



Authorization Line: 855-530-6790
Provider Fax: 608-245-3097
Website (forms): www.mychoicewi.org

**My Choice Wisconsin Health Plan
Behavioral Health & Alcohol and Other Drug Abuse (AODA)
Authorization Guidelines
Effective January 1, 2021**

Authorizations must be obtained from My Choice Wisconsin Health Plan Utilization Review Department utilizing the procedures detailed in the My Choice Wisconsin BadgerCare Plus Provider Administrative Guide. Retroactive event authorizations for services will not be granted unless there is a compelling reason for consideration. At no time will a retroactive event authorization be approved for a time span greater than two weeks prior to the receipt date.

Services Not Requiring Prior Authorization:

Narcotic Treatment Services. Prior authorization is not required for Narcotic Treatment Services that are considered a covered benefit. This automatic authorization is only given to providers with active credentialing and provider participation status who are seeing My Choice Wisconsin Health Plan members.

Initial Outpatient Mental Health and AODA Visits. Network providers may see new patients for Outpatient Mental Health and AODA services without an authorization when the service is considered a covered benefit. This automatic authorization is only given to providers with active credentialing and provider participation status who are seeing My Choice Wisconsin Health Plan members.

Services Requiring Prior Authorization:

Intensive In-Home Mental Health Therapy. Authorization must be obtained prior to receiving services.

Day Treatment/Partial Hospitalization and Transitional Care. All authorization requests for Day Treatment/Partial Hospitalization and Transitional Care must be obtained prior to receiving the service.

Outpatient Neuropsychological and Psychological Testing. All authorization requests for outpatient neuro/psychological testing must be obtained prior to members receiving the service. Neuro/psychological testing done on an inpatient basis does not require prior authorization. Brief testing measures such as rating scales, checklists, and inventories are not reimbursed as testing and should be included as part of the initial intake.

Medication Management. Authorization is not required when medication management is provided by a contracted provider (MD, PA, NP) including Suboxone treatment.

Inpatient Care. In the event of an emergency admission, notification including clinical information supporting the need for admission is required on the next business day. A target length of stay will be determined and communicated to the provider. Additional clinical information (concurrent review) may be needed to assess length of stays that are longer than the initial authorization. Clinician-to-clinician reviews may be conducted during concurrent review. Review and planning of further care should occur prior to expiration of any current authorization. Concurrent reviews generally occur during normal business hours. Notification of discharge date and discharge plan is required at the time of discharge.

Services provided by non-network Providers.