

**Behavioral Health/Chemical Dependency (BH/CD) Section**

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**PRIOR AUTHORIZATION PROCESS**

**All Behavioral Health/Chemical Dependency (BH/CD) treatment performed by a social worker, certified counselor, psychologist, or psychiatrist requires Prior Authorization.**

**Prior Authorization for BH/CD for an initial evaluation is obtained by the member contacting UW Behavioral Health. Authorization for continued services are obtained by the behavioral health provider.**

**UW  
Behavioral Health**

UW Behavioral Health (UW BH)  
(608) 233-3575 or (800) 683-2300

**Inpatient Services**

If a member is admitted to any facility, including Meriter Hospital, UW Behavioral Health needs to be contacted by phone during business hours or the next business day for authorization and utilization review.

**Members in Crisis  
Seeking Emergency  
Treatment**

For emergencies, please contact the member's therapist. If the member does not currently have a therapist or cannot reach the therapist, call the Meriter Hospital emergency room or any Physicians Plus-affiliated emergency room. Emergency room personnel will refer the patient to the mental health/chemical dependency professional on call. During working hours, contact UW Behavioral Health at (608) 233-3575 or (800) 683-2300.

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### Outpatient Behavioral Health Services

Following a telephone screening of a Physicians Plus member by the UW Behavioral Health department, one (1) evaluation visit and five (5) treatment visits will be authorized for medically necessary treatment for a time period of six months. Any services beyond the initial six visits and/or six month time period will require submission and review of a Treatment Request form. All requests will be reviewed to assure the treatment is based on medical necessity. Any treatment provided without prior authorization may be denied and the patient may not be billed.

The [Behavioral Health Outpatient Treatment Plan Request](#) and [Psychiatrist Outpatient Treatment Request](#) forms are available on our website at [www.pplusic.com](http://www.pplusic.com), “Providers”, “Provider Manual & Forms”, or by clicking [here](#). All fields must be completed, including Axis I through Axis V diagnosis. Completed forms should be sent to UW Behavioral Health. In urgent cases the form can be faxed to (608) 238-1026.

You will be notified, usually by fax, by phone or mail as necessary regarding the authorization request.

### Subsequent Treatment Request

The Treatment Request form is completed in the same manner as the prior request, but with some differences as noted below.

1. Note the last date the patient was seen by you, the number of visits used/number of visits authorized in the last request and the approximate frequency of those visits.
2. Under the Current Functional Impairments section, identify the impairments that are active presently. These may be previous impairments unresolved or impairments not previously identified. Again, specific examples of the patient’s behavior that document the Axis I diagnosis are necessary.
3. Reasons for Lack of Resolution/Improvement: Please

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include any other information that would help the reviewers understand the need for continued therapy and/or why it appears, there has been little or no significant improvement (ex: crisis occurring, Axis II issues appearing).

### **Transitional/Partial Hospitalization**

Prior to admission into any transitional program, the psychiatrist or attending clinician must contact UW Behavioral Health for authorization and utilization review. This can be done by telephone or a “Behavioral Health Outpatient Treatment Plan Request” form may be faxed to (608) 238-1026.

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### Treatment Philosophy

Our treatment philosophy focuses on **functional impairments**. The term “Functional Impairment” describes a worsening, lessening, weakening or reduction in ability to function and in turn, anticipates a likely potential for repair, improvement and strengthening. They are observable, objective manifestations that may necessitate and justify use of the mental health benefit. There should be a connection between the diagnosis and the functional impairments in the patient’s life. The presence of a diagnosis is necessary, but not sufficient to justify use of the mental health benefit. Functional impairment is necessary, but not sufficient to justify use of the mental health benefit. Rather, use of the mental health benefit for treatment is indicated if the patient’s functioning is impaired and the impairment is caused by a diagnosable disorder that is a covered benefit per the patient’s policy.

### Functional Impairment Categories

Five general categories of Functional Impairments are listed on the treatment form, along with spaces to enter Severity and Duration codes.

- a. PERSONAL/INDIVIDUAL: Impairments in this area reflect **a current** impact on one’s mental status **generated by the disorder**. Symptoms which could lead to functional impairment would be compulsions, delusions, hallucinations, eating disorders, hyperactivity, obsessions, paranoia, phobias, self-mutilation, psychotic thoughts and behavior, anhedonia, difficulty sleeping, insomnia, weight loss/gain and suicidal ideation and behavior and anxiety symptoms.
- b. FAMILY/SIGNIFICANT OTHER: Impairments in this area refer to the problems **generated by the disorder** within the patient’s **current** primary relationships such as family and marital or other close relationships. A persons ability to relate to others is impaired. (This impairment in itself may not be a justification for use of the covered mental health benefit). Examples of impairments within the family and significant other category are family

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disruption, sexual dysfunction, running away from home, marital/relationship dysfunction, abuse perpetrator and victim of abuse.

- c. **SOCIAL INTERPERSONAL:** These are impairments **generated by the disorder** that impede a person's **current** ability to function, interact, negotiate or manage in his/her social environment. Habitual lying, assaultiveness, oppositionalism, homicidal thoughts/behavior, social withdrawal, sexual deviance, aggression and manipulation of others.
- d. **WORK/SCHOOL/OTHER:** In this sphere the disorder impairs a person in their **current** work, school, or training or in other attempts at achievement. Examples of impairments would be school phobia, truancy, absenteeism, test phobias, educational performance deficits, learning disability, low frustration tolerance, hopelessness, decrease or inability to function in civic activities or other personal endeavors or interests.
- e. **AODA ISSUES:** While not an impairment as the definition implies, it does suggest significant potential for impairment in one's functioning. It is singled out because it is an important consideration in determining the course and outcome of treatment. Examples of information in this category would be legal charges, work restrictions due to AODA use, blackouts, what they are using and how often.

Only the areas of impairment appropriate to the patient need to be completed. The same symptom or impairment may be appropriate in one or more categories. You can identify a functional impairment that is not significant at this time and it will not be a treatment focus. However, it does identify or "red flags" potential issues.

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### Severity Codes

SEVERITY CODES are required for each impairment identified. The code is an approximate assessment of the severity of the presenting illness. The severity of the impairment provides some indication of the appropriate level of treatment or intervention. A functional impairment code of:

- 0 = None The impairment is not present; intervention is not medically necessary.
- 1 = Mild The impairment is only mildly disruptive in the patient's life, but may need to be monitored or reevaluated in the future. Intervention may be a referral to a self –help group, patient education group, primary physician, etc.
- 2 = Moderate The impairment moderately comprises a person's functioning. The impairment allows continued functioning in all settings, but it may produce some discomfort for the person. Treatment that is brief and specifically focused may be required to improve the functional impairment to the "mild" or "none" level of severity.
- 3 = Severe The impairment severely compromises ability to function without professional mental health services. A person has a major difficulty functioning in vocational endeavors, school and in relationships. Without treatment, functional impairments will increase.
- 4 = Incapacitating The patient is incapable of normal activity and/or is potentially dangerous to self and/or others. Urgent and intense treatment is necessary.
- Recent suicide behavior, threat or current ideation.
  - Recent violent and destructive behavior or current ideation.
  - Recent endangering runaway behavior or current ideation.
  - Severely compromised health care skills.
  - Frequent bizarre thoughts or behavior.

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- 5 = Life Threatening There is an imminent danger to self or to others. Immediate evaluation/intervention is necessary. High intensity or emergency treatment is necessary.
- Active suicide threats or behavior
  - Active violent and destructive behavior
  - Active endangering runaway behavior or risk
  - Demonstratable absence of or severely compromised reality testing
  - Total inability to perform self-care skills

### Duration Codes

Refer to the length of time the impairment has existed or the time frame of the most recent occurrence of the impairment.

### Treatment Plan

This section allows for specific description of the nature of the functional impairments identified as a treatment focus. The clinical outcome is the measure of treatment progress. It is the goal that the patient, with your guidance, hopes to achieve as a result of the treatment interventions. The **Outcomes** describe how treatment will improve functioning. Individualized outcomes must be identified for each impairment. If treatment is not recommended beyond evaluation, please state the reasons.

You do not need to complete each impairment section in the **treatment request** if the impairment was not identified previously. Only complete the impairments identified. In the **Outcome** section note the outcome goals for each impairment. There can be more than one outcome for each impairment. Again, these must be measurable, observable goals.

Note the number of sessions requested for your interventions.

### Neuropsychological Testing

Neuropsychological testing for medical or psychological purposes does not require prior authorization when the service is performed by a participating provider.

This includes revenue code 918 and CPT codes 96115

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through 96120.

**Psychological Testing**

**All psychological testing must be prior authorized before testing is administered.** If you are a provider requesting psychological testing, an explanation must be provided of how the testing will affect treatment and assist in attaining the desired clinical outcome. Please call UW BH to discuss your request. If psychological testing does seem to be indicated, UW BH will authorize the appropriate provider to perform the testing. If the provider recommending testing has a particular psychologist in mind for the testing, please provide the name of the psychologist and this will be taken into consideration. A prior authorization form will be necessary for the psychologist to perform the psychological testing.

**Projected End Date**

A projected end date for the interventions is required. Non-physician providers may plan for up to 6 months treatment. Physician providers may plan for up to one year for each request.

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**Patient Signature**

The patient or responsible adult should be involved in the development of the treatment request. Because of the extended nature of treatment we want to assure that the patient understands the plan and is committed to following it. The Treatment Request form will be verified by the patient's signature on the bottom of the form. If you are unable to obtain the signature, please note that you will or have informed patient of this plan.