



2023 Authorization and Notification Requirements - Mental Health and Substance Use Disorder Services

Important Information

- Allow up to 14 calendar days for a non-urgent authorization decision.
- All services are subject to member eligibility and benefit coverage.
- For services that require an authorization, failing to obtain the authorization in advance may result in a denied claim.
- If you are not able to obtain services in your network, you may submit a prior authorization request prior to services.
- Aspirus Health Plan reserves the right to review and verify medical necessity for all services.
- Inclusion or exclusion of a code listed does not constitute or imply member coverage or provider reimbursement.
- Authorization is not required for prosthetics and/or orthotics.
- Providers may request a copy of the criteria used to make a medical necessity determination on [Aspirus Health Plan's website](#).
- Provider of Service qualifications, eligibility and licensure requirements must be met to provide services and submit claims to Aspirus Health Plan.
- Contact Provider Assistance Center (PAC) at 715-631-7412 or 1-855-931-4851 toll-free for additional information on eligibility, benefits, and network status.

Forms

- [Aspirus Health Plan Authorization and Notification Forms](#)

Prescription Drugs and Medical Injectable Drugs

- The [Medical Drug Polices library](#) is a list of medical injectable drugs that require prior authorization and the policies that contain coverage criteria.
- The [Formulary webpage](#) indicates which drugs are covered under the Pharmacy Benefit.

Requirement Definitions

APPROVAL AUTHORITY	Aspirus Health Plan or an organization delegated by Aspirus Health Plan to approve or deny prior authorization requests.
NOTIFICATION	The process of informing Aspirus Health Plan or delegates of Aspirus Health Plan of a specific medical treatment or services prior to, or within a specified time period after, the start of the treatment or service.
PRE-SERVICE DETERMINATION (PSD)	An enrollee, or a provider acting on behalf of the enrollee, always has the right to request at pre-service determination if there is a question as to whether an item or service will be covered by plan.
PRIOR AUTHORIZATION	An approval by an Approval Authority prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary, an eligible expense, appropriate and that other alternatives have been considered.

Contact Information

ASPIRUS HEALTH PLAN CONTACT	SERVICE AREA	PHONE	FAX	WEBSITE/EMAIL
Clinical Services	Medical Authorizations	715-631-7443 or 1-855-931-5265 toll-free	715-787-7316	Aspirus
Mental Health and Substance Use Disorder Services	MH/SUD Authorizations	715-631-7442 or 1-855-931-5264 toll-free	715-787-7314	Aspirus MHSUDservicesMA@aspirushealthplan.com
Provider Assistance Center (PAC)	Member Eligibility/ Benefits and Network Status	715-631-7412 or 1-855-931-4851 toll-free	N/A	Aspirus

SERVICE CATEGORY	REQUIREMENTS	CODES REQUIRING AUTHORIZATION CPT/HCPC CODES	CONTACT FOR APPROVAL OR NOTIFICATION
Inpatient Mental Health Admission	<p>Notification required within 24 hours of admission.</p> <p>Aspirus Health Plan reserves the right to require a concurrent review for any inpatient hospital stay.</p>	Not Applicable	<p>InterQual Adult and Geriatric Psychiatry: - Inpatient</p> <p>InterQual Child and Adolescent Psychiatry: - Inpatient</p>
Inpatient Substance User Disorder Admission	<p>Notification required within 24 hours of admission.</p> <p>Aspirus Health Plane reserves the right to require a concurrent review for any inpatient hospital stay.</p>	Not Applicable	<p>Minnesota Health Care Programs Provider Manual: - Substance Use Disorder Treatment</p>
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	InterQual BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)

Aspirus Health Plan has partnered with UCare, based out of Minnesota, as the administrator for our Medicare Advantage Plan.