OUTPATIENT BEHAVIORAL HEALTH:
POLICY, PICIS AND THE PORTAL

Pam Raisley & Ross Riley
June, 2020
AGENDA

• What is new in policy?
• Eligible members.
  • SoonerCare – Title 19.
  • Insure Oklahoma – public product OEPIC.
  • Department of Mental Health & Substance Abuse.
• Behavioral Health provider types.
  • Covered services by type.
    • Agency.
    • Group and individual.
• FAQ by provider type.
AGENDA

• PICIS and the provider portal.
  • Accessing PICIS.
  • CDC - prior authorization submission.

• The portal.
  • Eligibility.
  • Treatment history.
  • Search authorization status.
  • Claim submission.

• Resources.

• Questions.
CLASS DESCRIPTION

• This class will review the SoonerCare Outpatient Behavioral Health Program. It will include an overview of commonly asked questions by behavioral health provider type, as well as reviewing recent changes in policy. This class will also include a short tutorial of submitting a CDC/PA in the PICIS system. We will also cover eligibility, treatment history, view authorization status, and claim submission for outpatient behavioral health on the Provider Portal. This class is a how-to class and will not cover any clinical information.
WHAT IS NEW IN POLICY?
WHAT IS NEW?

• New fee schedule.
  • Agencies (September).
  • Group and individual providers (January).

• Claim submission.
  • Effective immediately, all providers must submit their claims electronically through EDI or the Provider Portal. All efforts will be made to process paper claims previously received, but there is likely to be long delays in the process. When submitting attachments for claims, all attachments should be uploaded and not faxed.
WHAT IS NEW?

• Case management unit changes from 16 units per member per year to 12 units per member per month effective Sept. 1, 2019 - no longer using GD modifier on behavioral health case management claims.

• Under supervision contracts.
  • Expire on May 31, 2020.

• STBS members have full scope outpatient behavioral health benefits effective Sept. 1, 2019.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>09/30/2019</td>
<td>09/30/2019</td>
<td></td>
</tr>
<tr>
<td>Allen Emergency Services Only</td>
<td>09/30/2019</td>
<td>09/30/2019</td>
<td></td>
</tr>
<tr>
<td>Non Emergency Transportation</td>
<td>09/30/2019</td>
<td>09/30/2019</td>
<td></td>
</tr>
<tr>
<td>SOON TO BE SOONERS</td>
<td>09/30/2019</td>
<td>09/30/2019</td>
<td></td>
</tr>
</tbody>
</table>
WHAT IS NEW?

• Member address updates.
  • When checking member eligibility, if a red notice is displayed requesting to “Please have the member contact the SoonerCare Helpline at 800-987-7767.”, we are asking that you please help us relay this important information to the member.
  • We would also appreciate your assistance in reminding members that they can log in to their accounts at www.mysoonercare.org to read related messages and update their information 24/7.
## WHAT IS NEW?

<table>
<thead>
<tr>
<th>Applied Behavior Analysis</th>
<th>Provider Type: 17 [Specialty Types: 176, 177, &amp; 178]</th>
</tr>
</thead>
</table>

CMS has approved the Applied Behavior Analysis State Plan Amendment request that was submitted on June 26, 2019. Effective Oct. 7, 2019, SoonerCare contracted Board Certified Behavior Analysts who have received prior authorization for ABA services, may submit or resubmit claims for payment of services rendered on July 1, 2019 and thereafter. Timely filing requirements must be met to receive reimbursement.

The Oklahoma Health Care Authority will be submitting a new SPA request to the Centers for Medicare & Medicaid Services to recognize Registered Behavior Technicians as an Oklahoma Medicaid provider type, and to allow for coverage of RBT services with a requested effective date of Jan 1, 2020. Additionally, corresponding RBT agency rules must also be promulgated and receive approval by the Governor before OHCA can begin coverage of and reimbursement for ABA services provided by RBTs. No claims can be billed under the 97153 RBT CPT code until the SPA and the agency rules are approved.

All RBTs interested in providing compensable ABA services to SoonerCare members under age 21 are required to apply and be approved for a provider contract with OHCA. Interested RBTs can begin enrolling as a SoonerCare RBT provider on Nov. 18, 2019; the contract’s effective date will be Jan. 1, 2020. Individuals may apply by completing the RBT application. In order to complete your application, you will be required to upload a copy of your national RBT certification. RBTs must work under the supervision of a SoonerCare contracted BCBA. Please note, if you are currently contracted with OHCA to provide other compensable services to SoonerCare members, you will be required to have a separate contract for ABA services. To begin enrollment, please access the following link: https://www.ohcaprovider.com/Enrollment/(5 (dpc743q04ndvksprvysmz2))/Site/Home/creatauser.aspx

If you have any questions regarding contracting, please call 800-522-0114, option 5, or email ProviderEnrollment@okhca.org, to receive assistance.
## WHAT IS NEW?

| Expanded use of telehealth services during the COVID-19 national and state emergency are being extended. | Provider types/specialties: All
| Telehealth services expanded during the COVID-19 national and state emergency are being extended through June 30. OHCA will assess the status of the COVID-19 pandemic toward the end of June to determine if the expansion should be extended. |
|---|---|
| Behavioral Health Providers | Effective immediately and only for so long as the national emergency surrounding COVID-19 exists, services rendered by behavioral health providers via telephone will use the HCPCS/CPT codes listed in the rates & codes sheets applicable to their provider type found at [www.okhca.org/behavioral-health](http://www.okhca.org/behavioral-health) using the GT modifier. Services should only be delivered telephonically (non face-to-face) in instances when the SoonerCare member does not have access to telehealth equipment, the service is necessary to the health and safety of the member, and the service can safely and effectively be provided over the telephone.

Providers are encouraged to create internal policies and procedures regarding the use of telehealth during a national/state emergency so that all staff understand its appropriate use during this time. Documentation in the client’s record should either reference the provider’s internal policy or otherwise indicate why telehealth was utilized if the service was not reimbursed via telehealth prior to March 16, 2020 |
| Expanded use of telehealth services during the COVID-19 national and state emergency are being extended | Provider types/specialties: All
| Telehealth services that have been expanded during the COVID-19 national and state emergency are being extended through May 31. OHCA will assess the status of the COVID-19 pandemic toward the end of May to determine if the expansion should be extended. |
ELIGIBLE MEMBERS
ELIGIBLE MEMBERS

OHCA administers two health programs:

- **SoonerCare** - A federal program administered by the state.
  - In Oklahoma, Medicaid is referred to as SoonerCare.

- **Insure Oklahoma** - Assists qualifying adults and small-business employees in obtaining health care coverage for themselves and their families.
ELIGIBLE MEMBERS

• If the member has only MHSAS showing when checking eligibility, the member **must** be seen at a ODMHSAS contracted provider.

• MHSAS is not a benefit but a place holder for customers seeking services from ODMHSAS contracted providers.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td>05/05/2020</td>
<td>05/05/2020</td>
</tr>
</tbody>
</table>
ELIGIBLE MEMBERS: WHO RENDERS THESE SERVICES

• OHCA is the single state agency that administers the Medicaid program (SoonerCare) in Oklahoma.
  • Financed by federal and state funds and managed by the state in accordance with federal guidelines.

• ODMHSAS currently sets rates and policy for SoonerCare’s outpatient behavioral health program.
ELIGIBLE MEMBERS

Programs that cover outpatient behavioral health services:

• Title 19 (TXIX).
• Insure Oklahoma.
• Breast and cervical cancer.
• MHSAS at ODMHSAS-contracted facilities only.

Programs that do not cover OPBH services:

• Family planning (SoonerPlan).
BEHAVIORAL HEALTH PROVIDER TYPES
BEHAVIORAL HEALTH PROVIDER TYPES

Outpatient Behavioral Health agency.

Physicians
LBHP’s including licensure candidates under board approved supervision.
LCSW, LPC, LMFT, LBP, LADC

Paraprofessionals
BHCM I, BHCM II, CADC

DMH-only paraprofessionals.
Peer recovery support specialist, family support provider, behavioral health aide.
## POPULATIONS SERVED

<table>
<thead>
<tr>
<th>BH Provider Type</th>
<th>TXIX Adult (21+ yrs)</th>
<th>TXIX Child (20 yrs and younger)</th>
<th>IO Adult (21+ years)</th>
<th>IO Child (20 yrs and younger)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Agency</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Private LBHP</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>BH Group</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Physician</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
COMPENSABLE SERVICES
BY BH PROVIDER TYPE

OPBH Agency
• Screening and Referral.
• Assessment.
• Treatment Planning.
• Psychotherapies.
• Crisis Intervention.
• Behavioral Health Case Management.
• Behavioral Health Rehabilitation Services.
• Testing.

Private LBHP/BH Group
• Evaluation.
• Psychotherapies.
• Crisis Intervention.
• Testing.
FREQUENTLY ASKED QUESTIONS
FAQ – AGENCY

• Can we be reimbursed for screening?

  • Yes! Screening is conducted for purposes of determining whether member meets medical necessity criteria and need for further assessment and possible treatment services.

  • Screening is compensable on behalf of a member who is seeking services for the first time from the BH agency. To qualify for reimbursement, the screening tools used must be evidence-based or otherwise approved by OHCA and ODMHSAS and appropriate for the age and/or developmental level of the member.

  • May be performed by any credentialed staff member as listed under OAC 317:30-5-240.3.
FAQS FROM BH AGENCIES

• How much time do I need to spend completing the assessment? What is an event?
  • Recent documentation and billing revisions to the BH assessment removed minimum time-based requirements for this service and allow the provider greater flexibility in the assessment process.
  • Event billing is service-based and untimed.
    • Removed moderate complexity (2 hrs+) and low complexity (1 ½ hrs) and shifted to a serviced-based billing.
  • Billing.

<table>
<thead>
<tr>
<th>Last Modified on 12/7/2016</th>
<th>LBHP</th>
<th>Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>CPT/HCPCS</td>
<td>Modifier</td>
</tr>
<tr>
<td>ASSESSMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCD</td>
<td>H0031</td>
<td>H1A1F3H4H5</td>
</tr>
</tbody>
</table>
FAQS FROM BH AGENCIES

What is the process for adding a new clinician to a case?

• Complete a service plan modification in order to add the new clinician’s goals and objectives.

• 317:30-5-241.1 Service plan updates are required every six months during active treatment. Updates, however, can be conducted whenever clinically needed as determined by the provider and member but are only compensable twice in one year. The date of service is when the service plan is complete and the date the last required signature is obtained.

• If there is an under-supervision LBHP conducting the service plan or updates, the clinical supervisor or on-site supervisor must review and sign the service plan or any addendums to it.
FAQS FROM BH AGENCIES

• Does the BH case manager need to sign the treatment plan?
  • Yes! The service plan must be signed by the BH case manager.

  317:30-5-241.6 (C) In order to ensure that behavioral health case management services appropriately meet the needs of the member and family and are not duplicated, behavioral health case management activities will be provided in accordance with an individualized plan of care.

  (D) The individual plan of care must include general goals and objectives pertinent to the overall recovery of the member’s (and family, if applicable) needs.

  (6) Progress notes must relate to the individual plan of care and describe the specific activities to be performed. The individual plan of care must be developed with participation by, as well as, reviewed and signed by the member, the parent or guardian (if the member is under 18), the behavioral health case manager, and a licensed behavioral health professional or licensure candidate.
FAQS FROM BH AGENCIES

• Can I bill one hour of psychotherapy a week?
  - Psychotherapies have both daily and weekly limits.

The weekly limits run from Sunday to Saturday, regardless of month or holidays.

The weekly limit for individual, family and group therapy are separate. For example, a member may receive up to eight units of individual or family AND up to 12 units of group in a week.

<table>
<thead>
<tr>
<th></th>
<th>Daily Limit</th>
<th>Weekly Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>4 units/1 hour</td>
<td>Cumulative total of 8 units/2 hours</td>
</tr>
<tr>
<td>Family</td>
<td>4 units/1 hour</td>
<td>Cumulative total of 8 units/2 hours</td>
</tr>
<tr>
<td>Group</td>
<td>6 units/1 ½ hour</td>
<td>12 units/3 hours</td>
</tr>
</tbody>
</table>
FAQS FROM BH AGENCIES

• Can I bill 1 hour of psychotherapy a week?
  • For individual or family therapy, there are multiple ways the limits can be used.
  • Family therapy and individual therapy can be billed on the same day, but neither can exceed four units in a day or eight units in a week.

Examples below are not all inclusive of every scenario.

1. Individual therapy at four units on one day, and individual therapy at four units on another day.
2. Individual therapy at four units on one day, and four units of family therapy on the same day.
3. Individual therapy at four units on one day, and four units of family therapy on another day.
4. Family therapy at four units on one day, and four units of family therapy on another day.
5. Individual therapy at three units on one day, family therapy at three units on another day, and two units of family therapy on another day.
FAQS FROM BH AGENCIES

• My therapy claim is denying. If we have a Letter of Collaboration with another agency, how do we know when they billed psychotherapy units on the member?
  • The agency psychotherapy limits apply to the member not the provider. The weekly limits apply regardless of how many agencies are serving the member.
  • It is the providers responsibility to closely collaborate to avoid duplication of services and ensure both providers can be paid for services rendered during the same treatment week.
FAQS FROM BH AGENCIES

• Treatment history on the provider portal:
  • Allows you to see if a submitted claim has been paid to another SoonerCare contracted provider for the same service.
  • Treatment history is a role and must be added for clerks.
TREATMENT HISTORY

BH AGENCY
### FAQs FROM BH AGENCIES

**COMPENSABLE BHCM SERVICES**

#### Eligibility

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title 19</td>
<td></td>
<td>03/16/2018</td>
<td>03/16/2018</td>
</tr>
<tr>
<td>SoonerCare Choice</td>
<td></td>
<td>03/16/2018</td>
<td>03/16/2018</td>
</tr>
<tr>
<td>Non Emergency Transportation</td>
<td></td>
<td>03/16/2018</td>
<td>03/16/2018</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td>03/16/2018</td>
<td>03/16/2018</td>
</tr>
</tbody>
</table>

#### Managed Care Information

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Phone</th>
<th>Health Plan Name</th>
<th>Health Plan Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Clinic, Inc.</td>
<td>405-123-1234</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Health Home Information

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Address</th>
<th>Provider Phone</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scissortail Behavioral Health Services</td>
<td>123 Main Street Your City, OK 11111</td>
<td>405-599-1234</td>
<td>04/06/2016</td>
<td>12/31/2019</td>
</tr>
</tbody>
</table>

#### CCBHC

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Address</th>
<th>Provider Phone</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scissortail Behavioral Health Services</td>
<td>123 Main Street Your City, OK 11111</td>
<td>405-599-1234</td>
<td>08/02/2017</td>
<td>08/31/2018</td>
</tr>
</tbody>
</table>

#### Visits

<table>
<thead>
<tr>
<th>Service</th>
<th>Last Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>03/13/2015</td>
</tr>
</tbody>
</table>
FAQS FROM BH AGENCIES

• Which services are not compensable for health home members?
  • 317:30-5-254 (b).
    1. Targeted case management.
    2. Service plan development, low complexity.
    3. Medication training and support.
    4. Peer to peer support (family support).
    5. Medication management and support and coordination linkage when provided within a Program of Assertive Community Treatment.
    7. Medication administration.
    8. Outreach and engagement.
FAQ’S FROM LBHP/BH GROUPS
## FAQs FROM LBHPS/BH GROUPS

**CLAIM IS DENYING**

<table>
<thead>
<tr>
<th>Timed psychotherapy codes *once per day</th>
<th>Event psychotherapy codes *one event code may be billed on same DOS as a timed code</th>
</tr>
</thead>
</table>
| 90832  
(30 minutes) | 90846  
family psychotherapy without member present |
| 90834  
(45 minutes) | 90847  
family psychotherapy with member present |
| 90837  
(60 minutes) | |
FAQS FROM BH AGENCIES

DENIED CLAIMS

• My claim is denying, how can I see if the member is being seen by another provider?
• Treatment history on the provider portal.
  • Allows you to see if a submitted claim has been paid to another SoonerCare contracted provider for the same service.
  • Treatment history is a role and must be added for clerks.
### TREATMENT HISTORY

**LBHPS/BH GROUPS**

---

**Search Treatment History**

- **Medical**
- **Dental**

Indicates a required field.

This search feature retrieves PAID claim records for a particular member ID as of the timeframe submitted.

Enter the member ID, date of service, and procedure type/code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

**Member Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

- **Member ID**: 000000002
- **Last Name**: Doe
- **First Name**: Jane
- **Birth Date**: 05/18/2010

**Service Information**

- **Service From Date**: 01/01/2018
- **To Date**: 03/21/2018
- **Procedure Code Type**: CPT/HCPCS
- **Procedure Code**: 90837

**Search Results**

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Procedure Code</th>
<th>Description</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/19/2018</td>
<td>90837</td>
<td>PSYTX PT&amp;/FAMILY 60 MINUTES</td>
<td>1</td>
</tr>
<tr>
<td>03/13/2018</td>
<td>90837</td>
<td>PSYTX PT&amp;/FAMILY 60 MINUTES</td>
<td>1</td>
</tr>
<tr>
<td>02/27/2018</td>
<td>90837</td>
<td>PSYTX PT&amp;/FAMILY 60 MINUTES</td>
<td>1</td>
</tr>
<tr>
<td>02/20/2018</td>
<td>90837</td>
<td>PSYTX PT&amp;/FAMILY 60 MINUTES</td>
<td>1</td>
</tr>
</tbody>
</table>
PICIS AND THE PROVIDER PORTAL

CDC/PRIOR AUTHORIZATION SUBMISSION AND STATUS
PRIOR AUTHORIZATIONS

Outpatient Services

Preadmission and Level of Care Services

Public and private outpatient behavioral health agencies, and private independent licensed practitioners must complete the Customer Data Core (CDC) Form and submit to the OHCA designated behavioral health utilization management and quality improvement organization. Currently this information must be submitted via the PI Client Information System. The information provided for pre-admission is brief and is primarily used to track the utilization of various services.

Preadmission services do not require clinical review and will be approved unless the member has exhausted the benefit or another provider has requested prior authorization for additional services.

Prior Authorization Requests

Prior authorization is required for members who require service intensity or duration beyond the pre-admission level.

- Client Assessment Record (CAR)
- Customer Data Core (CDC) PA Forms (ODMHSAS site)
- Electroconvulsive Therapy Guidelines
- Prior Authorization Manual
- Prior Authorization Guidelines for Psychosocial Rehabilitation Services Beginning August 1, 2014
- Prior Authorization Procedure Code Groups
# CDC TYPES

## Transaction Types

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Pre-admission – Agency</td>
</tr>
<tr>
<td>23</td>
<td>Admission</td>
</tr>
<tr>
<td>27</td>
<td>Testing – Individual</td>
</tr>
<tr>
<td>40</td>
<td>Level of Care Change (ex: inpatient to outpatient – DMH Agencies only)</td>
</tr>
<tr>
<td>41</td>
<td>Information Update&lt;br&gt;• Only fields to be updated are required</td>
</tr>
<tr>
<td>42</td>
<td>Treatment Extension/Outcome&lt;br&gt;• Can be used to add testing after 23 is entered - Individual</td>
</tr>
<tr>
<td>60-72</td>
<td>Discharge Types</td>
</tr>
<tr>
<td>68</td>
<td>Discharge/Death&lt;br&gt;• Primary referral 36</td>
</tr>
<tr>
<td>92</td>
<td>Administrative Discharge</td>
</tr>
</tbody>
</table>
Many providers fill out the paper version and key directly from it. Others use only PICIS. It depends on whether the clinician is submitting the request, or if it is a delegate.
ACCESSING PICIS

• https://www.ok.gov/odmhsas/

Quick Links

• Administrative Rules
• Application Links
• Board Members and Meeting Information
• Career Opportunities
• Certified Providers:
  Find Certified Services Near You
  • CDC Data Entry System (PICIS)
  • Employee Assistance Program (EAP)
• Community Presentations
• Griffin Memorial Psychiatry Residency
• ODMHSAS E-Learning Module
• Oklahoma Prevention Needs Assessment (OPNA)
• Oklahoma Uniform Transportation Standards for QTSP
• Title 43A Mental Health Law
• 2Much2Lose (2M2L)
ACCESSING PICIS

Welcome to PI Client Information System (PICIS)

If you are a provider starting the initial provider enrollment and have your letter with the secret code, you can start here. If you have not received your letter, please contact gethelp@odmhsas.org.

If you are a staff member starting your initial enrollment and received an email with your secret code, you can start here. Staff members will receive their code after the provider enrollment process is complete.

We have a dedicated telephone number (405-248-9326) and Provider Assistant Specialists (PAS) will assist you with any questions you may have about the CDC entry. You may also contact us by email at gethelp@odmhsas.org.

Need help?
Email us at gethelp@odmhsas.org
Our local number is 405-248-9326

CDC Data Entry (PICIS)

PROVIDER ENROLLMENT

STAFF ENROLLMENT

VENDOR ENROLLMENT

DOCUMENTS
ACCESSING PICIS
Create new CDCs for clients, who have never been seen by you/your agency with the “Add New” function.
COMMON CDC ISSUES

• Client name/SSN/DOB – member search.
  • If incorrect information, then use Member ID Correction Form.
• Linking ID numbers.
  • Exception to adoption case.
  • Use the Member ID Correction Form.
• Dates of CDCs (23 and 42).
• Referrals.
• Employment.
  • Unemployed vs. not in labor force.
  • Employment overrides education.
CDC SUBMISSION – PA

• If the prior authorization saved successfully, you will see the PA information in the upper right corner.
PRIOR AUTHORIZATIONS

• Once your prior authorization has been approved in PICIS, it must show in the Prior Authorization Search on the OHCA Provider Portal.

• Prior authorization approval dates are based on what you submit in PICIS.
  • For example, if you submit the request with a start date of October 25, your approved request will be good from October 25 to November 24, using the same dates for each month of the authorization.
PRIOR AUTHORIZATION STATUS

### View Authorization Status

**Prospective Authorizations** | **Search Authorizations** | **Authorization Notices**
--- | --- | ---

Enter at least one of the following fields to search for an authorization. For Advanced search PA or Member ID/day range is required.

**Authorization Information**

- **Advanced Search**: [ ]
- **Prior Authorization Number**: [ ]
- **Assignment Code**: [ ]
- **Code Type**: [ ]
- **Code**: [ ]

Select a Day Range or specify a Service Date. The optional date criterion provides a search option based on the Authorized Effective and Authorized End Date of the Prior Authorization.

- **Authorized Day Range**: [ ]
- **OR Authorized Service Date**: [ ]

**Member Information**

- **Member ID**: [ ]

**Provider Information**

- **Provider NPI**: [ ]
- **This Provider is the**:
  - [ ] Servicing Provider on the Authorization
  - [ ] Referring Provider on the Authorization

**Search Results**

The Search criteria selected in the Search Authorizations panel reflect the Search Results displayed.

<table>
<thead>
<tr>
<th>Prior Authorization Number</th>
<th>Authorized Service Date</th>
<th>Member Name</th>
<th>Member ID</th>
<th>Assignment Code</th>
<th>Requesting Provider</th>
<th>Servicing Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>4512345678</td>
<td>10/25/2017 - 04/24/2018</td>
<td>Doe, Joe</td>
<td>0000000000</td>
<td>BEHAVIORAL HEALTH SERVICES</td>
<td>Sooner Therapy Services</td>
<td>Sooner Therapy Services</td>
</tr>
<tr>
<td>4512345678</td>
<td>10/20/2017 - 10/24/2017</td>
<td>Doe, Joe</td>
<td>0000000000</td>
<td>BEHAVIORAL HEALTH SERVICES</td>
<td>Sooner Therapy Services</td>
<td>Sooner Therapy Services</td>
</tr>
</tbody>
</table>

[Export results...]
**APPROVED AUTHORIZATION - AGENCY**

<table>
<thead>
<tr>
<th>Line</th>
<th>Authorized From Date</th>
<th>Authorized To Date</th>
<th>Requested From Date</th>
<th>Requested To Date</th>
<th>Units</th>
<th>Units Used</th>
<th>Dollars Used</th>
<th>Code</th>
<th>Remarks</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10/25/2017</td>
<td>11/24/2017</td>
<td>10/25/2017</td>
<td>11/24/2017</td>
<td></td>
<td>27</td>
<td>$1,171.00</td>
<td>PG045-Level 4 with Rehab</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td>Payment Method Reason</td>
<td>4-CAP Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>11/25/2017</td>
<td>12/24/2017</td>
<td>11/25/2017</td>
<td>12/24/2017</td>
<td></td>
<td>34</td>
<td>$1,171.00</td>
<td>PG045-Level 4 with Rehab</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td>Payment Method Reason</td>
<td>4-CAP Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>12/25/2017</td>
<td>01/24/2018</td>
<td>12/25/2017</td>
<td>01/24/2018</td>
<td></td>
<td>24</td>
<td>$1,171.00</td>
<td>PG045-Level 4 with Rehab</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td>Payment Method Reason</td>
<td>4-CAP Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>01/25/2018</td>
<td>02/24/2018</td>
<td>01/25/2018</td>
<td>02/24/2018</td>
<td></td>
<td>20</td>
<td>$1,171.00</td>
<td>PG045-Level 4 with Rehab</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td>Payment Method Reason</td>
<td>4-CAP Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>02/25/2018</td>
<td>03/24/2018</td>
<td>02/25/2018</td>
<td>02/25/2018</td>
<td></td>
<td>0</td>
<td>$1,171.00</td>
<td>PG045-Level 4 with Rehab</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td>Payment Method Reason</td>
<td>4-CAP Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# APPROVED AUTHORIZATION - GROUP/LBHPS

<table>
<thead>
<tr>
<th>Line</th>
<th>Authorized From Date</th>
<th>Authorized To Date</th>
<th>Requested From Date</th>
<th>Requested To Date</th>
<th>Units</th>
<th>Units Used</th>
<th>Dollars</th>
<th>Dollars Used</th>
<th>Code</th>
<th>Remarks</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>02/12/2018</td>
<td>03/11/2018</td>
<td>02/12/2018</td>
<td>03/11/2018</td>
<td>4</td>
<td>2</td>
<td>$96.20</td>
<td>PG030-Psychologist Treatment</td>
<td>_</td>
<td>_</td>
<td>Approved</td>
</tr>
<tr>
<td>B</td>
<td>03/12/2018</td>
<td>04/11/2018</td>
<td>03/12/2018</td>
<td>04/11/2018</td>
<td>4</td>
<td>0</td>
<td></td>
<td>PG030-Psychologist Treatment</td>
<td>_</td>
<td>_</td>
<td>Approved</td>
</tr>
<tr>
<td>C</td>
<td>04/12/2018</td>
<td>05/11/2018</td>
<td>04/12/2018</td>
<td>05/11/2018</td>
<td>4</td>
<td>0</td>
<td></td>
<td>PG030-Psychologist Treatment</td>
<td>_</td>
<td>_</td>
<td>Approved</td>
</tr>
<tr>
<td>D</td>
<td>05/12/2018</td>
<td>06/11/2018</td>
<td>05/12/2018</td>
<td>06/11/2018</td>
<td>4</td>
<td>0</td>
<td></td>
<td>PG030-Psychologist Treatment</td>
<td>_</td>
<td>_</td>
<td>Approved</td>
</tr>
<tr>
<td>E</td>
<td>06/12/2018</td>
<td>07/11/2018</td>
<td>06/12/2018</td>
<td>07/11/2018</td>
<td>4</td>
<td>0</td>
<td></td>
<td>PG030-Psychologist Treatment</td>
<td>_</td>
<td>_</td>
<td>Approved</td>
</tr>
<tr>
<td>F</td>
<td>07/12/2018</td>
<td>08/11/2018</td>
<td>07/12/2018</td>
<td>08/11/2018</td>
<td>4</td>
<td>0</td>
<td></td>
<td>PG030-Psychologist Treatment</td>
<td>_</td>
<td>_</td>
<td>Approved</td>
</tr>
</tbody>
</table>
SUBMIT PROFESSIONAL CLAIM
SUBMIT PROFESSIONAL CLAIM
**SUBMIT PROFESSIONAL CLAIM**

**Professional Claim Step 3**

---

<table>
<thead>
<tr>
<th>#</th>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. If applicable, including the GT Modifier for Telehealth
2. If applicable – DMH Contracted Providers only

---

**Service Details**

- Select the row number to edit the row. Click the Remove link to remove the entire row.
- From Date
- To Date
- Place of Service
- Procedure Code
- Diagnosis Pointers
- Contract Code
- DMH Contract Source
- SC Provider Number
- NDC for Item 1

**Attachments**

- Click the Remove link to remove the entire row.
- #
- Transmission Method
- File
- Control #
- Attachment Type
- Action

**Go to Top**

---

**Notes:**

- A-MH Case Management-Adult
- C-MH Case Management-Child
- DA-MH Case MGMT-Adult
- DC-MH Case MGMT-Child
- DM-Contract Provider
- G-Group
- NI-Non Indian Provider
- T-Teaching Physician
- TS-Teaching Specialist
## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASI</td>
<td>Addiction Severity Index</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>BHA</td>
<td>Behavioral Health Aide</td>
</tr>
<tr>
<td>BH-CM I</td>
<td>Behavioral Health Care Management I</td>
</tr>
<tr>
<td>BH-CM II</td>
<td>Behavioral Health Care Management II</td>
</tr>
<tr>
<td>CADC</td>
<td>Certified Alcohol and Drug Counselors</td>
</tr>
<tr>
<td>CAR</td>
<td>Client Assessment Record</td>
</tr>
<tr>
<td>CDC</td>
<td>Customer Data Core</td>
</tr>
<tr>
<td>CMHC</td>
<td>Community Mental Health Center</td>
</tr>
<tr>
<td>DMH</td>
<td>Department of Mental Health</td>
</tr>
<tr>
<td>DOS</td>
<td>Date of Service</td>
</tr>
<tr>
<td>FAQ</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>FSP</td>
<td>Family Support and Training Provider</td>
</tr>
<tr>
<td>HCBS</td>
<td>Home and Community Based Services (Waiver Program)</td>
</tr>
<tr>
<td>HH</td>
<td>Health Home</td>
</tr>
<tr>
<td>ICF/IID</td>
<td>Intermediate Care Facility for Individuals with Intellectual Disabilities</td>
</tr>
<tr>
<td>IO</td>
<td>Insure Oklahoma</td>
</tr>
<tr>
<td>LADC</td>
<td>Licensed Alcohol Drug Counselor</td>
</tr>
<tr>
<td>LBHP</td>
<td>Licensed Behavioral Health Professional</td>
</tr>
<tr>
<td>LPB</td>
<td>Licensed Behavioral Practitioner</td>
</tr>
<tr>
<td>LCSW</td>
<td>Licensed Clinical Social Worker</td>
</tr>
<tr>
<td>LMFT</td>
<td>Licensed Marriage and Family Therapist</td>
</tr>
<tr>
<td>LOC</td>
<td>Letter of Collaboration</td>
</tr>
<tr>
<td>LPC</td>
<td>Licensed Professional Counselor</td>
</tr>
<tr>
<td>MA</td>
<td>Master of Arts (degree)</td>
</tr>
<tr>
<td>MHR</td>
<td>Masters of Human Relations</td>
</tr>
<tr>
<td>MHSA</td>
<td>Mental Health and Substance Abuse Services</td>
</tr>
<tr>
<td>MNC</td>
<td>Medical Necessity Criteria</td>
</tr>
<tr>
<td>OKDHI-SAS</td>
<td>Oklahoma Department of Mental Health and Substance Abuse Services</td>
</tr>
<tr>
<td>OHCRA</td>
<td>Oklahoma Health Care Authority</td>
</tr>
<tr>
<td>OJA</td>
<td>Office of Juvenile Affairs</td>
</tr>
<tr>
<td>ODHHS</td>
<td>Oklahoma Department of Human Services</td>
</tr>
<tr>
<td>OPBH</td>
<td>Outpatient Behavioral Health Agency</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization (requests submitted through PICS)</td>
</tr>
<tr>
<td>PACT</td>
<td>Program of Assertive Community Treatment</td>
</tr>
<tr>
<td>PICS</td>
<td>PI Client Information System</td>
</tr>
<tr>
<td>PRSS</td>
<td>Peer Recovery Support Specialist</td>
</tr>
<tr>
<td>RBMS</td>
<td>Residential Behavioral Management Services</td>
</tr>
<tr>
<td>RTC</td>
<td>Residential Treatment Center</td>
</tr>
<tr>
<td>TXX</td>
<td>Title 19 (SoonerCare Traditional)</td>
</tr>
</tbody>
</table>
RESOURCES

• **OHCA Provider Helpline**: 800-522-0114 or 405-522-6205.
  • Option 1 – OHCA call center.
  • Option 2,1 – Internet help desk.
  • Option 2,2 – EDI helpdesk.
  • Option 6,2,1 – Outpatient Behavioral Health Prior Authorizations.

• **Oklahoma Department of Mental Health & Substance Abuse:**
  • PICIS Help Line.
    • 405-248-9362.
    • gethelp@odmhsas.org.

• [https://www.okhca.org/behavioral-health/](https://www.okhca.org/behavioral-health/)
• [www.okhca.org/covid19](https://www.okhca.org/covid19).

• **Onsite training**: [SoonerCareEducation@okhca.org](mailto:SoonerCareEducation@okhca.org).
QUESTION