

MVP Behavioral Health Services and Authorization Requirements



- To view the most current list of services requiring authorization, visit mvphealthcare.com/PRM and select *Behavioral Health*.
- To determine plan specific authorization and utilization management requirements, call **1-800-684-9286**.
- To submit authorization requests:
 - Call **1-800-684-9286**
 - Fax request form and clinical support to **1-855-853-4850** or email BHservices@mvphealthcare.com
 - [Authorization Request Form \(NY\)](#)
 - [Authorization Request Form \(VT\)](#)
 - [Child/Adolescent Inpatient Mental Health Initial Notification and Treatment Plan](#)
 - [Substance Use Disorder Notification and Initial Treatment Plan](#)
 - [Applied Behavioral Analysis](#)
- To submit Plans of Care and HCBS requests, email CommunityServices@mvphealthcare.com.

| Service | NY Medicaid | NY Commercial* (incl. CHP+, EP++) | VT Commercial | Medicare |
|---|-----------------------|--------------------------------------|---------------|---------------|
| Inpatient Mental Health** | Notification Required | Notification Required | Auth Required | Auth Required |
| Inpatient Substance Use*** <ul style="list-style-type: none"> • Detoxification • Rehabilitation | Notification Required | Notification Required | Auth Required | Auth Required |
| Residential Mental Health | Not Covered | Notification Required | Auth Required | Not Covered |
| Residential Substance Use*** <ul style="list-style-type: none"> • Stabilization in a Residential Setting • Rehabilitation in a Residential Setting | Notification Required | Notification Required | Auth Required | Not Covered |
| Mental Health Partial Hospitalization | No Auth Req'd | No Auth Req'd | No Auth Req'd | No Auth Req'd |
| Substance Use Partial / Outpatient Rehabilitation | No Auth Req'd | No Auth Req'd | No Auth Req'd | No Auth Req'd |
| Mental Health Intensive Outpatient Program (IOP) | No Auth Req'd | No Auth Req'd | No Auth Req'd | No Auth Req'd |
| Substance Use Intensive Outpatient Services (IOS) | No Auth Req'd | No Auth Req'd | No Auth Req'd | No Auth Req'd |
| Personalized Recovery Oriented Services (PROS) | Auth Required | Not Covered | Not Covered | Not Covered |
| Assertive Community Treatment (ACT) | Auth Required | Not Covered | Not Covered | Not Covered |
| Continuing Day Treatment (CDT) | No Auth Req'd | Not Covered | Not Covered | Not Covered |
| Transcranial Magnetic Stimulation (TMS) | Auth Required | Auth Required | Auth Required | Auth Required |
| Electroconvulsive Therapy (ECT) | No Auth Req'd | No Auth Req'd | No Auth Req'd | No Auth Req'd |

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

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|---|--|-------------------------------------|---------------|---------------------------------|
| Children’s Home and Community Based Services (CHCBS) <ul style="list-style-type: none"> Caregiver/Family Supports and Services Community Self-Advocacy Training and Supports Day Habilitation Non-Medical Transport Prevocational Services Respite, planned Supported Employment Palliative Care Adaptive and Assistive Equipment Vehicle Modifications Environmental Modifications | Auth Required <i>For Children ages 0-20 only</i> | Not Covered | Not Covered | Not Covered |
| Adult’s Home and Community Based Services (AHCBS) <ul style="list-style-type: none"> Community Psychiatric Supports & Treatment (CPST) Educational Support Services Empowerment Services – Peer Supports Family Support and Training Habilitation/Residential Support Services Individual Employment Support Services Intensive Supported Employment Pre-vocational Services Psychosocial Rehabilitation Transitional Employment | Auth Required <i>For Harmonious Health Plan (HARP) only</i> | Not Covered | Not Covered | Not Covered |
| Mental Health Outpatient <ul style="list-style-type: none"> Assessments Individual / Group / Family Therapies Medication Management Psychological / Neuropsychological Testing | No Auth Req’d | No Auth Req’d | No Auth Req’d | No Auth Req’d |
| Applied Behavioral Analysis | Not Covered | Auth Required | Auth Required | Not Covered |
| Substance Use Outpatient <ul style="list-style-type: none"> Assessments Individual / Group / Family Therapies Medication Management Medication Assisted Treatment (MAT) Opioid Treatment Programs | No Auth Req’d | No Auth Req’d | No Auth Req’d | No Auth Req’d |
| Children and Family Treatment and Support Services (CFTSS) <ul style="list-style-type: none"> Other Licensed Practitioner (OLP) Community Psychiatric Support and Treatment (CPST) Psychosocial Rehabilitation (PSR) Family Peer Support Services (FPSS) Youth Peer Support and Training (YPST) Crisis Intervention | No Auth Req’d <i>For Children ages 0-20 only</i> | Not Covered | Not Covered | Not Covered |
| Comprehensive Psychiatric Emergency Program (CPEP) <ul style="list-style-type: none"> Assessments (Brief and Full) Extended Observation Bed | No Auth Req’d | Covered as Emergency Room visit | Not Covered | Covered as Emergency Room visit |
| Mobile Crisis Intervention Services | No Auth Req’d | Not Covered | Not Covered | Not Covered |

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|--|-------------|-------------------------------------|---------------|----------|
| <p>†Child Health Plus</p> <p>‡Essential Plan</p> <p>*Benefit coverage and rules may vary for self-funded plans; please call MVP Customer Care for Provider Services at 1-800-684-9286 for authorization rules and requirements.</p> <p>**MVP follows NYS Insurance Laws for inpatient mental health admissions for children ages 0-17, requiring notification within 2 BD of admission, for in-network, OMH licensed hospitals and facilities. Authorization for full duration of admission may be required if notification is not received timely or if provider is not licensed by OMH. Services must be medically necessary.</p> <p>***MVP follows NYS Insurance Laws for inpatient and residential substance use admissions, requiring notification within 2 BD of admission, for in-network, OASAS licensed hospitals and facilities. Authorization for full duration of admission may be required if notification is not received timely or if provider is not licensed by OASAS. Services must be medically necessary.</p> | | | | |

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