Initial authorization form and level of improvement made along with any comments (i.e. improvement as evidenced by, tapering of services, expected completion date, etc.). If no improvement was made, please indicate steps being taken to alter the plan.*

1) \_\_\_\_\_

Level of Improvement to Date: ☐ None ☐ Low ☐ Moderate ☐ Major

Comments: \_\_\_\_\_

2) \_\_\_\_\_

Level of Improvement to Date: ☐ None ☐ Low ☐ Moderate ☐ Major

Comments: \_\_\_\_\_

3) \_\_\_\_\_

Level of Improvement to Date: ☐ None ☐ Low ☐ Moderate ☐ Major

Comments: \_\_\_\_\_



\*Supporting chart documentation in the form of (1) graphs of rates of the behavior across baseline and intervention conditions; (2) a list of the current behavioral objectives and an indicator of whether current behavioral data shows progress, no progress, or met/achieved in relation to the objectives; (3) a description of any significant events that have served to promote or block success in achieving the objectives and (4) a plan of action for overcoming any barriers to success must be available upon request.

Current Risk of Harm to Self: ☐ None ☐ Low ☐ Moderate ☐ High  
Comments: \_\_\_\_\_

Current Risk of Harm to Others: ☐ None ☐ Low ☐ Moderate ☐ High  
Comments: \_\_\_\_\_

If potentially harmful behavior exists, please submit full risk assessment and crisis plan. If assessment and plan were previously submitted, updates should be submitted.

### **Individualized Service Plan**

*\* Plan must be child-centered, strength-based, family focused, community-based, multisystem, & culturally-competent. Parental training must be involved so they can provide additional hours of intervention.*

Goal 1) \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_

Goal 2) \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_

Goal 3) \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please fax to: Behavioral Health Unit: 740-699-6255 • Toll Free: 1-866-616-6255

Today's Date: \_\_\_\_\_

## CONCURRENT OR DISCHARGE REVIEW INFORMATION

	Member Name: _____ Member ID#: _____ Date of Birth: _____ Referring Physician: _____ Admitting Physician: _____
	<b>Utilization Review Contact</b> Name: _____ Phone Number: _____ Information Submitted By: _____ Fax: _____ Date of Review: _____ Facility Name: _____ Admission Date: _____ Room Number: _____

	<b>Assessment</b> <u>Clinical Disorders/Syndromes</u> Diagnosis Code: _____ <u>Personality Disorders/Intellectual Disabilities</u> Diagnosis Code: _____ <u>Relevant Medical issues/Physical Problems</u> Does the patient have a current medical condition linked to the Axis 1 or 2 diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ <u>Psychosocial Stressors</u> Please indicate the severity of current Psych Social Stressors: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <u>GAF</u> GAF Score: Highest Past Year: _____ Current: _____
--	---

### Changes in Medication:

--	--



Current Treatment/Services:

Risk Level:

☐ SI Plan:

☐ HI Plan:

Mental Status:

Symptoms/Behaviors:

Adherence to Program:

Anticipated Discharge Date: \_\_\_\_\_  
if applicable

Follow-Up Appointment(s) Scheduled:

\_\_\_\_\_

Discharge Address

Discharge Phone

Discharge Goals:

Barriers to Discharge:

Other Information:

52160 National Road East, St. Clairsville, OH 43950-9365 • P: 1.800.624.6961





## Continuity of Care Consultation Sheet

This form is provided to facilitate communication between behavioral health and primary care physicians to enhance continuity and coordination of care.

Please complete the information below and forward to the appropriate practitioner.

### MEMBER INFORMATION:

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Member ID#: \_\_\_\_\_

### BEHAVIORAL HEALTH:

### PRIMARY CARE PROVIDER:

Provider Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_  
Provider ID/NPI: \_\_\_\_\_ Provider ID/NPI: \_\_\_\_\_  
Provider Phone Number: \_\_\_\_\_ Provider Phone Number: \_\_\_\_\_

### TREATMENT UPDATES:

Date/Reason for Behavioral Health visit: *(check one)* \_\_\_\_\_  
☐ Initial Evaluation ☐ Continuation of Treatment ☐ Re-evaluation ☐ Crisis ☐ Testing  
Date/Reason for PCP visit: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

### CURRENT MEDICATION LIST: *(Please include long-term and newly prescribed medications)*

--

### RECOMMENDATIONS FOR CONTINUED TREATMENT REGIMEN:

--

Please feel free to contact the office with any questions and/or concerns. **Do not forget to download and sign the Authorization to Disclose Health Information to PCP Form from our website.** Thank you.

Name of Person Completing Form: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Form



Please fax to: Behavioral Health Unit: 740.699.6255 • Toll Free: 1.866.616.6255

## CRISIS ENCOUNTERS REPORT FORM

Provider Name and Address:

Call Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Caller Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Crisis Date: \_\_\_\_\_

Crisis Time: \_\_\_\_\_

Description and Outcome of Event:

Recorder Name: \_\_\_\_\_

Follow-Up Notes:

Date: \_\_\_\_\_



## Initial Authorization for ABA/Behavioral Services

Member Name: \_\_\_\_\_  
Member ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Provider Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Address: \_\_\_\_\_

Assessment: (Complete all)

Clinical Disorders/Syndromes: \_\_\_\_\_

Personality Disorders/Intellectual Disabilities: \_\_\_\_\_

Relevant Medical Issues/Physical Problems: \_\_\_\_\_

Psychosocial Stressors: Please indicate level of current psychosocial Stressors: ☐None ☐Mild

☐Moderate ☐Severity

GAF: Current \_\_\_\_\_ Highest Past Year: \_\_\_\_\_

Initial Evaluation: \_\_\_\_\_

Number of hours of ABA requested per week: \_\_\_\_\_

Number of hours of Parent/Caregiver training: \_\_\_\_\_

**\*All evidence-based screening and scaling results used in determining the diagnosis must be submitted with this request form.**

### Behaviors and Interventions

Date Functional Behavioral Assessment was completed: \_\_\_\_\_

Is there a specific behavior that has been targeted for intervention: ☐No ☐Yes

If yes, please briefly describe each behavior and its impact on functioning.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### Individualized Service Plan

\* Plan must be child-centered, strength-based, family focused, community-based, multisystem, & culturally-competent. Parental training must be involved so they can provide additional hours of intervention.

Goal 1) \_\_\_\_\_

Objective: \_\_\_\_\_

As evidenced by: \_\_\_\_\_

Objective: \_\_\_\_\_

As evidenced by: \_\_\_\_\_

Objective: \_\_\_\_\_

As evidenced by: \_\_\_\_\_



Goal 2) \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_

Goal 3) \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_  
Objective: \_\_\_\_\_  
As evidenced by: \_\_\_\_\_

**Risk Assessment\*:**

Past Attempts to Harm Self or Others: ☐ None ☐ Self ☐ Others  
Comments: \_\_\_\_\_

Current Risk of Harm to Self: ☐ None ☐ Low ☐ Moderate ☐ High  
Comments: \_\_\_\_\_

Current Risk of Harm to Others: ☐ None ☐ Low ☐ Moderate ☐ High  
Comments: \_\_\_\_\_

Functional Impairment (only indicate the impairments that are present)  
Social Interaction

\* If potentially harmful behaviors exist, please submit full risk assessment and crisis plan.

**Targeted Interventions aimed at specific behaviors**

Intervention 1: a.) description of intervention: \_\_\_\_\_  
b.) risk analysis: \_\_\_\_\_  
c.) possible impact on human rights: \_\_\_\_\_

Intervention 2: a.) description of intervention: \_\_\_\_\_  
b.) risk analysis: \_\_\_\_\_  
c.) possible impact on human rights: \_\_\_\_\_

Intervention 3: a.) description of intervention: \_\_\_\_\_  
b.) risk analysis: \_\_\_\_\_  
c.) possible impact on human rights: \_\_\_\_\_





Intervention 4: a.) description of intervention: \_\_\_\_\_  
b.) risk analysis: \_\_\_\_\_  
c.) possible impact on human rights: \_\_\_\_\_

Additional Interventions:

---

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please fax to: Behavioral Health Unit: 740-699-6255 • Toll Free: 1-866-616-6255

**Psychological Testing Pre-Authorization REQUEST FORM\***  
**Behavioral Health Unit**

*\*All sections must be completed for timely pre-authorization consideration.*

Today's Date: _____	Member ID#: _____
Member Name: _____	Date of Birth: _____

Referring Provider: _____	Phone Number: _____
Address: _____	

Testing Provider: _____	Phone Number: _____
Address: _____	

Has a diagnostic interview been conducted by the requesting practitioner? ☐ Yes ☐ No

Date of review? \_\_\_\_\_

Was rating scales and/or inventories completed? ☐ Yes ☐ No

If so, please list:

--

Diagnosis Codes	
<u>CODE</u>	
1) _____	
2) _____	
3) _____	
4) _____	

CPT _____	
<u>TESTS REQUESTED</u>	<u>HOURS</u>
_____	_____
_____	_____
_____	_____
_____	_____

INFORMATION CONTINUED for Member: \_\_\_\_\_

What is specific question(s) to be answered by testing?

Is testing related to the diagnosis of ADHD? ☐ Yes ☐ No

If IQ testing is requested, please provide the reason for this testing.

What are the CURRENT symptoms the client is exhibiting?

How will the results of the testing affect the treatment plan?

What treatment(s) has/have already been rendered to the client?

Are there any factors that could affect the outcome of the test (i.e. substance abuse, illiterate)?



INFORMATION CONTINUED for Member: \_\_\_\_\_

What is testing plan:

Determine diagnosis? ☐ Yes ☐ No

Lack of expected progress in treatment? ☐ Yes ☐ No

Relevant medical/psychiatric history.

Describe any history obtained from family/school, significant others.

Describe any history obtained from current and former BH providers or treatment.

If unable to obtain information from family or providers, please explain attempts or reason.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Request Date



The Health Plan



Please fax to: Behavioral Health Unit: 740.699.6255 • Toll Free: 1.866.616.6255

## TREATMENT CONTINUATION REQUEST FORM Behavioral Health Unit

\* All Sections must be completed for timely approval

Member Name: _____
Member ID#: _____ Date of Birth: _____

Provider Name: _____
Phone Number: _____ NPI #: _____
Address: _____

Date of Evaluation Visit for current Episode of Care: \_\_\_\_\_ Is this request urgent? ☐ Yes ☐ No

Assessment:	
<u>Clinical Disorders/Syndromes</u>	Diagnosis Code: _____
<u>Personality Disorders/Intellectual Disabilities</u>	Diagnosis Code: _____
<u>Relevant Medical Issues/Physical Problems</u>	
Does the patient have a current medical condition linked to the Axis 1 or 2 diagnosis? Please describe below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe: _____	
<u>Psychosocial Stressors</u> Please indicate the severity of current Psych Social Stressors: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
<u>GAF</u>	GAF Score: Highest Past Year: _____ Current: _____

Current Medications:			
<input type="checkbox"/> Anti-Psychotic	<input type="checkbox"/> Anti-Anxiety	<input type="checkbox"/> Anti-Depressant	<input type="checkbox"/> None
<input type="checkbox"/> Hypnotic	<input type="checkbox"/> Mood Stabilizer	<input type="checkbox"/> Medical	
<input type="checkbox"/> Psycho-Stimulant	Other/Comments: _____		

Risk Assessment:	Ideation	Plan	Intent	None
Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Symptoms: (if present, check degree)							
	Mild	Moderate	Severe		Mild	Moderate	Severe
Depressed Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anhedonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panic Attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inattention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatoform/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bingeing/Purging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factitious Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restricting Food Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Mutilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallucination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood Swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Psychotic Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessions/Compulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Symptoms	<input type="checkbox"/>		

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Substance Abuse/Addictions:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Active Drug Use       | <input type="checkbox"/> Guilt/Remorse/Shame             | <input type="checkbox"/> Abuse in Remission |
| <input type="checkbox"/> Cravings              | <input type="checkbox"/> Preoccupation with getting high | <input type="checkbox"/> None               |
| <input type="checkbox"/> Drug Seeking Behavior | <input type="checkbox"/> Preoccupation with Gambling     |   |

Is this patient on mental health or chemical dependency disability? ☐ Yes ☐ No  
Have you contacted the patient's PCP? ☐ Yes ☐ No  
Have you contacted any other health care provider? If yes, list who. ☐ Yes ☐ No  
Other Provider: \_\_\_\_\_

Interventions & Goals Used in Treatment:

1. \_\_\_\_\_

Time Frame to Complete: ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other

2. \_\_\_\_\_

Time Frame to Complete: ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other

3. \_\_\_\_\_

Time Frame to Complete: ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other

Specific Services Requested  
and Number of Services Requested:

CODE Number of Services (1-12)

90791 _____	90833 _____	90846 _____
90792 _____	90836 _____	90847 _____
90832 _____	90838 _____	90853 _____
90834 _____	90785 _____	
90837 _____	Other: _____	

E&M Code: \_\_\_\_\_

Number of Services: \_\_\_\_\_

Frequency of Appointments Schedule:

- ☐ Weekly  
☐ 2 x a month  
☐ Monthly  
☐ Other: \_\_\_\_\_

Level of Improvement to Date:

☐ None ☐ Minor ☐ Moderate ☐ Major

Additional Symptoms, Functioning Level and Comments:

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* Please Note \*\***

Only evaluation sessions and crisis encounters will be reimbursed prior to authorization requests.



Please fax to: Behavioral Health Unit: 740.699.6255 • Toll Free: 1.866.616.6255

Today's Date: \_\_\_\_\_

## SUBSTANCE ABUSE ADMISSION REVIEW

Patient Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Admitting Physician: \_\_\_\_\_

### Utilization Review Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Information submitted by: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Type of Admission

☐ Emergency Room

☐ Urgent Admission

☐ Elective Admission

☐ Transfer from another Unit

☐ Outpatient/Office

Room Number: \_\_\_\_\_

### DSM IV Multi-Axial Diagnosis: (Complete all 5 Axis)

Axis 1      Diagnosis Code: \_\_\_\_\_

Axis 2      Diagnosis Code: \_\_\_\_\_

Axis 3      Does the patient have a current medical condition linked to the Axis 1 or 2 diagnosis? ☐ Yes ☐ No

Please describe below:

Describe Axis 3: \_\_\_\_\_

Axis 4      Please indicate the Severity of Current Psych Social Stressors: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Axis 5      GAF Score: Highest Past Year: \_\_\_\_\_ Current: \_\_\_\_\_



Admission Chief Complaint/Current Substance Abuse Use/History of Substance Abuse:

Precipitating Factors/Triggers:

Active Psychiatric Symptoms/Behavioral Health History if Applicable:

Risk Level:

☐ SI Plan: \_\_\_\_\_

☐ HI Plan: \_\_\_\_\_

Pertinent Lab Results (Routine/Abnormals); (U-tox Results and Dates):

Other Pertinent Diagnostic Results, for Example: Substance Abuse Scales/Scores (COWS, CEWA, ASAM Dimensions, Etc.):

Mental Status:





Current Psychotropic Home Medications:

--

Detox Only Vital Signs:

Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____

Current Substance Abuse & Providers/Past Substance Abuse Treatment:

--

ADLs: (ex. ambulation, sleep, appetite)

--

Substance Abuse Issues/Acute/Post Acute Symptoms:

--

Legal Issues:

--

Initial Orders/Treatment:

--



Requested Level of Care:

☐ Observation

☐ Crisis Stabilization

☐ Chemical Dependency Intensive Outpatient

☐ Inpatient

☐ Partial Hospitalization

☐ Rehab

☐ Detox

☐ Intensive Outpatient

Estimated Length of Stay: \_\_\_\_\_ days

# Telehealth Services

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Telehealth services will be paid to behavioral health practitioners when face-to-face services are not feasible. There is no special pre-authorization process for Telehealth. InterQual criteria must be met for the service. Services that are eligible for Telehealth include, but are not limited to: psychotherapy, pharmacological management, diagnostic interview, and neurobehavioral status exam.

Provider groups who are eligible to provide Telehealth include licensed psychiatrists, psychiatric nurse practitioners, clinical nurse specialists, physician assistants, licensed clinical psychologists, licensed professional counselors and therapists, and clinical social workers.

Facilities that are eligible to be an originating site of service include: the office of the physician or practitioner, a hospital, a critical access hospital, an RHC, an FQHC, a skilled nursing facility, a hospital based dialysis center, a community mental health center, or the member's home.

Telehealth services must be conducted through the use of an interactive audio and video telecommunications system that permits real-time communications between the physician at a distant site and the member at the originating site.

# Initiation and Engagement of Alcohol and other Drug Dependence Treatment

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Substance abuse is a widespread problem. Many times, the primary care physician (PCP) is the first professional to encounter a patient with alcohol or other drug abuse issues.

The Health Plan suggests a few points for practitioners to consider when encountering patients who may be experiencing problems with alcohol and other drug dependence.

What PCPs Can Do:

- Carefully ask about alcohol and other drug use and screen for problem use.
- Make sure the diagnosis is listed in the patient chart and on your claims.
- Follow-up with the patient. Schedule a follow-up appointment or schedule an appointment with a qualified behavioral health clinician. Make sure that a substance abuse diagnosis is included on each follow-up visit. Patients may want to minimize their substance abuse, so persistence is required in raising the topic and keeping it at the forefront of a patient's care.
- Encourage the patient to follow through. Express interest in his/her progress.
- Make a clear statement about needing to cut down if use is problematic. Give advice.
- Consult The Health Plan Guidelines for the Treatment of Patients with Substance Use Disorders which includes various screening tools.

Practitioners need to be mindful that substance abuse can co-occur with other behavioral health problems such as major depression or anxiety disorder, which can make treating substance abuse or diagnosing a behavioral health disorder more difficult. In instances like this, referral to a behavioral health provider is prudent. Practitioners looking to refer a patient for behavioral health services or to facilitate coordination of services should call Behavioral Health Services at **1.877.221.9295** for assistance. Additional resources on substance abuse can be found at [nida.nih.gov](https://nida.nih.gov).

# Follow-up Care after Behavioral Health Admissions

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It is very important in the care of those with behavioral health conditions, to receive timely follow-up care after discharge from an inpatient stay.

The Health Plan is asking for your cooperation and assistance to achieve the important goal of a follow up visit for these patients within seven days of discharge. We would appreciate you facilitating this by:

- Communicating to the hospital discharge planners that follow-up appointments should be scheduled within seven days of discharge.
- Communicating to the scheduling staff in your office that it is imperative to schedule appointments for discharging patients within seven days of discharge.

# Standards & Guidelines of Care

## Guidelines

The Health Plan has adopted the following nationally recognized guidelines to assist our practitioners in providing care to members.

These guidelines have been approved by The Health Plan's Physician Advisory Committee, Medical Director Oversight Committee and the Executive Management Team.

## Depression

- The Health Plan has adopted the following guidelines for reference in the treatment of depression: "Treatment of Patients with Major Depressive Disorder" which is published by the American Psychiatric Association and can be accessed through the following link: [psychiatryonline.org/guidelines](http://psychiatryonline.org/guidelines); and "Adult Depression in Primary Care" which is published on the National Guideline Clearinghouse site and is the product of the Institute for Clinical Systems Improvement and can be accessed by the following link: <http://www.guideline.gov/content.aspx?id=47315>. If you have any questions regarding this change, call the Behavioral Health Services Department at **1.877.221.9295** or **800.624.6961, ext. 2833**.

## Substance Abuse

- The Health Plan has adopted a new substance abuse guideline. This guideline is "Treatment of Patients with Substance Use Disorders" published by The American Psychiatric Association. The guideline can be accessed at the following link: [http://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/substanceuse.pdf](http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf)

## Guideline for Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents

The Health Plan has adopted the American Academy of Pediatrics (AAP) guideline for the diagnosis, evaluation and treatment of ADHD in children and adolescents and the accompanying supplemental appendix. This information can be found on the AAP website at:

<http://pediatrics.aappublications.org/content/128/5/1007.full.pdf+html> and

<http://pediatrics.aappublications.org/content/128/5/1007/suppl/DC1>