



Optum National Network Manual Addendum for Massachusetts

Introduction

United Behavioral Health (UBH) operating under the brand Optum administers mental health and substance use disorder benefits for health plans in the state of Massachusetts. Generally, the *Optum National Network Manual* applies to all types of business managed by Optum. There are some sections that may differ based on specific benefit plans.

This addendum highlights areas in which the State of Massachusetts procedures, in order to meet regulatory requirements, supersedes procedures set forth in the *Optum National Network Manual*.

Authorization Information

Plans administered by Optum Behavioral do not require prior authorization for routine outpatient services. (“Routine Outpatient Services” include, but are not limited to routine psychotherapy (individual, family, or group), neuropsychological exams, diagnostic evaluation, health and behavioral assessment / intervention or psychopharmacology / medical maintenance.)

Services requiring prior authorization include, but are not limited to:

- Partial Hospitalization Program (PHP)
- Intensive Outpatient (IOP) treatment
- Residential Treatment
- Hospital Inpatient
- Psychotherapy lasting 60 minutes or longer (53+ minutes, per CPT time rule) - Non-contracted providers only
- Applied Behavioral Analysis (ABA) Services
- Outpatient Electroconvulsive Treatment (ECT)
- Transcranial Magnetic Stimulation (TMS)
- Psychological Testing

Providers can obtain authorization for these services by calling the number on the back of the member’s identification card. Contracted providers may also request authorization through Provider Express.

ALERT (Algorithms for Effective Reporting and Treatment)

Optum's ALERT process does not currently apply in the State of Massachusetts.

Child-Adolescent Mental Health Disorders

In accordance with Massachusetts regulations regarding Access to Services to Treat Child-Adolescent Mental Health Disorders, Optum provides benefits on a non-discriminatory basis for the diagnosis and treatment of child-adolescent mental health disorders which substantially interfere with or substantially limit the functioning and social interactions of the child or adolescent.

Child-adolescent mental health services shall take place in the least restrictive clinically appropriate setting and shall consist of a range of inpatient, intermediate, and outpatient services that shall permit medically necessary, active care expected to lead to improvement of the condition in a reasonable period of time, as well as medically necessary noncustodial treatment for the mental health disorders.

The covered services may be provided to the child, the child's parent(s), and/or other appropriate caregivers. Educational services to improve an individual's academic performance or developmental functioning are not required services under the benefit mandate for mental health services.

Substance Use and Chapter MA 258

For plans covered by Massachusetts Chapter 258, covered substance use disorder treatment services include early intervention services, outpatient services including medically assisted therapies, intensive outpatient and partial hospitalization services, residential or inpatient services, and medically intensive inpatient services, such as acute treatment services and clinical stabilization services. This authorization is applicable to in-network facilities (PPO, POS) and in-area providers (HMO) only.

ATS or CSS level of care: Providers are required to notify Optum of an admission to an ATS or CSS level of care and the initial treatment plan within 48 hours of the admission. Regardless of whether this notification is made, Optum is required to provide coverage for the ATS/CSS treatment for up to 14 days without prior authorization.

Non-ATS or CSS level of care: Members shall not be required to obtain a preauthorization for covered substance use disorder treatment services if the provider or facility is licensed by the Massachusetts Department of Public Health (DPH).

Emergency Department Boarding

Optum will follow MA-specific guidelines established to facilitate admission to an appropriate inpatient psychiatric facility within a reasonable period of time after presenting in the emergency department (ED) and meeting medical necessity criteria.

Once notified by a facility that a member is in the ED and in need of inpatient treatment, Optum follows an established criterion that does not cause inappropriate delays or denials of inpatient admissions for covered members with acute behavioral and substance use disorder needs.

When a member's care meets Optum's medical necessity criteria for an individual inpatient room or any other special services, then Optum will arrange for these special services to be covered when provided to the member.

When a member's care meets Optum's medical necessity criteria for an individual inpatient room or any other special services, Optum will approve a member's inpatient treatment unless Optum has secured alternative medically appropriate placement of the member.

It is the expectation that Optum provide better continuity of care for inpatient treatment in order to improve patient outcomes. Patients should be re-hospitalized at the same inpatient treatment facility to the maximum extent possible.

Optum does not require prior authorization to be admitted to a facility to receive BH services for treatment after emergency department or receiving emergency services regardless of whether member has been stabilized.

Expedited Psychiatric Inpatient Admissions (EPIA) for Specializing Services

Special services are those services that have been identified by the facility or unit as needed to admit a member and exceed the typical capabilities and competencies of the facility or unit.

This process is expected to speed inpatient psychiatric admissions for persons who have been subject to lengthy emergency room stays.

Optum will provide verbal, as well as written documentation, when a "specializing" service is authorized.

At the time of verbal authorization, Optum will provide written authorization, an authorization number, or other identification of services, in order to document that the

services are a covered benefit and so that if any issues occur during claims processing, the provider is able to reference that specialing was authorized.

The MA Division of Insurance requests that all such notifications be made expeditiously based on the presenting symptoms of the member in order to facilitate patient placement.