

Virginia Commonwealth Coordinated Care (CCC) Appendix Bulletin

Coverage expansion for Substance Abuse Residential Treatment

Effective April 1, 2017, the Commonwealth of Virginia is modifying the covered services for substance use disorders for individuals covered under Medicaid. This change expands the services to all enrollees. As a result, [Attachment A: Authorization Guidelines of the Commonwealth Coordinated Care \(CCC\) Provider Appendix Manual](#) has been updated, removing the reference that residential treatment only applies to pregnant women.

Humana, via Beacon, covers behavioral health and substance use services to members in five regions, which include central Virginia, northern Virginia, Tidewater, Western/Charlottesville and Roanoke. For a list of all counties served by the plan, please refer to [Attachment B](#). Under the plan, the following levels of care are covered, provided that services are medically necessary, delivered by contracted network providers (or as part of a member's transition plan if provider is not in network) and that the authorization procedures outlined in the Appendix are followed. Please refer to your contract with Beacon for specific information about procedure and revenue codes and rates for each service.

- Outpatient behavioral health
- Substance use services
- Behavioral health rehabilitation services
- Partial hospitalization
- Intensive outpatient services (behavioral health)
- Inpatient hospitalization
- Crisis stabilization and observation
- Emergency services
- Day treatment
- Care management services

Access to behavioral health treatment is an essential component of a comprehensive health care delivery system. Plan members may access behavioral health services by self-referring to a network provider by calling Beacon or by referral through acute or emergency room encounters. Members may also access behavioral health services by referral from their PCP. Some behavioral health and substance use services for CCC members may require referral from the member's PCP. Please contact Beacon for more information about referral requirements. Network providers are expected to coordinate care with a member's primary care physician and other treating providers whenever possible.

ATTACHMENT A: AUTHORIZATION GUIDELINES

All medically necessary services, which are included in a Member's care plan, will be authorized as part of the care plan development process. For example, if ICT is included in the Member's care plan, it will be authorized by the Beacon care manager and no additional authorization will be required unless there is a change to the care plan.

Substance abuse treatment services

Benefit/service	Authorization requirement	Other requirement
Substance abuse residential treatment	Telephonic prior authorization	N/A
Substance abuse day treatment	Telephonic prior authorization	N/A
Substance abuse care treatment	Telephonic prior authorization	N/A

Substance abuse intensive outpatient	Telephonic prior authorization	N/A
Substance abuse crisis intervention	No prior authorization required	N/A
Opioid replacement therapy	No prior authorization required	N/A

If you have questions, please contact Beacon Provider Relations at 1-855-765-9704.