



Authorization Line: 866-364-0892
Provider Fax: 715-852-5738
Website (forms): www.TrilogyHealthInsurance.com

Trilogy Health Insurance, Inc.
Behavioral Health & Alcohol and Other Drug Abuse (AODA)
Authorization Guidelines
Effective January 1, 2017

Authorizations must be obtained from Trilogy's Health Management Department utilizing the procedures detailed in the Trilogy 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:

Initial Outpatient Mental Health and AODA Visits. Authorization of outpatient services, when considered a covered benefit, will not require initial authorization requests by participating providers. Network providers may see new patients for up to six visits per calendar year, including the intake, without an authorization. This automatic authorization is only given to providers with active credentialing and provider participation status who are seeing Trilogy members.

Services Requiring Prior Authorization:

Subsequent Outpatient Mental Health and AODA Visits. If after six visits (including the intake visit), the provider determines that additional outpatient treatment/services are necessary, the provider must receive 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). Medication management visits are not included in the initial six visits cited above in the "Outpatient Mental Health and AODA" section. Psychotherapy, in conjunction with medication management, is subject to the six visit outpatient guideline. Prior to the seventh visit, authorization for additional visits must be obtained.

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.