



MBHP
Massachusetts Behavioral Health Partnership
a Beacon Health Options company

BeHealthy Partnership™

Baystate Health Care Alliance in Partnership with Health New England

Interactive Voice Registration (IVR) System Manual

1000 Washington Street, Suite 310

Boston, MA 02118-5002

1-800-495-0086

www.masspartnership.com



Table of Contents

Introduction	3
IVR Instructions	4
Contact Information	5
IVR Selection Options	6
Overview Of IVR Registration Parameters	7
Extended Outpatient Treatment Screens (EOTS and EODT)	12
Instructions For Using Extended Outpatient Treatment Screens (EOTS and EODT)	13
IVR Authorization Parameters	15
Outpatient Treatment in a Nonresidential Setting	16
Outpatient Medication Visits.....	17
Psychiatric Consultation on a Medical Unit	18
Psychiatric Day Treatment Program	19
Community Support Program for People Experiencing Chronic Homelessness (CSPECH).....	20
Psychological Testing	21
Dialectical Behavioral Therapy (DBT)	25
Community Support Programs (CSP).....	26
Therapeutic Mentoring (TM).....	28
In-Home Behavioral Services (IHBS).....	31
Family Support And Training (FS&T).....	34
In-Home Therapy (IHT).....	37
Partial Hospitalization Program (PHP).....	39
Claims Verification	40



Introduction

The Interactive Voice Registration (IVR) is a telephonic system that permits providers to register units of care and check the status of claims over the phone. The system is available seven days a week, 24 hours per day. Down times may occur for system enhancements and updates.

This system registers treatment in units rather than service codes, which allows the provider to have more flexibility in treatment planning. The IVR shifts greater control to the provider, eliminates paperwork, and accelerates the response time for authorizations.

This manual was revised in April 2019 and includes updated information on the IVR and menu choices. Please review the following materials carefully prior to using the IVR.

IVR Instructions

The IVR system guides the caller through a series of voice prompts. To learn how to access requested services through the IVR, refer to the section of this manual detailing the services requested through the IVR.

Before you start using the IVR, you need to determine whether your client is eligible for MassHealth benefits. Check the Member's eligibility with MassHealth by using the eligibility options available through EDS, including the Eligibility Verification System (EVS), at 1-800-554-0042. Once you have determined your client's eligibility, you should proceed as follows:

Access the IVR system at 1-888-899-6277:

- Enter your 7-digit Medicaid Provider Identification number or your 10-digit National Provider Identification number.

Select the menu option for the desired level of service:

1. The IVR will verify the Member's eligibility at the date of request. Registrations entered during the expired eligibility period will not be accepted through IVR.
2. Enter the effective date of registration.
3. Enter the expiration date of the registration, if applicable. *(All services are assigned an automatic end date.)*
4. Enter the number of units requested, if applicable.
5. Enter the DSM Primary Diagnosis Code.
6. Different levels of care may prompt additional questions; listen carefully and respond to all prompted questions.

The IVR system will generate an authorization number, and confirmation of this number is available to the provider via the MBHP/BeHealthy Partnership online provider portal, ProviderConnect, at www.valueoptions.com/pclogin.



Contact Information

Massachusetts Behavioral Health Partnership (MBHP)/BeHealthy Partnership
1000 Washington Street, Suite 310
Boston, MA 02118-5002

Phone: 1-800-495-0086

Website: www.masspartnership.com; click on the “BeHealthy Partnership – Learn More” button. Then click on “IVR Manual.”

Important Phone Numbers

- The IVR System: **1-888- 899-6277**
- Community Relations: **1-800-495-0086**
- MBHP/BeHealthy Partnership Clinical Access Line: **1-800-495-0086**
- MBHP/BeHealthy Partnership Clinical Outpatient Line: **617-790-5634**
- MBHP/BeHealthy Partnership Clinical Acute Services Concurrent Review Line: **617-790-5620**
- MassHealth’s Eligibility Verification System (EVS): **1-800-554-0042**

The EVS is one of many options available to verify a Member’s MassHealth eligibility status.

Notices of new routine authorizations and the letters themselves will be available at the MBHP/BeHealthy Partnership online provider portal ProviderConnect. Letters related to adverse actions or denials will continue to be sent through the mail.

IVR Selection Options

Because of the number of services that can be registered through IVR, the menu is extensive. To help you to navigate through the menu, the following is a listing of shortcuts that you can enter during your call:

Registration for Outpatient Services, Medication visits, and Psychiatric Consults on a Medical Unit		Press 1
	Outpatient Services	Press 1
	Outpatient Medication Visits	Press 2
	Psychiatric Consultations on a Medical Unit	Press 3
Registration for Specialized Outpatient Services		Press 3
	Psychiatric Day Treatment	Press 1
	Community Support Program for People Experiencing Chronic Homelessness (CSPECH)	Press 2
	Psychological Testing	Press 4
	Dialectical Behavioral Therapy (DBT)	Press 5
	Community Support Program (CSP)	Press 6
Partial Hospitalization Program (PHP)		Press 5
	Standard Mental Health Partial	Press 1
	Eating Disorder Partial	Press 2
Children's Behavioral Health Initiative		Press 6
	Therapeutic Mentoring	Press 1
	In-Home Behavioral Services	Press 2
	Family Support and Training (FS&T)	Press 3
	In-Home Therapy	Press 4
Claims Information		Press 7
To Enter a Different Medicaid Provider # or National Provider #		Press 8
Registration for Any Other Level of Care		Press 9
To Repeat These Options		Press #

Overview of IVR Registration Parameters

For full description of parameters and exceptions to the parameters listed below, please refer to parameter page for each level of care.

Type of Outpatient Service	Age Parameters	Maximum IVR Units	Max. Date Range	Min./Max. Window For Registration	Requests for Services beyond IVR allowable Units	Requests for Services beyond Max Date Range
Outpatient Services	All ages	24 A unit equals 1 session.	365 days	28 days back, 14 days forward	Provider submits EOTS after utilization of 18 th unit	Telephonic review with an outpatient care manager for a consecutive authorization
Outpatient Medication Visits	All ages	24 A unit equals 1 session.	365 days	28 days back, 14 days forward	Provider submits EOTS after utilization of 18 th unit	Consecutive authorizations may be obtained through the IVR.
Psychiatric Consultations on a Medical Unit	All ages	6 A unit equals 1 session.	120 days	28 days back, 14 days forward	Telephonic review with an outpatient care manager after the initial six units	Telephonic review with an outpatient care manager
Psychiatric Day Treatment	For Members age 4 or older	510 A unit equals 1 hour.	120 days	7 days back, 7 days forward	Provider submits Extended Day Treatment Screen (EODT) prior to using last unit	Provider may obtain up to 3 consecutive authorizations through the IVR; Provider submits an EODT to request a 4 th consecutive authorization

Overview of IVR Registration Parameters

For full description of parameters and exceptions to the parameters listed below, please refer to parameter page for each level of care.

Type of Outpatient Service	Age Parameters	Maximum IVR Units	Max. Date Range	Min./Max. Window For Registration	Requests for Services beyond IVR allowable Units	Requests for Services beyond Max Date Range
Community Support Program for Persons Experiencing Chronic Homelessness (CSPECH)	For Members age 19 or older	120 A unit equals 1 day.	120 days	28 days back, 14 days forward	not applicable	Provider may obtain consecutive authorizations through the IVR
Psychological Testing	For Members age 6 or older	Varies by type of testing – see IVR Provisions	90 days	28 days back, or 14 days forward	Provider submits Psychological Evaluation Request (PER) Form	To extend an authorization end date, provider calls the outpatient dept. prior to the authorization expiration date.
Dialectical Behavioral Therapy (DBT)	For Members age 13 or older	120 A unit equals 1 day.	120 days	28 days back, 14 days forward	Not applicable	Provider may obtain 3 consecutive authorizations through the IVR; To request a 4 th consecutive authorization, provider calls the outpatient dept. for a telephonic review

Overview of IVR Registration Parameters

For full description of parameters and exceptions to the parameters listed below, please refer to parameter page for each level of care.

Type of Outpatient Service	Age Parameters	Maximum IVR Units	Max. Date Range	Min./Max. Window For Registration	Requests for Services beyond IVR allowable Units	Requests for Services beyond Max Date Range
Community Support Programs (CSP)	For Members age 18 or older	180 A unit equals 15 minutes.	90 days	7 days back, 7 days forward	Providers contact a Clinical Access Line care manager for a telephonic review if additional units are needed in the current authorization period	Provider may obtain 2 consecutive authorizations through the IVR; To request a 3 rd consecutive authorization, provider calls the Clinical Access Line for a telephonic review. Refer to the complete list of parameters.
Partial Hospitalization Program (PHP)	For Members age 6 or older	12	21 days	4 days back, 4 days forward	For additional units, providers should contact the concurrent review dept. for a telephonic review prior to the use of the last covered unit of service.	

Overview of IVR Registration Parameters

For full description of parameters and exceptions to the parameters listed below, please refer to parameter page for each level of care.

Type of Outpatient Service	Age Parameters	Maximum IVR Units	Max. Date Range	Min./Max. Window For Registration	Requests for Services beyond IVR allowable Units	Requests for Services beyond Max Date Range
Therapeutic Mentoring (TM)	For Members < 21 years of age	208 units A unit equals 15 minutes.	90 days	14 days back, 14 days forward	Provider submits fax form	Consecutive authorizations may be obtained through the IVR. Refer to the complete list of parameters.
In-Home Behavioral Services (IHBS)	For Members < 21 years of age	240 units. A unit equals 15 minutes.	60 days	14 days back, 14 days forward	Provider submits fax form	Consecutive authorizations may be obtained through the IVR. Refer to the complete list of parameters
Family Support and Training (FS&T)	For Members < 21 years of age	208 units. A unit equals 15 minutes.	90 days	14 days back, 14 days forward	Provider submits fax form	Consecutive authorizations may be obtained through the IVR. Refer to the complete list of parameters

Overview of IVR Registration Parameters

For full description of parameters and exceptions to the parameters listed below, please refer to parameter page for each level of care.

Type of Outpatient Service	Age Parameters	Maximum IVR Units	Max. Date Range	Min./Max. Window For Registration	Requests for Services beyond IVR allowable Units	Requests for Services beyond Max Date Range
In-Home Therapy (IHT)	For Members < 21 years of age	360 units A unit equals 15 minutes.	90 days	14 days back, 14 days forward	Provider submits fax form	Consecutive authorizations may be obtained through the IVR. Refer to the complete list of parameters

Note: All services are auto-assigned an end date by the IVR.

Extended Outpatient Treatment Screens (EOTS and EODT)

The Extended Outpatient Treatment Screens (EOTS) were developed for providers who request units beyond the maximum number allowed by the IVR for a particular authorization period. These screens are utilized for outpatient nonresidential treatment and medication visit requests. Both adult and child/adolescent (under the age of 19) screens are available. In addition, an Extended Outpatient Day Treatment (EODT) screen was developed for day treatment providers to request services beyond the initial units provided by the IVR.

Providers can submit the EOTS and EODT forms to MBHP/BeHealthy Partnership via MBHP/BeHealthy Partnership's secure website at www.masspartnership.com. Forms are under the menu For Behavioral Health Providers > Provider Information > Service Authorizations.

An MBHP/BeHealthy Partnership outpatient care manager or an MBHP/BeHealthy Partnership outpatient physician advisor will review the EOTS and EODT. If the information provided on the Extension Screens is sufficient to approve additional units, MBHP/BeHealthy Partnership will update the authorization. Providers can use the tracking function on the web page to monitor the status of EOTS and EODT requests.

If the information is not sufficient, the outpatient care manager will call the provider to request a telephonic review.

Notices of new routine authorizations and the letters themselves will be available at the MBHP/BeHealthy Partnership online provider portal, ProviderConnect. Letters related to adverse actions or denials will continue to be sent through the mail.

Information on the Extension Screens must be documented in the Member's record and will be reviewed in conjunction with future record reviews.

Instructions for Using the Extended Outpatient Treatment Screens (EOTS and EODT)

The EOTS and EODT should be completed by the Member's outpatient clinician and are designed to be submitted on the MBHP/BeHealthy Partnership website at www.masspartnership.com.

Providers should adhere to the following timelines for submitting EOTS:

- EOTS for traditional outpatient nonresidential treatment should be submitted to MBHP/BeHealthy Partnership after utilization of the 18th unit of an IVR authorization.
- EOTS for medication visit units should be submitted to MBHP/BeHealthy Partnership after utilization of the 18th unit of an IVR authorization.
- EODT for psychiatric day treatment should be submitted 30 days prior to the end of the current authorization period.

Note 1: If the EOTS form is submitted after the initial IVR units have been exhausted or the end date of the authorization has expired, the MBHP/BeHealthy Partnership outpatient care manager will only authorize the appropriate number of units from two days prior to receipt of the EOTS form.

Note 2: The “start date” on the EOTS should be the date the provider will need the additional units to begin (that is, after the initial units have been exhausted).

Note 3: If the authorization end date has expired, provider should not use the EOTS but rather obtain a new authorization through the IVR.

All items on the form should be completed. Providers need to ensure proper, completed submission on the web screen. Any incomplete form will be marked as an error. Incomplete forms will not be considered an official request, and the corrected EOTS/EODT form will be considered the first submission.

A **NO** response to the following questions on the EOTS/EODT forms will generate a telephone review with an outpatient care manager. A **YES** response must be documented in the Member's medical record.

Child, Adolescent, and Adult EOTS:

- Is there documented evidence of ongoing communication between the prescriber and program staff?
- Has a documented discussion taken place with the Member about whether he or she feels that treatment is effective and that he or she is making progress?
- Does a goal-oriented treatment plan exist?

Psychiatric Day Treatment EODTS:

- Is there documented evidence of ongoing communication between the prescriber and program staff?
- Has a documented discussion taken place with the Member about whether he or she feels that treatment is effective and that he or she is making progress?
- Does a documented discharge plan exist?
- Is the Member referred to, or participating in, other community-based activities or programs?



IVR Authorization Parameters

MBHP/BeHealthy Partnership has developed authorization parameters for each level of outpatient service.

Before registering units of care through the IVR, providers must ensure that they comply with the provisions that are outlined on the following pages for each level of care.

If you require units exceeding the approved parameters, follow the procedures (described below) for each level of service.

Outpatient Treatment

Definition: Traditional outpatient mental health services provided in an ambulatory care setting (i.e., mental health clinic, hospital outpatient department, community mental health center, or private practitioner office)

Provider

- The provider should be an in-network provider contracted to provide Outpatient Services.

Member

- Outpatient treatment is for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than 28 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- The expiration date is automatically assigned by the IVR and is the effective date plus 364 days.

Unit parameters

- Registration parameters for All Members: The provider can enter a maximum of 24 units.
- The provider can enter a maximum of 24 units for All Members.
One unit = one session

Authorization overlap

- A new authorization cannot overlap an existing outpatient authorization for the same provider.
- A new authorization cannot overlap an existing PACT and DBT authorization.

Over max unit request

- The provider should submit an Extended Outpatient Treatment Screen (EOTS) for all Members prior to utilization of the 18th unit/session. Contact the Outpatient Department.

Continued authorization

- Outpatient authorizations have a set date range. For continued authorization beyond the 365 days, the provider obtains a new authorization through the IVR. Any remaining unused units under the prior authorization will expire.

Outpatient Medication Visits

Definition: Medication evaluation and medication-monitoring services

Provider

- The provider must have the appropriate licensure levels for the provision of medication services.

Member

- Outpatient Medication Visits are for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than 28 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- The expiration date is automatically assigned by the IVR and is the effective date plus 364 days.

Unit

- The provider can enter a maximum of 24 units for all Members.
- One unit = one session

Authorization overlap

- A new authorization cannot overlap an existing Outpatient Medication Visits authorization for the same provider.
- Overlapping medication authorizations are allowed for up to two different providers. The third provider attempting to get an authorization will be automatically assigned two units.
- New medication authorization cannot overlap an existing PACT authorization.

Over max unit request

- The provider should submit an Extended Outpatient Treatment Screen (EOTS) prior to utilization of the 18th unit/session.
- For the third overlapping medication provider, the provider should call the Outpatient Department to clarify the Member's ongoing treatment needs.

Continued authorization

- Medication authorizations have a set date range. For continued authorization beyond the 365 days, the provider obtains a new authorization through the IVR. Any remaining unused units under the prior authorization will expire.

Psychiatric Consultation on a Medical Unit

Definition: Psychiatric consultations on a medical floor of a general hospital

Provider

- To register for this level of care, providers must be an in-network facility/practice and limited to psychiatry in most cases.
- In-network psychologists may use this function on the IVR but only if they are seeing an MBHP/BeHealthy Partnership Member who is under the age of 22. Out-of-network psychiatrists, please contact the Outpatient Department for telephonic review.

Member

- Psychiatric Consultation on a Medical Unit is for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than 28 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to IVR.

Expiration date

- The expiration date is automatically assigned by the IVR and is the effective date plus 119 days.

Unit

- The provider may enter a maximum of six units.
- One unit = one session

Authorization overlap

- The new authorization request cannot overlap an existing psychiatric consultation on a medical unit authorization for the same provider.
- The new authorization request may overlap an existing psychiatric consultation on a medical unit authorization for a different provider.

Over max unit request

- If additional units are needed, telephonic review with an MBHP/BeHealthy Partnership outpatient care manager is required after the initial six units have been used but before the use of any additional units.

Psychiatric Day Treatment Program

Definition: A structured, clinical program for individuals who have restrictive functioning on a daily basis and who require intensive rehabilitation and treatment services

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide Psychiatric Day Treatment services.

Member

- The Member must be older than or equal to 4 years of age.
- The Psychiatric Day Treatment Program is for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than seven days prior to the date of the call to the IVR, or seven days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 119 days.

Unit

- The provider can enter a maximum of 510 units.
- One unit = one hour of service

Authorization overlap

- A new authorization cannot overlap an existing Psychiatric Day Treatment or PACT authorization.

Continuing authorization

- The provider may obtain consecutive authorizations through the IVR.

Community Support Program for People Experiencing Chronic Homelessness (CSPECH)

Definition: A specialized form of CSP level of care that allows for the provision of case management services to adult Members who are MBHP/BeHealthy Partnership-eligible and who meet the criteria for chronic homelessness

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide CSPECH services.

Member

- The Member must be greater than or equal to 19 years of age.
- CSPECH is for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than 28 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 119 days.

Unit

- The provider can enter a maximum of 120 units.
- One unit = one day of Member enrollment in CSPECH

Authorization overlap

- A new authorization cannot overlap an existing CSPECH, CSP, or PACT authorization.

Continued authorization

- The provider may obtain consecutive authorizations through the IVR.

Psychological Testing

Definition: An assessment of a Member's cognitive, emotional, behavioral, and psychological functioning

Provider

- Providers must have an appropriate licensure level for the provision of psychological testing.
- The provider must be an MBHP/BeHealthy Partnership in-network provider.

Member

- The Member must be at least 6 years of age.
- Psychological Testing is for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than 28 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- The expiration date is automatically assigned by the IVR and is the effective date plus 89 days.

Category

The IVR will prompt the caller to choose the category of psychological testing:

- Standard Psychological Testing
- Full Neuropsychological Battery

Unit

- **Psychological Testing:** MBHP/BeHealthy Partnership allows **up to 14 total units** and up to **9 total hours**, depending on the type of testing
- **Neuropsychological Battery** MBHP/BeHealthy Partnership allows **up to 24 total units** and up to **15 total hours** for Neuropsychological Testing services.

The following charts explain unit layout. Based on the type and combination of testing requested, the IVR allows the following maximum number of units.

Standard Psychological Testing

For Psychological Testing evaluation and interactive feedback services by professional:

2019 CPT Code	2019 CPT Code Description	Units	MBHP Allowed Units
96130	Psychological testing evaluation services by a physician or other qualified health care professional Treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	1 unit = 1 hour	Max 1 unit allowed
+96131	Psychological Testing evaluation and feedback by professional, each additional hour	1 unit = 1 hour	Up to 3 additional units allowed

For Psychological Testing administration and scoring services by professional *or* technician:

2019 CPT Code	2019 CPT Code Description	Units	MBHP Allowed Units
96136	Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, first 30 minutes	1 unit = 30 minutes	Max 1 unit allowed
+96137	Test administration and scoring by professional, each additional 30 minutes	1 unit = 30 minutes	Up to 9 additional units allowed
96138	Psychological or neuropsychological test administration and scoring by a technician, first 30 minutes	1 unit = 30 minutes	Max 1 unit allowed
+96139	Test administration and scoring by technician, each additional 30 minutes	1 unit = 30 minutes	Up to 9 additional units allowed

Psychological Testing: MBHP/BeHealthy Partnership allows **up to 14 total units** and up to **9 total hours**, depending on the type of testing.

Full Neuropsychological Battery

For Neuropsychological Testing evaluation and interactive feedback services by professional:

2019 CPT Code	2019 CPT Code Description	Units	MBHP Allowed Units
96132	Neuropsychological testing evaluation services by a physician or other qualified health care professional, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	1 unit = 1 hour	Max 1 unit allowed
+96133	Neuropsychological Testing evaluation and feedback by professional, each additional hour	1 unit = 1 hour	Up to 5 additional units allowed

For Neuropsychological Testing administration and scoring services by professional *or* technician:

2019 CPT Code	2019 CPT Code Description	Units	MBHP Allowed Units
96136	Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, first 30 minutes	1 unit = 30 minutes	Max 1 unit allowed
+96137	Test administration and scoring by professional, each additional 30 minutes	1 unit = 30 minutes	Up to 17 additional units allowed
96138	Psychological or neuropsychological test administration and scoring by a technician, first 30 minutes	1 unit = 30 minutes	Max 1 unit allowed
+96139	Test administration and scoring by technician, each additional 30 minutes	1 unit = 30 minutes	Up to 17 additional units allowed

Neuropsychological Testing: MBHP/BeHealthy Partnership allows **up to 24 total units** and up to **15 total hours** for Neuropsychological Testing services.

Restrictions

- Any selection of Intellectual Disability diagnoses (codes F70, F71, F72, F73, F79) requires submission of the Psychological Evaluation Request (PER) Form.
- IVR registration for Psychological Testing requires the entry of a DSM diagnosis code. The code selected may be provisional.
- Psychological testing **not** requested as a result of a referral from a behavioral health provider or a medical specialist will require a PER form and will no longer be available through the IVR.
- Psychological testing requests for Members under the age of 6 requires submission of a PER Form.

Authorization overlap

- A new authorization cannot overlap an existing psychological testing authorization.

Authorization history

- The start date of the new authorization must be greater than 90 days from the end date of any previous authorization for any level of care that is inclusive of psychological testing. Requests that do not meet this criteria require submission of a PER Form.
- The start date of any new authorization for standard psychological testing and full neuropsychological battery must be greater than one year from the end date of any prior such authorization.
- Requests that do not meet this criteria require submission of a PER Form.

Dialectical Behavioral Therapy (DBT)

Definition: A manual-directed outpatient treatment program that combines strategies from behavioral, cognitive, and other supportive psychotherapies

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide DBT services.
- The provider is a facility or group practice provider.

Member

- The Member must be older than or equal to 13 years of age.
- The Member meets current DSM criteria for Borderline Personality Disorder.
- DBT is for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than 28 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 119 days.

Unit

- The IVR automatically assigns 120 units to the authorization.
- One unit = one day of Member enrollment in DBT (includes one DBT individual therapy, one DBT skills group, telephonic therapeutic consultation, and clinical consultation team meeting per week)

Authorization overlap

- A new authorization cannot overlap existing authorizations for PACT, SOAP, or DBT.
- A new OP authorization cannot overlap a DBT authorization.
- New authorizations can overlap existing medication authorizations.

Continued authorization

- The provider may obtain consecutive authorizations through the IVR.

Community Support Program (CSP)

Definition: Provides an array of services delivered by a community-based, mobile, multidisciplinary team including services of outreach and supportive services, delivered in a community setting

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide CSP services.

Member

- The Member must be older than or equal to 18 years of age. The provider contacts the Clinical Access Line to request authorization for Members under the age of 18.
- CSP is for MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than seven days prior to the date of the call to the IVR, or seven days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 89 days.

Unit

- The provider can enter a maximum of 180 units.
- One unit = 15 minutes of service

Authorization overlap

- A new authorization cannot overlap an existing IHT, TM, PACT, or CSPECH authorization.
- Overlapping CSP authorizations are allowed for up to two different providers. The third provider attempting to get a CSP authorization will be transferred to a care manager.

Authorization history

- The start date of any new authorization must be within six months of an admission to a 24-hour behavioral health inpatient/diversionary level of care.



Continued authorization

- The provider may obtain up to two consecutive authorizations through the IVR. The IVR will transfer the provider to a Clinical Access Line care manager for the third and subsequent consecutive authorizations.

Therapeutic Mentoring (TM)

Definition: Services provided to youth (under the age of 21) that offer structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. Therapeutic Mentoring services include supporting, coaching, and training.

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide Therapeutic Mentoring services.

Member

- The Member must be under the age of 21 within the timeframe of the authorization request.
- Members must be enrolled in one of these MBHP/BeHealthy Partnership benefit packages as of the requested effective date of the authorization: MAM1; CCC1; PHC1; or SHC1. Exclusionary group codes under these benefit packages are restricted from access to this service.

BRV/BRVB – Care Plus Direct Coverage:

840026, CCC026, PHC026, SHC026

BRW/BRWB – Care Plus Direct Coverage plus EADC:

840027, CCC027, PHC027, SHC027

BRAA – Standard with DMA, Disabled, Adult:

840028, CCC028, PHC028, SHC028

BRBA – Standard with DM, Non-disabled, Adult:

840030, CCC030, PHC030, SHC030

BRDA/BRDAB – Standard with DMA and DMH, Disabled, Adult:

840032, CCC032, PHC032, SHC032

BREA/BREAB – Standard with DMA and DMH, Non-disabled, Adult:

840034, CCC034, PHC034, SHC034

BRHA/BRHAB – Family Assistance without DMH, Adult:

840036, CCC036, PHC036, SHC036

BRHC/BRHCB – Family Assistance without DMH, Child:
840037, CCC037, PHC037, SHC037

BRIA/BRIAB – Family Assistance with DMH, Adult:
840038, CCC038, PHC038, SHC038

BRIC/BRICB – Family Assistance with DMH, Child:
840039, CCC039, PHC039, SCH039

BRLA/BRLAB – Family Assistance without DMH, Adult:
840040, CCC040, PHC040, SHC040

BRLC/BRLCB – Family Assistance without DMH, Child:
840041, CCC041, PHC041, SHC041

BRMA/BRMAB – Family Assistance without DMH, Adult:
840042, CCC042, PHC042, SHC042

BRMC/BRMCB – Family Assistance without DMH, Child:
840043, CCC043, PHC043, SHC043

Effective date

- The effective date of the authorization can be no more than 14 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 89 days.

Unit

- One unit = 15 minutes

Unit Restrictions

- The provider can enter a maximum of 208 units for a 90-day period.

Authorization Restrictions

- Members must have an active Outpatient authorization (service class RPS), In-Home Therapy authorization (claim type C7), or Intensive Care Coordinator authorization (claim type C1).

Authorization overlap

- A new authorization cannot overlap an existing Therapeutic Mentoring authorization for the same provider.
- A maximum of two providers may have open authorizations for Therapeutic Mentoring at a given time.
- A new authorization cannot overlap an existing CSP authorization.

Over max units requests

- The provider submits a fax form five days prior to using the last unit.

Continued authorization

- Authorizations have a set date range. For continued authorization beyond the 90 days, providers may obtain consecutive authorizations through the IVR. Any remaining unused units under the previous authorization will expire.

In-Home Behavioral Services (IHBS)

Definition: Services that are delivered by one or more members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary Behavioral Management Therapy and Behavioral Monitoring. Behavioral Management Therapy includes a behavioral assessment, development of a highly specific behavior treatment plan, supervision and coordination of interventions, and training other interveners to address specific behavioral objectives and performance goals. Behavioral Monitoring includes implementation of the behavioral treatment plan, monitoring the youth's behaviors, reinforcing implementation of the treatment plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the behavior management therapist on implementation of the treatment plan and progress toward behavioral objectives or performance goals.

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide In-Home Behavioral Services.

Member

- The Member must be under the age of 21 within the timeframe of the authorization request.
- Members must be enrolled in the MBHP/BeHealthy Partnership MOO1/MAM1 benefits package as of the requested effective date of the authorization. Exclusionary group codes under the MBHP/BeHealthy Partnership MOO1/MAM1 benefits package are restricted from access to this service.

BRV/BRVB – Care Plus Direct Coverage:

840026, CCC026, PHC026, SHC026

BRW/BRWB – Care Plus Direct Coverage plus EADC:

840027, CCC027, PHC027, SHC027

BRAA – Standard with DMA, Disabled, Adult:

840028, CCC028, PHC028, SHC028

BRBA – Standard with DM, Non-disabled, Adult:

840030, CCC030, PHC030, SHC030

BRDA/BRDAB – Standard with DMA and DMH, Disabled, Adult:

840032, CCC032, PHC032, SHC032

BREA/BREAB – Standard with DMA and DMH, Non-disabled, Adult:
840034, CCC034, PHC034, SHC034

BRHA/BRHAB – Family Assistance without DMH, Adult:
840036, CCC036, PHC036, SHC036

BRHC/BRHCB – Family Assistance without DMH, Child:
840037, CCC037, PHC037, SHC037

BRIA/BRIAB – Family Assistance with DMH, Adult:
840038, CCC038, PHC038, SHC038

BRIC/BRICB – Family Assistance with DMH, Child:
840039, CCC039, PHC039, SCH039

BRLA/BRLAB – Family Assistance without DMH, Adult:
840040, CCC040, PHC040, SHC040

BRLC/BRLCB – Family Assistance without DMH, Child:
840041, CCC041, PHC041, SHC041

BRMA/BRMAB – Family Assistance without DMH, Adult:
840042, CCC042, PHC042, SHC042

BRMC/BRMCB – Family Assistance without DMH, Child:
840043, CCC043, PHC043, SHC043

Effective date

- The effective date of the authorization can be no more than 14 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 59 days.

Unit

- One unit = 15 minutes

Unit Restrictions

- For all Members), the provider can enter a maximum of 240 units for a 60-day period.

Authorization Restrictions

- Members must have an active Outpatient authorization (service class RPS), In-Home Therapy authorization (claim type C7), or Intensive Care Coordinator authorization (claim type C1).

Authorization overlap

- A new authorization cannot overlap an existing In-Home Behavioral Services authorization for the same provider.
- A maximum of two providers may have open authorizations for In-Home Behavioral Services at a given time.

Over max unit request

- The provider submits a fax form five days prior to using the last unit.

Continued authorization

- Authorizations have a set date range. For continued authorization beyond the 30 days, provider may obtain consecutive authorizations through the IVR. Any remaining unused units under the previous authorization will expire.

Family Support and Training (FS&T)

Definition: Services that are provided to the parent/caregiver of a youth (under the age of 21) in any setting where the youth resides, that provide a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP) for ICC Members.

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide FS&T services.

Member

- The Member must be under the age of 21 within the timeframe of the authorization request.
- Members must be enrolled in the MBHP/BeHealthy Partnership MOO1/MAM1 benefits package as of the requested effective date of the authorization. Exclusionary group codes under the MBHP/BeHealthy Partnership MOO1/MAM1 benefits package are restricted from access to this service

BRV/BRVB – Care Plus Direct Coverage:

840026, CCC026, PHC026, SHC026

BRW/BRWB – Care Plus Direct Coverage plus EADC:

840027, CCC027, PHC027, SHC027

BRAA – Standard with DMA, Disabled, Adult:

840028, CCC028, PHC028, SHC028

BRBA – Standard with DM, Non-disabled, Adult:

840030, CCC030, PHC030, SHC030

BRDA/BRDAB – Standard with DMA and DMH, Disabled, Adult:

840032, CCC032, PHC032, SHC032

BREA/BREAB – Standard with DMA and DMH, Non-disabled Adult:

840034, CCC034, PHC034, SHC034

BRHA/BRHAB – Family Assistance without DMH, Adult:

840036, CCC036, PHC036, SHC036

BRHC/BRHCB – Family Assistance without DMH, Child:

840037, CCC037, PHC037, SHC037

BRIA/BRIAB – Family Assistance with DMH, Adult:

840038, CCC038, PHC038, SHC038

BRIC/BRICB – Family Assistance with DMH, Child:

840039, CCC039, PHC039, SCH039

BRLA/BRLAB – Family Assistance without DMH, Adult:

840040, CCC040, PHC040, SHC040

BRLC/BRLCB – Family Assistance without DMH, Child:

840041, CCC041, PHC041, SHC041

BRMA/BRMAB – Family Assistance without DMH, Adult:

840042, CCC042, PHC042, SHC042

BRMC/BRMCB – Family Assistance without DMH, Child:

840043, CCC043, PHC043, SHC043

Effective date

- The effective date of the authorization can be no more than 14 days prior to the date of the call to the IVR or 14 days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 89 days.

Unit

- One unit = 15 minutes

Unit Restrictions

- The provider can enter a maximum of 208 units for a 90-day period.

Restrictions

- Members must have an active Outpatient authorization (service class RPS), In-Home Therapy authorization (claim type C7), or Intensive Care Coordination authorization (claim type C1).

Authorization overlap

- A new authorization cannot overlap an existing FS&T authorization for the same provider.
- A maximum of two providers may have open authorizations for FS&T at a given time.

Over max unit request

- The provider submits a fax form five days prior to using the last unit.

Continued authorization

- Authorizations have a set date range. For continued authorization beyond the 90 days, provider may obtain consecutive authorizations through the IVR. Any remaining unused units under the previous authorization will expire.

In-Home Therapy (IHT)

Definition: This service is delivered by one or more members of a team consisting of professional and paraprofessional staff for the purpose of treating the youth's behavioral health needs, including improving the family's ability to provide effective support for the youth to promote his/her healthy functioning within the family. The In-Home Therapy team develops a treatment plan and, using established psychotherapeutic techniques and intensive family therapy, works with the entire family, or a subset of the family, to implement focused interventions and behavioral techniques to: enhance problem-solving, limit-setting, risk management/safety planning, and communication; build skills to strengthen the family, advance therapeutic goals, or improve ineffective patterns of interaction; identify and utilize community resources; and develop and maintain natural supports for the youth and parent/caregiver(s) in order to promote sustainability of treatment gains.

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide In-Home Therapy.

Member

- The Member must be under the age of 21 within the timeframe of the authorization request.
- Members must be enrolled in the MBHP/BeHealthy Partnership MO01/MAM1 or MAM3 benefits package as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than 14 days prior to the date of the call to the IVR, or 14 days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 89 days.

Unit

- One unit = 15 minutes

Unit Restrictions

- The provider can enter a maximum of 360 units for a 90-day period.

Authorization overlap

- A new authorization cannot overlap an existing In-Home Therapy authorization for the same provider.
- A maximum of two providers may have open authorizations for In-Home Therapy at any given time.

Over max unit request

- The provider submits a fax form five days prior to using the last unit.

Continued authorization

- Authorizations have a set date range. For continued authorization beyond the 90 days, provider may obtain consecutive authorizations through the IVR. Any remaining unused units under the previous authorization will expire.

Partial Hospitalization Program (PHP)

Definition: A short-term, day mental health service that provides therapeutically intensive acute treatment within a stable therapeutic milieu; includes daily psychiatric management and is seen as an alternative to inpatient level of care

Provider

- The provider must be an MBHP/BeHealthy Partnership in-network provider contracted to provide PHP services.

Member

- The Member must be greater than or equal to 6 years of age.
- PHP is for all MBHP/BeHealthy Partnership Members eligible as of the requested effective date of the authorization.

Effective date

- The effective date of the authorization can be no more than four days prior to the date of the call to the IVR, or four days forward from the date of the call to the IVR.

Expiration date

- An expiration date is automatically assigned by the IVR and is the effective date plus 20 days.

Unit

- The IVR automatically assigns 12 units to the authorization.
- One unit = one half day of treatment

Authorization overlap

- A new authorization cannot overlap an existing PHP authorization.

Authorization history restrictions

- The effective date of the new authorization must be greater than 30 days from the end date of any previous PHP authorization. For Members who meet this criterion, the provider will be transferred from the IVR to the Clinical Access Line for a telephonic review.

Over max unit requests

- For care beyond the initial units authorized via IVR or by telephonic review, the provider should contact the MBHP/BeHealthy Partnership Concurrent Review Department prior to use of the last covered unit, to request additional units for the current authorization.

Claims Verification

To verify the status of a claims payment, follow these instructions:

1. Call the IVR at 1-888-899-6277.
2. Enter your 10-digit National Provider ID or 7-digit Medicaid Provider ID number.
3. Select “Claims Information” from the menu.
4. Enter the date of service (example; May 15, 1999 is entered 05151999).
5. The IVR will provide claims information for up to 20 transactions per call.
6. For any questions, please call the MBHP/BeHealthy Partnership Community Relations Department at 1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then 4, then 1 to skip prompts).

Troubleshooting Tips

- If the claim is “Adjudicated” or “Open,” the message will indicate: “This claim is in process.”
- If the claim status is posted and payment has been issued, the message will indicate: “...was paid on (date) with check number ___.”
- If the claim status is posted, and there is a paid date, but no check number, the message will indicate: “...see remittance advice dated (date) for an explanation of payment.”
- If the claim status is posted, and there are no paid date and no check number, the message will indicate: “...this claim is in process.”