

## Prior Authorization and Notification Guide For Behavioral Health Providers

All Behavioral health prior authorizations and notifications for Medicaid Mainstream, Wellness4Me and EPP members must be submitted through the online Prior Authorization and Notification (“PAAN”) tool, located through the [LINK portal](#) on [uhcprovider.com](#). Note that the dedicated email and fax number, previously used for authorization requests, is being decommissioned.

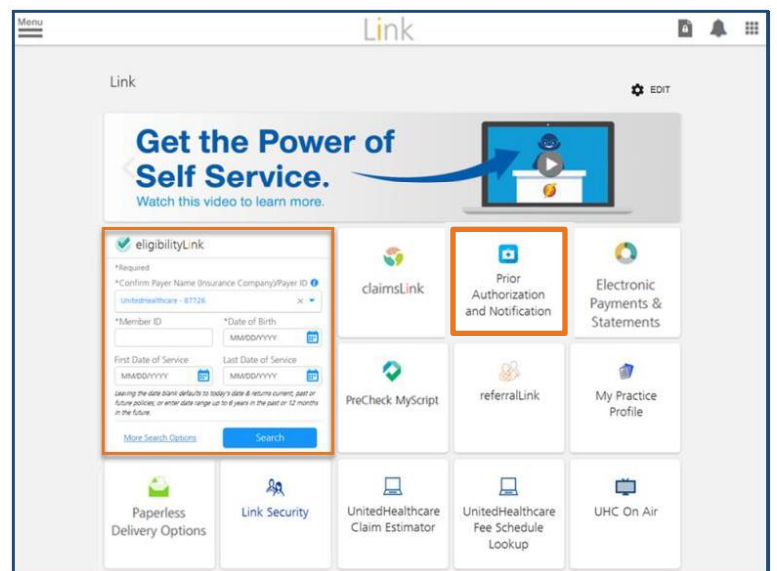
If you have not yet registered to use LINK, you will need to do so. Information regarding New User Registration can be found by selecting the “[New User](#)” link on [uhcprovider.com](#).

- Once you provide your Tax Identification Number (“TIN”), the system will identify the administrator associated with that TIN. Your request will need to be approved by the administrator.
- If no one is currently assigned as an administrator, you may be assigned to that role and a service code will be mailed to you from the UnitedHealthcare Connectivity Help Desk. You may also call the Help Desk at **1-866-842-3278, option 1**.

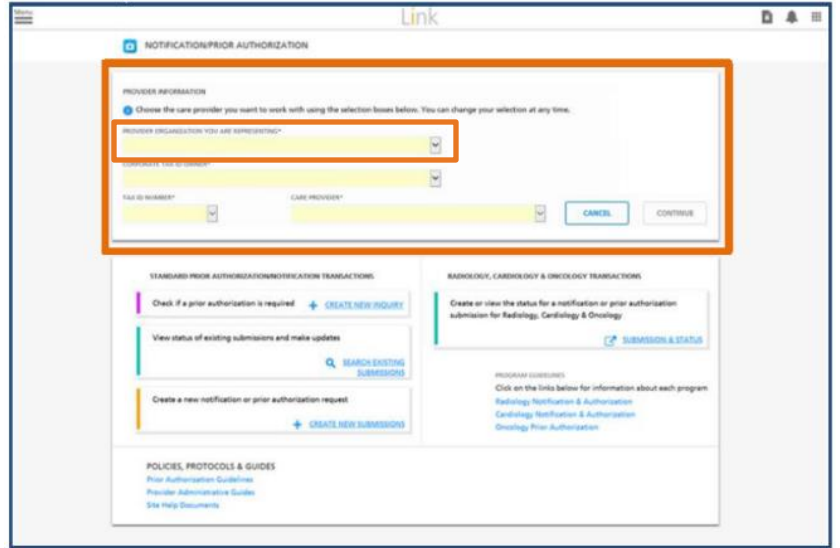
You will find many resources on how to submit authorizations through PAAN on [uhcprovider.com](#). These resources primarily target medical providers rather than behavioral health providers but are still very helpful in learning about the PAAN tool.

For **outpatient behavioral health levels of care** (PHP, IOP, ACT, PROS, CDT, IPRT, HCBS, etc.), we are also including some specific “workarounds” below to help you navigate the system. (Inpatient levels of care for behavioral health are handled the same as inpatient medical care.)

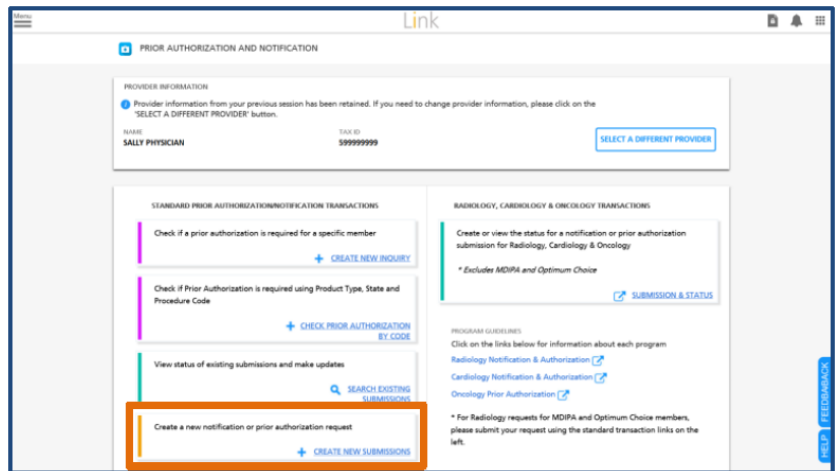
1. In “**eligibility Link**”, you can confirm a member’s current eligibility, as well as obtain information such as the member’s primary care physician ([see #6 below](#)).



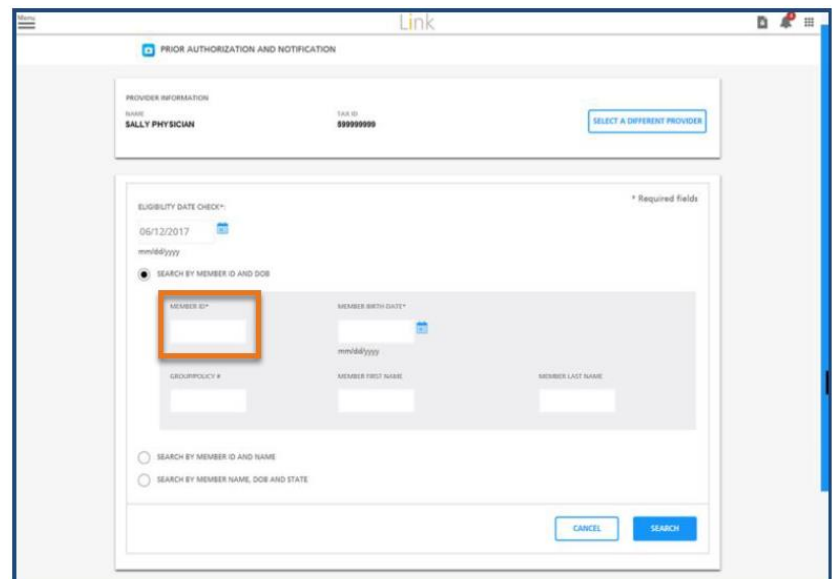
- In “**Provider Information**”, the dropdown selection list under “**Provider Organization You Are Representing**” is loaded from another system and cannot be altered. Each facility, association or clinic may have multiple listings. Make note of the name and numerical value you select from the dropdown list so you can use it consistently.



- In the “**Create a new notification or prior authorization request**” section, select “**CREATE NEW SUBMISSIONS**”.



- “**Member ID**” may be either the Medicaid Client Identification Number (“CIN”) or the UnitedHealthcare subscriber ID.



- On the “**Notification/Prior Authorization Provider Details**” screen, the “**Place of Service**” must always be “**Outpatient**” (not “**Outpatient Facility**” or “**Residential**”).

Link

NOTIFICATION/PRIOR AUTHORIZATION PROVIDER DETAILS

**PATIENT DETAILS**

|                                |                                |                             |  |
|--------------------------------|--------------------------------|-----------------------------|--|
| PATIENT NAME<br>Sub Patient    | RELATIONSHIP<br>Employee       | VERBAL LANGUAGE PREFERENCE  | MESSAGE<br>A future timeline may be available for this member. For future coverage please call the telephone number located on the back of the member's Medical ID card. |
| MEMBER NUMBER<br>0414444144    | EFFECTIVE DATE<br>01/01/2017   | WRITTEN LANGUAGE PREFERENCE |  |
| GROUP NUMBER<br>092932         | TERMINATION DATE<br>12/31/9999 |                             |  |
| PRODUCT<br>P1 - Pos Choiceplus | INSURANCE TYPE<br>Commercial   |                             |  |

**PROVIDER INFORMATION**

|                        |                    |   |
|------------------------|--------------------|---|
| NAME<br>CHILDRENS HOSP | TAX ID<br>97797977 | <a href="#">SELECT A DIFFERENT PROVIDER</a> |
|------------------------|--------------------|---|

Complete the selections below and select "Continue" to proceed to case details \* Required fields

PLACE OF SERVICE\*

PROVIDER ADDRESS SELECTION\*

[BACK](#) [CANCEL](#) [CONTINUE](#)

- When completing the “**Service Details**”, you must select a provider for the authorization request (this does not impact the approval of the request or claims). You may either:

- Input the member’s PCP ([see #1 above](#))

**ORDERING PROVIDER DETAILS**

|         |         |                                 |
|---------|---------|---------------------------------|
| NAME*   | ADDRESS | <a href="#">SELECT PROVIDER</a> |
| TAX ID* | STATUS  |                                 |

**SERVICE DETAILS**

PLACE OF SERVICE\*

SERVICE DETAILS\*

- Use a Nurse Practitioner or MD at your facility, association or clinician. Set this individual as a “favorite” and use as your default for other authorization requests (after inputting the information for this individual and selecting the radial button, you can “Add to Favorites”, as illustrated below).

**FACILITY DETAILS**

|                     |                               |   |
|---------------------|-------------------------------|---|
| NAME*               | ADDRESS*                      | <a href="#">Add to Favorites</a>                  |
| General Hospital    | 220 Doctors Ln, Somecity, USA |   |
| FACILITY ID NUMBER* | STATUS                        | <a href="#">Change Provider or View Favorites</a> |
| 977977977           | In-Network                    |   |

7. When entering the “**Service Dates**”, PAAN will only allow you to backdate 2 business days. If services are requested prior to that date, you may note this within the “Clinical Notes” section (see #11b below).

8. When entering “**Diagnosis Details**”, you must provide at least 1 diagnosis to complete an authorization request.

Type a **Diagnosis Code/Procedure Code** or keyword, then select from the drop-down menu

Add up to a total of **10 Diagnosis Codes** and/or **14/15 Procedure Codes**

**If member does not have an established mental health diagnosis, please enter “F99 – General Mental Health”.**

9. In “**Service Details**”, select “**Mental Health**” or “**Substance Use**”

- Expected From/To Date (From date cannot be retroactive for more than 2 business days. Earlier dates can be indicated in “Clinical Notes”.)
- In “**Counts**”, “**Standard of Measure**”, “**Frequency**” and “**Total**”, an example would be:

- A member is receiving 3 hours of respite each week and 1 unit is 15 minutes.

- Count = 12 (units)
- Standard of Measure = Units
- Frequency = Weekly
- Total = # of units x frequency (i.e., if requesting 26 weeks of treatment, 12 (units per week) x 26 (weeks) = 312 (Total units requested))

- All requested procedures may be entered on one authorization request (ex: PROS may include H2019 and H2018; HCBS may include S5150 and H2014)

10. You may save your most commonly utilized codes.

**NOTE:** You can save up to 20 favorite procedure codes by selecting **View Favorites** (above) then **Edit Favorites**.

**Copy Service Line** will allow you to add more lines, including selecting from your procedure code favorites.

11. On “Review Priority” page:

- Disregard “**Expedited Review**” checkbox
- “**Clinical Notes**” may be used to indicate the authorization start date if more than 2 business days retroactive (i.e. “Due to limitations with PAAN, please use 3/3/2020 as the requested start date”) or other information to note upon submission (i.e. “Request submitted by initial contact; clinical to be attached shortly by follow-up contact”).
- “**Initial...**” and “**Follow-Up Contact Details**” should be completed as appropriate. Follow-up

Contact should be the point of contact for notification of authorization approval, denial or if more information is needed.

- Once you select “Continue”, you’ll have the opportunity to review the entire authorization request and ensure all information is accurate.

12. When you have confirmed the accuracy of all information, select “Submit”. Once submitted, no further edits can be made.

**NOTE: After verifying all the on the completed form, click **Submit****

NAME\* PHONE NUMBER + EXT.\* FAX NUMBER  
Mike 999-999-9999

▼ FOLLOW-UP CONTACT DETAILS  
Provide contact information for follow-up.

NAME\* PROVIDER PHONE NUMBER + EXT.\*  
Michael 555-555-5555

FAX NUMBER EMAIL

FACILITY MEDICAL RECORD NUMBER MEMBER PHONE NUMBER + EXT.

[Back To Top](#) **SUBMIT** **EDIT**

13. When you receive the “Confirm Notification/Prior Authorization” screen:

- Record the reference number displayed on the screen
- Upload any relevant clinician information related to the authorization request. (i.e. Children’s HCBS Authorization and Care Notification Forms or Initial PROS Treatment Plan, Crisis Residence Admission Notification Form, etc).

Menu

Link

NOTIFICATION/PRIOR AUTHORIZATION INPATIENT SUBMISSION

Confirm Notification/Prior Authorization

Thank you for your online Notification/Prior Authorization submission.

The notification/prior authorization case information was transmitted on 06/20/2017 at 5:16 PM CDT. The notification/prior authorization reference number is **A000333003**. Please print this page for your records.

The reference number above acknowledges receipt of your notification or prior authorization request. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.

Please note that if you wish to cancel these services at any time, or if you have any questions, please contact us by calling the number on the back of the member's ID card. Thank you.

\* Essential | - Collapse all

▼ ATTACH CLINICAL DOCUMENTATION

Select files

Maximum file size for upload: 25MB, per file. Acceptable file types: bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff, bit

Record the reference number

Attach relevant documents, if desired.