June 1, 2016

Update: UCare's Authorization Requirements for ARMHS

Each year, UCare reviews our notification and authorization requirements and makes adjustments to our authorization grids based on industry trends, member utilization and cost of specific services. As result of this review, UCare intended to require prior authorization on all Adult Rehabilitative Mental Health Services (ARMHS) beginning Jan. 1, 2016. However, upon further review, UCare has decided to revert to 2015 authorization requirements where an authorization is needed after 300 hours of service.

Effective for services provided on or after July 1, 2016, UCare is reinstating 2015 authorization requirements to ARMHS (including CPT codes H2017, 90822 and H0034). UCare's 2016 Medicaid Authorization and Notification Requirements Grid has been updated to reflect this change.

If you have received an approved authorization for ARMHS since Jan. 1, 2016, those authorizations will remain in effect through the end date on the authorization. There is no need to obtain another authorization.

If you received "no authorization on file" claim denials for ARMHS services that were rendered prior to July 1, 2016, please submit a Status Adjustment to UCare for reconsideration.

Please note that out-of-network ARMHS providers must continue to obtain prior authorization from UCare before any ARMHS are provided to a UCare member.

To request an authorization for ARMHS, providers must complete the Mental Health Outpatient Request Form. Completion of this form will increase UCare's ability to provide an authorization without needing to obtain additional information. Although the Diagnostic Assessment, LOCUS Assessment, Functional Assessment and Individual Treatment Plan are not required with the prior authorization form, providers should follow the criteria and requirements described in the DHS Provider Manual for ARMHS services. UCare reserves the right to request documentation for auditing purposes.

To comply with HIPAA and internal compliance requirements, providers should fax one prior authorization form at a time. When authorization requests are faxed in bulk, it increases the risk of information being lost or inappropriately filed. Please allow up to 14 calendar days to receive a response to an authorization request.

Please contact our Provider Assistance Center with questions at 612-676-3300 or 1-888-531-1493 toll free.