

# MVP Behavioral Health Services and Authorization Requirements



- To view the most current list of services requiring authorization, visit <https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual> 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](mailto:BHservices@mvphealthcare.com)
  - All Behavioral Health Authorization and Notification request forms can be found by visiting <https://www.mvphealthcare.com/providers/forms/#behavioral-health>.
- To submit Plans of Care and HCBS requests, email [CommunityServices@mvphealthcare.com](mailto:CommunityServices@mvphealthcare.com).

Service	NY Medicaid	NY Commercial* (incl. CHP+, EP++)	VT Commercial	Medicare
<b>Inpatient Mental Health</b> <sup>1,3</sup>	Notification Required	Notification Required	Auth Required	Auth Required
<b>Inpatient Substance Use</b> <sup>2,3</sup> <ul style="list-style-type: none"> <li>Detoxification</li> <li>Rehabilitation</li> </ul>	Notification Required	Notification Required	Auth Required	Auth Required
<b>Residential Mental Health</b> <sup>3</sup>	Not Covered	Notification Required <i>Not Covered for CHP</i>	Auth Required	Not Covered
<b>Residential Substance Use</b> <sup>2,3</sup> <ul style="list-style-type: none"> <li>Stabilization in a Residential Setting</li> <li>Rehabilitation in a Residential Setting</li> </ul>	Notification Required	Notification Required	Auth Required	Not Covered
<b>OMH Crisis Residence Programs (Effective 12/1/2020)</b> <ul style="list-style-type: none"> <li>Children's Crisis Residence</li> <li>Residential Crisis Support</li> <li>Intensive Crisis Residence</li> </ul>	Notification Required	Not Covered	Not Covered	Not Covered
<b>Mental Health Partial Hospitalization</b>	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd
<b>Substance Use Partial / Outpatient Rehabilitation</b>	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd
<b>Mental Health Intensive Outpatient Program (IOP)</b>	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd
<b>Substance Use Intensive Outpatient Services (IOS)</b>	No Auth Req'd	No Auth Req'd	No Auth Req'd	No Auth Req'd
<b>Personalized Recovery Oriented Services (PROS)</b>	No Auth Req'd	Not Covered	Not Covered	Not Covered
<b>Assertive Community Treatment (ACT)</b>	Auth Required	Not Covered	Not Covered	Not Covered
<b>Continuing Day Treatment (CDT)</b>	No Auth Req'd	Not Covered	Not Covered	Not Covered
<b>Transcranial Magnetic Stimulation (TMS)</b>	Auth Required	Auth Required	Auth Required	Auth Required
<b>Electroconvulsive Therapy (ECT)</b>	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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<b>Children’s Home and Community Based Services (CHCBS)</b> <ul style="list-style-type: none"> <li>Caregiver/Family Supports and Services</li> <li>Community Self-Advocacy Training and Supports</li> <li>Day Habilitation</li> <li>Non-Medical Transport</li> <li>Prevocational Services</li> <li>Respite, planned</li> <li>Supported Employment</li> <li>Palliative Care</li> <li>Adaptive and Assistive Equipment</li> <li>Vehicle Modifications</li> <li>Environmental Modifications</li> </ul>	Auth Required  <i>For Children ages 0-20 only</i>	Not Covered	Not Covered	Not Covered
<b>Adult’s Home and Community Based Services (AHCBS)</b> <ul style="list-style-type: none"> <li>Educational Support Services</li> <li>Habilitation/Residential Support Services</li> <li>Intensive Supported Employment</li> <li>Pre-vocational Services</li> <li>Transitional Employment</li> <li>Ongoing Supported Employment</li> </ul>	Auth Required  <i>For Harmonious Health Plan (HARP) only</i>	Not Covered	Not Covered	Not Covered
<b>Community Oriented Recovery &amp; Empowerment (CORE)<sup>4</sup></b> <i>(Effective 2/1/2022)</i> <ul style="list-style-type: none"> <li>Community Psychiatric Supports &amp; Treatment (CPST)</li> <li>Empowerment Services – Peer Supports</li> <li>Family Support and Training</li> <li>Psychosocial Rehabilitation</li> </ul>	Notification Required  <i>For Harmonious Health Plan (HARP) only</i>	Not Covered	Not Covered	Not Covered
<b>Mental Health Outpatient</b> <ul style="list-style-type: none"> <li>Assessments</li> <li>Individual / Group / Family Therapies</li> <li>Medication Management</li> <li>Psychological / Neuropsychological Testing</li> </ul>	No Auth Req’d	No Auth Req’d	No Auth Req’d	No Auth Req’d
<b>Applied Behavioral Analysis</b>	Covered by FFS <i>Eff. 9/1/2021</i>  <i>For children ages 0-20 only</i>	Auth Required	Auth Required  <i>For ages up to 21 only</i>	Not Covered
<b>Substance Use Outpatient</b> <ul style="list-style-type: none"> <li>Assessments</li> <li>Individual / Group / Family Therapies</li> <li>Medication Management</li> <li>Medication Assisted Treatment (MAT)</li> <li>Opioid Treatment Programs</li> </ul>	No Auth Req’d	No Auth Req’d	No Auth Req’d	No Auth Req’d

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Service	NY Medicaid	NY Commercial* (incl. CHPt, EP++)	VT Commercial	Medicare
<b>Children and Family Treatment and Support Services (CFTSS)</b> <ul style="list-style-type: none"> <li>Other Licensed Practitioner (OLP)</li> <li>Community Psychiatric Support and Treatment (CPST)</li> <li>Psychosocial Rehabilitation (PSR)</li> <li>Family Peer Support Services (FPSS)</li> <li>Youth Peer Support and Training (YPST)</li> <li>Crisis Intervention</li> </ul>	No Auth Req'd  <i>For Children ages 0-20 only</i>	Not Covered	Not Covered	Not Covered
<b>Comprehensive Psychiatric Emergency Program (CPEP)</b> <ul style="list-style-type: none"> <li>Assessments (Brief and Full)</li> <li>Extended Observation Bed</li> </ul>	No Auth Req'd	No Auth Req'd	Not Covered	Covered as Emergency Room visit
<b>Mobile Crisis Intervention Services</b>	No Auth Req'd	Not Covered	Not Covered	Not Covered
<b>Voluntary Foster Care Agencies (Effective 7/1/2021)</b> <ul style="list-style-type: none"> <li>Core Limited Health Related Services</li> <li>Other Limited Health Related Services (excluding CHCBS; see above requirements)</li> </ul>	No Auth Req'd	Not Covered	Not Covered	Not Covered

†Child Health Plus

††Essential Plan

\*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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Notification requirements are for in-network only. With available benefit, out-of-network requires authorization.

<sup>4</sup> Members receiving these services as AHCBS will continue to be authorized through May 2, 2022, while they are fully transitioned to CORE. Prior authorization and/or concurrent review will not occur until February 1, 2023, and only after receiving notification from NYS.

Revised 4/25/2022