NJ Division of Medical Assistance and Health Services

BH Integration Provider Prior Authorization Refresher Training 03/12

Frequently Asked Questions (FAQs)

Last updated: March 28th, 2025

General

1. **Which Behavioral Health (BH) Phase 1 services require a PA?**
   - The following BH Phase 1 services require a PA:
     - Mental Health (MH) Services
       - Partial Care (PC)
       - Partial Hospital (PH)
     - Substance Abuse Disorder (SUD) Services
       - Partial Care (PC)
       - Intensive Outpatient (IOP)
       - Ambulatory Withdrawal Management (AWM) - *PA is not required for this service for Horizon NJ Health*
   - For participating, in-network providers, the following BH Phase 1 services do not require a PA:
     - MH Services
       - Outpatient counselling and psychotherapy
     - SUD Services
       - Outpatient counselling and psychotherapy

2. **What is the grace period for submitting prior authorization (PA) requests?**
   - PA requests must be submitted within 5 days of the first date of service.

3. **How should prior authorizations that were submitted within the 180-day pre-approval time frame be processed?**
   - For the first 180 days of Phase 1 implementation (through June 31, 2025), MCOs are required to auto-approve all prior authorizations for Phase 1 services.
   - Providers should still submit PA requests to MCOs for services requiring PAs during this period to ensure member continuity of care and learn MCO processes/systems.

4. **What is the required turnaround time for MCOs to process prior authorizations?**
   - The turnaround time period begins at the MCO's receipt of a PA request. Prior authorization turnaround times depend on the urgency classification of the BH service.
   - For BH services classified as urgent, the MCO turnaround time is 24 hours.
   - The following services are always considered urgent:
     - MH Services

- - - Acute partial hospital (APH)
      - Inpatient psychiatric hospital care
    - SUD Services
      - Ambulatory withdrawal management (AWM)
      - Residential detoxification / withdrawal management (ASAM 3.7 WM)
      - Intensive outpatient (IOP)
      - Short term residential (STR)
      - Inpatient medical detoxification
- The following services can be considered urgent, if admitted through inpatient, residential or ER screening:
    - MH Services
      - Partial hospital (PH)
      - Partial care (PC)
      - Adult Mental Health Rehabilitation (AMHR)
    - SUD Services
      - Partial care
      - Long term residential
- For other BH services, which are classified as non-urgent, the MCO turnaround time is 7 calendar days.

Mental Health (MH) PAs

1. **How can providers access the MH PA form from the MACC office for members without an active MCO or with presumptive eligibility? Is this form accessible online?**
   - Providers must first request a MH PA using the "NJMMIS Form Request" form, which can be found on the [NJMMIS website](#).
   - To access this form, providers should go to [www.NJMMIS.com](#). When the site opens, look on the left-hand side and click on "Forms & Documents". Then click "Submit Request" for all forms. Providers should then select "Medicaid Forms Order". This will open a printable "NJMMIS Form Request" form.
   - When filling out the "NJMMIS Form Request" form, providers should add the number of forms they need on the line to the left of "FD-07" or "Request for Authorization for Mental Health Services".
   - Providers should mail the completed form to Gainwell using the address on the bottom of the form. Be sure to include a complete mailing address on the top of the form before sending.
   - Providers will receive the number of MH PA request forms (FD-07) they requested via the postal service. Providers should then send completed FD-07 forms to their county Medical Assistance Customer Centers (MACC) office.

2. **For each MCO, what service codes should providers request in the prior authorization for acute partial hospital (APH), partial hospital program (PHP), and partial care?**

   - The table below offers MCO-specific guidance on which service code(s) providers should request on their prior authorizations for APH, PHP, and PC hospital services:

MCO	Acute Partial Hospital (APH)	Partial Hospital Program (PHP)	Partial Care (PC)
Aetna	• **REV code: 913** • **Units of Service:** 1 Hour	• **REV code: 912** • **Units of Service:** 1 Hour	• **HCPC:** H0035 • **Units of Service:** 1 Hour
Fidelis Care	• **REV code** 913 with **procedure code** H0035	• **REV code** 912 with **procedure code** H0035	• **HCPC:** H0035
Horizon	• **REV code: 913** (can be submitted with **Procedure code** H0035)	• **REV code: 912** (can be submitted with **Procedure code** H0035)	• **HCPC:** H0035
UnitedHealthcare	• **REV code: 913**	• **REV code for adults (18+):** 912 • **REV code for youth (under 18):** 913	• **HCPC:** H0035
Wellpoint	• **REV code** 913 with **Procedure code** H0035	• **REV code** 912 with **Procedure code** H0035	• **HCPC:** H0035

Substance Abuse Disorder (SUD) PAs/ NJSAMS

1. **Where can providers find the authorization decision after submitting a PA request in NJSAMS?**

   - MCOs are to communicate PA decisions to providers within the required turnaround time. All PA decisions for SUD PA requests will be communicated external to the NJSAMS system.
   - Horizon will communicate SUD prior authorization decisions via their provider portal, fax, or phone call.
   - UnitedHealthcare will communicate SUD PA decisions via their provider portal or phone call.
   - Aetna, Fidelis Care, and Wellpoint will communicate SUD PA decision via fax or phone call.

2. **How can providers correct the Medicaid number or MCO in NJSAMS if it is currently incorrect?**
   - Providers have functionality to change the MCO or client Medicaid number in NJSAMS if it is incorrect, following the steps below:
     - On left hand navigation of NJSAMS website, providers should click "Income / Program Eligibility"
     - In the "MCO Name" field, select the correct MCO
     - In the "Medicaid Number" field, type the correct Medicaid number
     - Click "Override MCO/Medicaid number" checkbox
     - In the "Reason to Override" field, select the reason for the correction
     - Providers should then click "Save" to save changes

3. **How should providers submit a SUD PA in NJSAMS for a member with presumptive eligibility or without an active MCO?**
   - Providers should navigate to the first accordion of the "Admission section"
     - In the "Funding Source" section:
     - Providers should select "Managed Initiatives" from the first dropdown
     - Then select "Medicaid" from the second dropdown
     - Check the checkbox labelled "Presumptive Eligible (PE) or MCO assignment is not effective"
     - Providers should then submit the clinical request to the IME

4. **How can providers change a member from presumptive eligibility to Medicaid MCO in NJSAMS after the member receives an MCO assignment?**
   - Providers can assign a member originally with presumptive eligibility to an MCO following the steps below:
     - On left hand navigation of NJSAMS website, providers should click "Income/Program Eligibility"
     - Providers should click "Verify Medicaid Eligibility". MCO name and Medicaid number will automatically populate
     - Then click "Save" to save changes
     - In the "Funding source" section, providers should:
       i. Select "Managed Initiatives" from the first dropdown
       ii. Then select "Medicaid" from the second dropdown
       iii. Uncheck the checkbox labelled "Presumptive Eligible (PE) or MCO assignment is not effective"
     - Providers should then submit the clinical request to the IME