



PROVIDER ALERT

Changes to Prior Authorization Requirements

November 29, 2017

Dear Provider:

We are pleased to inform you that effective January 1, 2018, we are removing prior authorization requirements for the services listed below. In accordance with Mental Health Parity and in adherence to the Optum management of the Medicaid outpatient behavioral health services, we are pleased to inform you of this decision.

Services with no prior authorization requirements effective January 1, 2018:

- 90832 Individual Psychotherapy (30 minutes)
- 90834 Individual Psychotherapy (45 minutes)
- 90846 Family Psychotherapy without patient present
- 90847 Family Psychotherapy with patient present
- 90853 Group Psychotherapy
- T2002 Transportation Modifier used with home-based family therapy and individual therapy in the home with the member present
- H0004 Individual Drug/Alcohol Counseling
- H0005 Group Drug/Alcohol Counseling
- 96101-96103 Psychological Testing
- 96118-96120 Neuropsychological Testing

Effective January 1, 2018, an Optum Network Provider may initiate any of the services listed above to a Member of the Idaho Behavioral Health Plan without contacting Optum. After providing the service, the Provider needs to submit the claim to Optum for payment. Payment will be issued in accordance with current verification standards, e.g., Member's Plan enrollment, date of enrollment, Provider's network status. As always, services provided must be medically necessary.

It is our goal, by removing this additional step for Providers, that Members have direct access to services at the frequency necessary to treat their condition. As we continue to develop and implement new services as well as evaluate all existing services, prior authorization criteria will be assessed to ensure compliance with mental health parity as well as administrative efficiencies for Providers.

If you have any questions, please contact the Clinical Team at **1-855-202-0983**, Option "1".

Thank you,

The Optum Idaho Team

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