

FAQ for behavioral health providers regarding prior authorization for individual and family therapy codes

Reminder: January 2023

Are the 20 units for the calendar year?

Yes, the 20 units are for a calendar year. On January 1 of each year, all members will start the year with 20 units with their provider.

Are the units linked to the member or to the provider?

Each provider has 20 units of individual and/or family therapy to use for each member.

What if my client/member is away from treatment for a few months but returns to treatment within the calendar year?

The provider is responsible for tracking units billed and knowing when a prior authorization is required and necessary. Please note that after a gap in care, reassessment of needs may be clinically indicated.

Can I submit a prior authorization request prior to the member reaching the limit?

Yes, but the prior authorization will only become effective after 20 units are exhausted.

Is there a limit to the number of units approved by the prior authorization request?

The number of units authorized is based on the clinical presentation and justification in the request.

What form needs to be submitted with my request?

The prior authorization process for outpatient services is completed through the Alliant Georgia Medical Care Foundation* Medicaid Management Information System, so no attached forms are necessary. The provider is responsible for completing all sections of the online form with the most current clinical information. It is important for providers to supply the necessary clinical information to justify the units requested and continuation of the service.

What if my prior authorization rolls into the next calendar year?

At the beginning of each calendar year, each member is allowed a total of 20 units of individual and/or family therapy. Once a member has exhausted 20 units of any combination of individual and/or family therapy, all additional units will require the provider to obtain prior authorization for continued services.

What if I had an open authorization that rolled into the new year, but the end date has passed?

Any unused units awarded in the current calendar year will not extend into a new calendar year until the 20 units for that new calendar year are exhausted. If the 20 units are exhausted for the

* Alliant Georgia Medical Care Foundation is an independent company providing prior authorization services on behalf of the health plan.

new calendar year and a prior authorization is still active, the unused units in the prior authorization can be used. This new request will be reviewed within three business days.

What are alternative treatment modalities if my therapy request is denied?

Denial of services may suggest that a member may benefit from lower level of care services. These services could include skills-based programs such as outpatient skill groups or even referrals to the Boys & Girls Clubs of America (or other similar community resources). If the clinical presentation shows a need for an increase in the intensity or level of care, this can be accomplished with more frequent individual therapy, increased family therapy, intensive family intervention services, or even referral to a partial hospitalization program/intensive outpatient program.