

Provider Update

Behavioral health outpatient authorization update notification

Summary of change: To ensure timely notification and determination of behavioral health (BH) outpatient services, providers must submit all BH authorization requests through the Availity Web Portal at availity.com.

✦ **What this means to you:** Beginning June 1, 2016, Amerigroup Community Care will not accept any BH outpatient preauthorization review requests via fax or phone. Providers must follow the requirements below.

- BH outpatient service requests must be submitted by the requesting or servicing provider, with all supporting clinical documentation attached, on the Availity Web Portal. Faxed clinical information will no longer be accepted for medical necessity review. Please see the BH outpatient treatment request (OTR) fillable form available on the provider website for preferred clinical documentation requirements.
- Approval or denial notification determinations may be viewed on the Availity Web Portal. Amerigroup will no longer send this information by fax. Notice of proposed action letters (denial letters) will continue to be mailed to the member, as well as requesting and servicing providers, per contractual and National Committee for Quality Assurance requirements. All approvals and denials may also be verified on the Availity Web Portal.
- For outpatient services, reconsideration requests within two business days of a denial may be submitted via email to gabhprecon@anthem.com or an appeal may be submitted as indicated in the letter of proposed action within 30 days of the denial notification.

Why is this change necessary?

Amerigroup must eliminate barriers to efficient processing of authorizations. Therefore, this change is necessary to ensure all BH outpatient requests are reviewed in a timely manner within the contractual timelines. Current standards are noted below:

- **Standard service authorizations:** preauthorization decisions for nonurgent services shall be made within 14 calendar days of receipt of the request.
- **Expedited service authorizations:** in the event a provider indicates, or Amerigroup determines, that following the standard timeframe could seriously jeopardize the member's life or health, Amerigroup shall make an expedited authorization determination and provide notice within 24 hours. Documentation of an expedited service request should be included with the authorization submission.

What is the impact of this change?

Impacts of this change include the following:

- Failure to follow this process could result in denials or determination delays
- Improved electronic tracking of behavioral health service requests
- Improved reconsideration request processing

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.