

Preauthorization requirements for HCSC Commercial Health Plans

For HCSC Commercial Plans, the following levels of care need preauthorization, or an okay from Magellan Healthcare, before services can be rendered:

All higher levels of care

This includes:

- Inpatient for behavioral health, substance use and detox
- Residential for behavioral health and substance use
- Partial hospitalization for behavioral health and substance use
- Intensive outpatient for behavioral health and substance use

All non-traditional outpatient services

This includes:

- Psychological testing
- Outpatient electroconvulsive therapy (ECT)
- Applied behavioral analysis (ABA)
- Office-based opioid treatment (OBOT)
- Transcranial magnetic stimulation (TMS)

Preauthorization requirement effective dates:

	Blue Advantage	Blue Advantage Plus	Blue Essentials HMO
Inpatient Residential Partial Hospitalization Intensive Outpatient Psychological Testing ECT	2014	2016	2008
ABA	1/1/17	1/1/17	1/1/17
OBOT	1/1/16	1/1/16	1/1/16
TMS	1/1/16	1/1/16	1/1/16

Outpatient counseling and psychiatric services from a psychiatrist do not need preauthorization. Preauthorization is needed only when it is for one of the non-traditional outpatient services listed above.

Providers need preauthorization before services start. They will also need preauthorization for services to continue. Providers can ask for a review for more days before the last covered date for ongoing care. The request can be for up to 60 days before services start.

When providers ask Magellan Healthcare to okay services, they must share information that includes:

- Diagnosis
- Current symptoms
- Events that led to an admission
- Thoughts of self-harm or harm to others
- Level of function and the impact on daily living
- Medical and behavioral health history
- Alcohol and/or drug use and any treatments
- Current medicines
- Treatment plan while getting care
- Discharge plans (includes coordination of care with providers)

Magellan Healthcare will use the clinical care guidelines below to make a decision when we get the clinical information from the provider:

- Magellan Healthcare proprietary guidelines
- Milliman Care Guidelines (MCG)
- American Society of Addiction Medicine (ASAM) for substance use requests

Magellan Healthcare will respond to the requesting provider based on the urgency of the request.