

Authorization Requirements

Service Class	Service Description	Authorization Requirement	
IPA	Acute	Services need to be preauthorized, provider needs to call and speak with service manager or submit request electronically through ProviderConnect.	
IPP	Specialized		
IPW	Exented Acute Care		
IPD	Other (Dual)		
IDD	Acute Detox (4A)		
IDR	Acute Rehab (4B)		
NHD	Detox (3A)		
NHS	Short Term Rehab (3B)		
NHL	Long Term Rehab (3C)		
NHH	Halfway House (2B)		
ST3	Short Term Rehab 3.5 (R&B)		
AR3	Long Term Rehab 3.1 (R&B)		
YES	Adolescent Male Rehab Yes Program		
NHA	Adult Res/Dual	Services need to be preauthorized, provider needs to call and speak with service manager or submit request electronically through ProviderConnect with PCPC Summary sheet and VBH cover sheet	
RF1	RTF JCAHO		
RF2	RTFJCAHO/Reserve Bed Day		
RF3	Non-JCAHO/Comp (R&B)		
RF4	Non-JCAHO Treatment only		
RF5	Non-JCAHO /Reserve Bed Day Comp (R&B)		
RF6	Non-JCAHO/Reserve Bed Day Treatment Only		
DAS	Accredited Diversion and Stabilization unit		
LTR	Long Term Structured Residential - Treatment		
LTB	Long Term Structured Residential - Room & Board		
RFT	Residential Treatment Facility - Adult (RTFA)		
CNS	Inpatient Consultations on Medical Unit		These service codes should be billed when a consultation is completed on a medical unit. No authorization is required.
BED	Inpatient Consultation on A Psychiatric Unit		Services need to be preauthorized, provider needs to call and speak with service manager or submit request electronically through ProviderConnect.
TXC	Site Based Autism	Service requires psychological evaluation recommending services and ISPT. A complete packet must be submitted to VBH prior to authorization.	
T11	Family Psychotherapy (Without The Patient Present)	Service can be requested via provider connect or faxed in on an ORF form to 855-439-2444.	
PSS	Peer Support Services	This service does not require an authorization	
AAT	Assess & Assist TSS Worker	This service requires prior authorization	
FB1	Family Based Services	Prior authorization needed, precert is faxed to family based reviewer.	
FBC	Family Based Crisis Services		
PEP	School Based Program	Service requires psychological evaluation recommending services and ISPT attended by VBH prior to services being authorized. Once approved a complete packet is submitted to VBH for authorization.	
BSP	BSU Service Plan Assessment	This service does not require an authorization	
DXA	Diagnostic Assessment	This service does not require an authorization	
SPA	SCA Service Plan Assessment	This service does not require an authorization	
DAA	Diagnostic Assessment - Level Of Care Assessment	This service does not require an authorization	
RXM	Mental Health Medication Management	Auto Approval up to 24 units per year. After auto approval an Outpatient Registration Form (ORF2) should be submitted via Provider Connect.	

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DXM	Drug and Alcohol Medication Management	Auto Approval up to 24 units per year. After auto approval an Outpatient Registration Form (ORF2) should be submitted via Provider Connect.
RXF	Forensic Medication Management	This service requires prior authorization The JRS Coordination Pre-Cert Form and JRS Authorization Request Form should be submitted via fax (855-439-2444) or requested via provider connect on RFS form. HealthChoices Member's who receive Justice Related Case Management services, cannot receive case management services from another case management provider at the same time.
EXM	Outpatient Evaluations	Auto Approval up to 2 units per year. After auto approval an Outpatient Registration Form (ORF1) should be submitted via Provider Connect. The request can combine Outpatient services (OUT), Medication Management (RXM), and Evaluations (EXM), but the total number of units can not exceed 72 units.
AOS	Adult Extended Assessment	Auto Approval up to 2 units per year. After auto approval an Outpatient Registration Form (ORF1) should be submitted via Provider Connect.
EXF	Forensic Diagnostic Evaluation	This service requires prior authorization The JRS Coordination Pre-Cert Form and JRS Authorization Request Form should be submitted via fax (855-439-2444) or submitted via provider connect on an RFS form. HealthChoices Member's who receive Justice Related Case Management services, cannot receive case management services from another case management provider at the same time.
OUT	Outpatient Mental Health Services	Auto Approval up to 72 units per year. After auto approval an Outpatient Registration Form (ORF1) should be submitted via Provider Connect. The request can combine Outpatient services (OUT), Medication Management (RXM), and Evaluations (EXM), but the total number of units can not exceed 72 units.
OPR	Outpatient Drug And Alcohol Services	Auto Approval up to 72 units per year. After auto approval an Outpatient Registration Form (ORF1) should be submitted via Provider Connect. The request can combine Outpatient services (OUT), Medication Management (RXM), and Evaluations (EXM), but the total number of units can not exceed 72 units.
RA1	Reactive Attachment Disorder	authorization required
EMC	Urgent Care	No authorization Required
DAL	Drug and Alcohol in an Alternative Setting	Auto Approval up to 72 units per year. After auto approval an Outpatient Registration Form (ORF1) should be submitted via Provider Connect.
COT	Outpatient Co-Occurring	Auto Approval up to 72 units per year. After auto approval an Outpatient Registration Form (ORF1) should be submitted via Provider Connect. The request can combine Outpatient services (OUT), Medication Management (RXM), and Evaluations (EXM), but the total cannot exceed 72 units combined
DRS	DA Recovery Specialist	Claims for Certified Recovery Services may only be submitted for services performed by trained and certified D & A Recovery Specialist. This service does not require an authorization
DCC	DA Case Coordination	This service does not require an authorization
MMH	Mobile Mental Health	Services can be requested as an Auto Authorization request up to 72 units per year, if units exceeded will need to do concurrent auth and services will need to be requested on RFS form via provider connect or faxed on an ORF form to 855-439-2444.

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PCT	Parent-Child Interaction Therapy (PCIT)	1. PCIT must be performed in accordance with the evidence based model 2. Provider must provide proof of training for all PCIT staff providing treatment 3. Provider will limit the provision of PCIT services provided to only those children who meet the approved PCIT criteria as described in the "Training Guidelines for Parent-child Interaction Therapy" 4. This service does not require an authorization 5. Fayette County: members ages 2 though 7 who are involved in BHRS or Family Based Services are not eligible for PCIT
OS1	Alcohol And/or Other Drug Abuse Service, Not Otherwise Specified	This service does not require an authorization
MDF	Mobile Drug & Alcohol Family Therapy	Authorization needed, provider to request services on RFS form via Provider Connect or ORF form faxed to 855-439-2444.
OPF	Forensic Outpatient Services	This service requires prior authorization The JRS Coordination Pre-Cert From and JRS Authorization Request Form should be submitted via fax (855-439-2444) or RFS form via Provider Connect. HealthChoices Member's who receive Justice Related Case Management services, cannot receive case management services from another case management provider at the same time.
SXE	Treatment Of Sex Offenders	Only requires authorizations for LSW/LPC type provider, requests can be submitted with RFS form via Provider Connect or fax ORF form to 855-439-2444.
CME	Clozapine Support	Auto approve 104 units for a 12 month period. If additional units are required provider should submit an RFS Form via ProviderConnect or fax ORF form to 855-439-2444.
CS1	Clozapine Support	Auto approve 104 units for a 12 month period. If additional units are required provider should submit an RFS form via ProviderConnect or fax ORF form to 855-439-2444.
CS2	Clozapine Support	Auto approve 104 units for a 12 month period. If additional units are required provider should submit an RFS form via ProviderConnect or fax ORF form to 855-439-2444.
PRC	Clozapine Support	Auto approve 104 units for a 12 month period. If additional units are required provider should submit an Outpatient Registration Form (ORF1) via ProviderConnect or fax ORF form to 855-439-2444.
TS1	Psychological & Neuropsychological Testing	Preauthorization and peer review. Provider must complete and submit the Psychological Evaluation Request (PER) form. This form is faxed to 855-439-2445.
EC1	ECT Therapy/Single Seizure	Services need to be preauthorized, provider needs to call and speak with service manager.
EC2	ECT Therapy/Single Seizure/Physician Services	Services need to be preauthorized, provider needs to call and speak with service manager.
IET	ECT- Inpatient	Services need to be preauthorized, provider needs to call and speak with service manager.
ANE	Anesthesia	This service does not require an authorization as long as an ECT authorization is on file
Y96	CCASBE Re-Evaluation	This service requires authorization. Evaluations can be uploaded through ProviderConnect or can be faxed within 7 business days of the evaluation being performed.
YT1	Therapeutic Staff Support In Community	attended by VBH prior to authorization. Once approved provider submits packet to VBH for authorization
YT3	Therapeutic Staff Support In School	
AB3	Community Based wrap around TSS-ASD with Applied Behavioral Analysis (School)	Service needs to be preauthorized, prescribed, provided by a qualified clinician and specifically requested on the plan of care

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Service Class	Service Description	Authorization Requirement
AB2	Community Based wrap around TSS-ASD with Applied Behavioral Analysis	Service needs to be preauthorized, prescribed, provided by a qualified clinician and specifically requested on the plan of care
AS1	TSS-ASD without ABA in Home and Community	Service needs to be preauthorized, prescribed, provided by a qualified clinician and specifically requested on the plan of care
AS2	TSS ASD without ABA in School	Service needs to be preauthorized, prescribed, provided by a qualified clinician and specifically requested on the plan of care
ITM	Interagency Service Planning Team Mtg	The Prescriber must be in attendance at the entire ISPT meeting, or until their service and/or input is no longer required. The ISPT Verification Attendance Form must be submitted within 7 business days of the ISPT.
TXS	CCASBE- LD	This service requires authorization. Evaluations can be uploaded through ProviderConnect or can be faxed within 7 business days of the evaluation being performed.
EAC	ExACT	Service requires psychological evaluation recommending service and ISPT attended by VBH prior to authorization. Once approved provider submits packet to VBH for authorization
AEV	Addendum To CCASBE-LD	Evaluator may submit an addendum within 30 days of the face to face evaluation without seeing the member again. From day 31-60 the evaluator may submit an addendum after seeing the member briefly to reevaluate his/her status. Following the 60th day a complete reevaluation is required.
TSF	Therapeutic Services (Therapeutic Family Care)	This service requires prior authorization
CMP	Summer Therapeutic Activities Program (STAP)	Service requires psychological evaluation recommending STAP and ISPT prior to authorization. Provider is required to mail complete packets for STAP (Evaluation, Evaluation Cover Sheet, ISPT Sign-In Sheet, Treatment Plan, Plan of Care and Family Choice form) for authorizations to: Value Behavioral Health of PA, Inc. (VBH-PA) 520 Pleasant Valley Road Trafford, PA 15085
MS1	Multi-Systemic Therapy	Prior authorization required by faxing the pre-certification from to 855-439-2442. If approved under an APA
MS2	Multi-Systemic Therapy (Billing Only)	Encounter Service Code- No Authorization Required. If approved under an APA
MS5	Multi-Systemic Therapy	Prior authorization required by faxing the pre-certification from to 855-439-2442.
BS1	Behavioral Specialist Consultant	Service requires psychological evaluation recommending service and ISPT attended by VBH prior to authorization. Once approved provider submits packet to VBH for authorization.
ASD	Behavioral Specialist Consultant for children with autism spectrum disorder BSC-ASD	Service requires psychological evaluation recommending service and ISPT attended by VBH prior to authorization. Once approved provider submits packet to VBH for authorization. Must specifically request ASD in the plan of care.
AB1	Mental health services, not otherwise specified (BSC-ASD Master's Level with Applied Behavior Analysis)	Service needs to be preauthorized, prescribed, provided by a qualified clinician and specifically requested on the plan of care
FBA	Functional Behavioral Assessment (FBA)	Service needs to be preauthorized, prescribed, provided by a qualified clinician and specifically requested on the plan of care
FB2	Functional Behavioral Assessment (FBA) BSC ASD	Service needs to be preauthorized, prescribed, provided by a qualified clinician and specifically requested on the plan of care
ASX	After School Program	Service require evaluation recommending service. ISPT is held with provider and family. Complete packet submitted to VBH for authorization

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Service Class	Service Description	Authorization Requirement
MTI	Mobile Therapy Services	Service requires psychological evaluation recommending service and ISPT attended by VBH prior to authorization. Once approved provider submits packet to VBH for authorization
TMT	Targeted/Enhanced Mobile Therapy	<p>This service requires a psychological evaluation recommending the service and ISPT attended by VBH prior to authorization. Once approved provider submits a packet to VBH for authorization.</p> <p>For Providers contracted with Armstrong/Indiana: Billable Services - Individual and family psychotherapy sessions</p> <p>Required expectations of the position – Non-Billable time:</p> <p>Phone calls to treatment team members for the purpose of development, revision, discussion of concerns, issues with therapeutic planning, & monitoring of therapeutic services. This also includes responses to crises situations by phone. The Targeted MT is not expected to be on-call. Writing of a treatment plan when not done face to face with the consumer. (initial plans or updated plans for re-authorization) (Treatment plan updates must include progress for the previous service period under each domain.). Writing revisions or addendum's to treatment plans. Attendance at ISPT meetings. Meeting with collaterals (e.g. parents, school professionals, etc.) to discuss child specific information & to direct them in the implementation of the plan, using tracking systems, etc. Development of any tracking systems, charts, etc. for use to track and measure objectives in the treatment plan. All direct face-to-face contact and consultation with family. Reviewing and reading consumer's test scores, school and medical records, Psychological/Psychiatric Evaluations, hospital admission records, & other documentation/records pertaining to the consumer for the purpose of designing/updating a treatment plan. Meeting with the Psychologist during Psychological evaluation for reporting of data and progress or other issues concerning behavior and the treatment plan. Data analysis and monthly reports. Clinical supervision with the Clinical Director. Initial orientation and ongoing trainings. Targeted Mobile Therapy will be utilized when Therapeutic Staff Support and Behavioral Specialist Consultant is not being recommended.</p>
GRC	Host Home Therapeutic Foster Care	
GRT	Host Home Therapeutic Foster Care	Service requires psychological evaluation recommending service and ISPT attended by VBH prior to authorization. Once approved provider submits packet to VBH for authorization
PRT	Psychiatric Partial Hospitalization	Prior Authorization Required, submit Request for Service (RFS) via ProviderConnect or fax ORF form to 855-439-2444
APH	Adult Acute Partial	Prior Authorization Required, provider to submit completed Acute Partial form to 855-439-2446
NPH	NW Acute PHP	Prior Authorization required, PHP form to be faxed to 855-439-2444 or submitted on an PHP form via Provider connect.
COO	Acute Partial Hospitalization Co-Occurring	Authorization needed, provider to request services on RFS form via Provider Connect or ORF form faxed to 855-439-2444.
APD	Adult Acute Partial Hospitalization	No authorization Required
DAP	D & A Partial Hospitalization	Authorization needed, provider to request services via Provider Connect attaching PCPC Summary Sheet and VBH-PA PCPC Cover Page or Faxing the same forms to 855-439-2444.

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CR1	Telephone Crisis	These services do not require an authorization
CR2	Walk-In Crisis	
CR3	Mobile Crisis/Individual Delivered	
CR4	Mobile Crisis /Team Delivered	
CR5	Crisis In-Home Support	
CR6	Medical Mobile Crisis/Team	
CR7	Residential Treatment Facility Adult (RTFA)	Services need to be preauthorized, provider needs to call and speak with service manager.
CR8	Crisis Residential	Services need to be preauthorized, provider needs to call and speak with service manager.
ACD	Adult Diversion and Stabilization	No authorization Required
MM1	Methadone Maintenance	Provider to submit completed MMR(Methadone Maintenance Report) form via provider connect or fax to 855-439-2444.
RSP	Adolescent Diversion/Stabilization	Services need to be preauthorized, provider needs to call and speak with service manager.
IND	D&A Adult Intensive Outpatient Program	Authorization needed, provider to request services via Provider Connect attaching PCPC Summary Sheet and VBH-PA PCPC Cover Page or Faxing the same forms to 855-439-2444.
INP	Intensive Outpatient Psychiatric Services	Prior authorization is required and can be faxed in on OAR form or requested via Provider Connect on RFS form.
SMK	Smoking Cessation	This service does not require an authorization
PRS	Psych Rehab-Site Based	Authorization needed , Provider to request services via ProviderConnect attaching Psych Rehab Pre-Cert or Continuated Stay Request forms or Faxing the same forms to 855-439-2444
PRM	Psych Rehab-Mobile	Authorization needed , Provider to request services via ProviderConnect attaching Psych Rehab Pre-Cert or Continuated Stay Request forms or Faxing the same forms to 855-439-2444
CLB	Clubhouse	Authorization needed , Provider to request services via ProviderConnect attaching Psych Rehab Pre-Cert or Continuated Stay Request forms or Faxing the same forms to 855-439-2444
CRR	Community Residential Rehab	This service requires prior authorization
CTA	CTT Assessment	This service does not require an authorization
CTT	Community Treatment Teams	Authorization needed , Provider to request services via ProviderConnect attaching ACT CTT Pre-Cert or Continuated Stay Request forms or Faxing the same forms to 855-439-2444
CMM	Community Mental Health/Other	Provider to submit completed ORF2 form to 855-439-2444
MMF	Mobile Meds Follow Up	No authorization Required
INS	Interpreter Services All Ages	Provider is to submit requests to 855-439-2444, and it is sent attn: clinical Manager with Member Information, Diagnosis, DOS, service provided and units needed.
FFA	Adult Family Focused Solutions Based Services- Individual	This service requires prior authorization
FDP	Forensic Diversion Program	Authorization needed, Provider to fax completed FDRP form to 855-439-2444.
FDE	Forensic Diversion Encounter Data	No authorization Required
CM1	Intensive Case Management/Blended Case Management	Prior authorization needed, forms to be faxed to 855-439-2444
CMF	Forensic Case Management	Prior authorization needed, forms to be faxed to 855-439-2444
TM1	Blended Case Management	No authorization Required
RC1	Resource Coordination	No authorization Required
RC2	Resource Coordination D & A	No authorization Required
DCM	D & A ICM	No authorization Required

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ER2	Emergency Room	Payment for the second emergency room assessment for a member presenting with a primary behavioral health diagnosis will not require prior authorization. However, in order to render payment, documentation of the first emergency room experience in the previous 24 hour period will be required.
RAD	Radiology	Auto Pay to in network Facilities
LAB	Laboratory	Auto Pay to in network Facilities
STR	Short Term Rehab (3B) 3.5	Services need to be preauthorized, provider needs to call and speak with service manager.
AR2	Non-Hospital Adolescent Rehab Long Term (3.1)	Services need to be preauthorized, provider needs to call and speak with service manager.
ASC	After School Program	Service require evaluation recommending service. ISPT is held with provider and family. Complete packet submitted to VBH for authorization