

PARITY UTILIZATION REVIEW REFERENCE GUIDELINE
For ADVANTAGE HMO
Effective January 1, 2011

Below is a Reference Guideline of how and when New Avenues /MBHN will request additional clinical information from providers and the form(s) required. This Reference table is subject to change based upon additional clinical analysis without notice.

Reviews by Diagnosis for Psychotherapy	Subject to Review	Method of Review
Eating Disorders Bi-Polar Disorders Pervasive Development Disorders PTSD /Acute Stress Disorder Schizophrenia & Psychotic Disorders	After 1 st visit Claim	Medical Necessity Review -Provider asked to submit their Initial Assessment Treatment Plan (ICA) for new patients starting after 1/1/11 or Treatment Progress Report (OTR) on patients who have been in treatment.
Major Depressive Disorder Dysthymic/Cyclothymic Disorder Depressive Disorder NOS	After 14 th visit Claim	Medical Necessity Review- Provider asked to submit their ICA Treatment Plan for new patients starting after 1/1/11 or OTR on patients who have been in treatment
Any other diagnosis	After 20 visits	Provider Asked to submit OTR for review of treatment plan & progress.
Reviews for Psychological and Neuropsychological Testing	Subject to Review	Form to Submit
Psychological Testing	Testing that exceeds 4 units	Request Psychological Testing Report and rationale of exceeding 4 units
Neuropsychological Testing	Testing that exceeds 8 units	Request for Psychological Testing Report and rationale for exceeding 8 units
Utilization that exceeds norms for treatment of a MH/SA conditions	Review triggered by claims exceeding benchmarks by diagnosis or by CPT code	Provider asked to submit treatment plan, progress report and rationale
Psychotherapy frequency 2x week for more than 8 visits	After 8 th visit Visits that exceed 8 visits in 4 weeks	MBHN to request provider to submit rationale for frequency of visits that exceed 2 per week for more than 4 weeks.
Utilization that suggests duplication of providers		Provider(s) asked to submit treatment plan, progress report and rationale
Reviews for Psychiatric Services Rendered by MD or Advanced Practice Nurse	Subject to Review	Request for Medication Management Form or Psychiatrist's assessment, progress notes, and rationale for frequency that exceed 12 visits per year.
Psychiatric Evaluations Medication Management	Visits that exceeds 1 visit a month	