

Prespecific Limits for Behavioral Health Services

Summary of change: Amerigroup has changed the prespecified limits to allow for an increase in services without the necessity of an authorization. In addition, there is flexibility in the length of time a provider can request for an authorization.

✦ **What this means to you:** Please be aware of pre-specified limit changes beginning October 1, 2014.

Current pre-specified limits:

- Community psychiatric support and treatment – 60 units (15 hours) during the first 30 days that this service is utilized by a new member
- Targeted case management- 48 units (12 hours) during the first 90 days that this service is utilized for a new member
- Psychosocial rehabilitation individual/group – 3,000 (750 hours) per calendar year

Once a member utilizes the above services, or requires more services beyond the time frame identified, the community mental health center (CMHC) submits an outpatient treatment review form (OTR) to provide documentation in support of medical necessity to justify further authorization for these services. These services do not automatically renew per calendar year.

New prespecified limits:

Beginning October 1, 2014, there will be new prespecified limits. These limits will renew automatically each year on January 1. (Note: During this period of transition, these limits will be pro-rated for the remainder of the year as detailed further below in this notice.

- Community psychiatric support and treatment - 144 units (36 hours) per calendar year (15 minute/unit)
- Targeted case management - 96 units (24 hours) per calendar year (15 minute/unit)
- Psychosocial rehabilitation individual/group – 3,000 units (750 hours) per calendar year (15 minutes/units)

If a member joins Amerigroup at any time during the year or an existing Amerigroup member begins to use these services for the first time, and if the above noted services are medically necessary and are provided, the above prespecified units apply for the remaining duration of the calendar year.

Outpatient treatment reviews:

For any of the serviced noted above, if a member approaches or reaches the prespecified limits for any service either by quantity or duration and if the member meets medical necessity, the CMHC may request an authorization for additional services.

Services may subsequently be authorized in varying increments and durations dependent upon the request and the needs of the member. The CMHC will not be limited to requesting services for only 90 days. For example, if a member utilized the pre-specified units for one of these services by August, the CMHC could request a sufficient quantity of services to meet the projected needs of the member through December 31 of that calendar year.

Extension spreadsheets:

Beginning October 1, 2014, Amerigroup will no longer accept “extension spreadsheets” as a means of requesting an additional authorization for services. If additional units are requested beyond the initial authorization (prespecified units) or beyond subsequent authorizations, an OTR must be submitted for those services. If a member utilizes those additional services or the authorized date is reached, a new OTR is required.

The remainder of 2014:

Because we are beginning this change midyear, the pre-specified units will be prorated for the remainder of 2014:

- Community psychiatric support and treatment - 72 units (18 hours)
- Targeted case management – 48 units (12 hours)
- Psychosocial rehabilitation individual/group – 1500 units (375 hours)

If a member utilizes the prespecified limits and meets medical necessity, the CMHC may request additional services as described above.

Services that are already authorized:

The CMHC will need to use the current authorization requirements until October 1, 2014. Beginning on October 1, 2014, an authorization number will not be required until you reach the 2014 prorated prespecified units. Once a member reaches those limits for the services, the CMHC is responsible for requesting any additional units. Upon approval of any OTR request, an authorization number will be given.

With regard to these three community-based services, an OTR should only be submitted for the specific service(s) which requires an additional authorization. Do not include an additional authorization for any service that is not about to exceed either the unit quantity or the time duration of the existing authorization.

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.