



Health New England
Where you matter.

Behavioral Health

Effective Date 1/1/2021 | Revised Date 1/1/2021

Behavioral Health

This section applies to **Commercial and Medicare Advantage** members **only**.

HNE has partnered with Massachusetts Behavioral Health Partnership (MBHP) to manage behavioral health (BH) services for HNE Be Healthy members. Providers treating HNE Be Healthy members can access MBHP's Provider Manual at <https://masspartnership.com/HNE/default.aspx>.

HNE covers both inpatient and outpatient behavioral health and substance use disorder services that are medically necessary or in accordance with the member's plan or state law. Covered services may include inpatient, community-based acute residential and partial hospitalization services, inpatient detox including acute treatment services (ATS), inpatient rehabilitation, clinical stabilization services (CSS), community crisis stabilization (CCS), intensive outpatient program services, and outpatient behavioral health services. Where required by HNE, all determinations of medical necessity are based upon the most current edition of the InterQual Level of Care Criteria or HNE's Clinical Review Criteria. A telephonic review of single criteria may be conducted by contacting the Health Services Department at (413) 787-4000, extension 5028, or (800) 842-4464, extension 5028.

With respect to substance use disorder services, the BH Department conducts concurrent reviews of ongoing substance use disorder services, as permitted by state law, to ensure continued medical necessity.

Inpatient BH Hospitalization Services

HNE covers inpatient BH hospitalization services. HNE requires notification following admission. HNE recommends, but does not require, screening by an Emergency Screening Program (ESP) prior to admission.; The BH Department conducts concurrent reviews of ongoing hospitalization services, as allowed by state law, to ensure continued medical necessity.

BH Services Requiring Prior Authorization

The following BH services, procedures or treatments require prior authorization:

- Applied Behavioral Analysis
- Crisis Stabilization Unit
- Acute Residential Treatment
- Day Treatment
- Partial Hospitalization Program
- Family Stabilization Treatment
- Intensive Outpatient Therapy
- Repetitive Transcranial Magnetic Stimulation
- Neuropsychological Testing

See below for detailed Instructions for Completing and Submitting the Standard Prior Authorization Request Form.

What is not covered:

Services that are not covered under the behavioral health/substance use disorder benefit include:

- Educational services or testing, except services covered under the benefit for Early Intervention Services
- Services for problems of school performance
- Faith-based counseling
- Social work for non-mental health care
- Christian Science practitioner and sanitarium stays
- Services required by a third party or court-ordered residential/custodial services (including residential treatment programs and halfway houses)

Instructions for Completing the Standardized Prior Authorization Request Form

When submitting the Standardized Prior Authorization Request Form to HNE Health Services, providers should be very specific. Fill out the form as completely as possible and attach copies of additional pertinent clinical information (e.g., a statement of medical necessity, office notes, lab results, x-ray report and other consultation reports) so that Health Services can make an informed determination within standardized decision-making timeframes. If the required information is not submitted with the initial request, Health Services may need to request additional information, delaying the review process. Once all necessary information is received, Health Services will make a coverage determination. Health Services will then send a written confirmation of the decision to all appropriate parties (e.g., the requesting physician, the provider rendering the service, the member and the member's PCP). If the determination is a Medical Necessity denial, the referring provider will also receive a phone call.

The Standardized Prior Authorization Request Form should be received at HNE at least seven days prior to the scheduled service date. The requesting provider is responsible for submitting the Standardized Prior Authorization Request Form to HNE.

Choose the Service Type Category:

Provider Information:

- Requesting Provider Name, Phone Number and Fax
- Servicing Provider Name, Phone Number and Fax
- Servicing Facility Name (if indicated)
- Name of Contact Person, Phone Number and Fax

Member Information:

- Name of Member
- Date of Birth
- HNE ID Number
- Diagnosis
- Procedure Description and Code
- Units/Days/Visits Requested
- Service Start and End Date

Instructions for Submitting the Standardized Prior Authorization Request Form

To request prior authorization, the requesting physician's office must submit a Standardized Prior Authorization Form to Health Services. Standardized Prior Authorization Forms are located on the HNE website. In addition to this general prior authorization form, there are additional forms pertaining to specific services such as Behavioral Health, Infertility Treatment and Enteral Nutrition. For assistance, please contact the HNE Provider Relations Department at (800) 842-4464 extension 5000, or Health Services at (413) 787-4000 extension 5027, or (800) 842-4464 extension 5027.

You can access the form at <http://healthnewengland.org/forms>.

Prior Authorization requests for Medical and Behavioral Health Services should be sent to:

Health New England
Attention: Health Services
One Monarch Place, Suite 1500
Springfield, MA 01144
Fax: (413) 233-2700