

December 2017

Prior authorization process for rehabilitative mental health services

Rehabilitative mental health (RMH) services require prior authorization (PA). You can fax your PA requests to the Behavioral Health Utilization Review department at **1-800-505-1193**. To help ensure easier processing, we're providing an overview of the process.

What happens after I send a request?

1. A licensed professional reviews the clinical, including the completed *FA-11A, CASII/LOCUS Assessment* and treatment plan.
2. An Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) reviewer or medical director determines if criteria are met for an authorization.
3. We notify you of our decision within 14 days.

What does the reviewer look for in the clinical?

- A serious mental illness/serious emotional disturbance diagnosis
- A description of the member's specific functional impairments
- CASII/LOCUS ratings consistent with the functional impairments described
- A member-specific treatment plan with goals related to the functional impairments
- Details on how the effectiveness of the RMH interventions will be measured
- Details on how RMH services will be coordinated with other providers
- Acknowledgement of the member's participation, including the member's signature on the treatment plan (for minors, the guardian's signature)

What do I need to know about reauthorization requests?

Service authorizations may only be authorized for 30-day periods. Please include:

- The member's progress and level of engagement with services.
 - If there is no progress, describe obstacles to progress and include a re-evaluation of the treatment plan with amended, achievable goals.
- The RMH progress notes for the most recent two weeks of service.

What if the reviewer is not able to authorize the requested service?

A medical director will review the information sent to Anthem and make a decision to authorize or deny the request. If your request is denied, a denial letter is mailed that explains the appeal process. You'll have the opportunity to discuss the case with a medical director if needed.

Note: On the *FA-11A*, please be sure to include the qualified mental health professional's or therapist's name as well as a confidential phone number where the reviewer can leave a message if needed.

What if I need assistance?

If you have questions about the PA process for RMH services or need assistance with any other item, contact your local Provider Relations representative at **1-702-228-1308** or call Provider Services at **1-844-396-2330**. They are available Monday through Friday from 8 a.m. to 7 p.m. Pacific time.

If a member needs outpatient behavioral health care, he or she can contact Member Services for outpatient referrals at **1-800-600-4441**. They are available Monday through Friday from 7 a.m. to 7 p.m. Pacific time.

<https://mediproviders.anthem.com/nv>

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