

# Behavioral Health Authorizations

## Quick Reference Guide for All Regions

### Key Points:

#### The appointing and authorization processes may vary by Region and VAMC.

- When an appointment is scheduled by a TriWest representative, a self-appointing Veteran or a VA Medical Center (VAMC) representative, TriWest's systems receive the confirmation and an authorization number and letter are generated.
- The appointed provider's authorization letter is mailed or faxed to the number designated in our system. The letter is also available for download from TriWest's secure provider portal.
- All authorizations will have a timeframe associated. Allowed services must be provided within this defined timeframe or they will be denied.
- Many authorizations will have a total number of visits associated. This aligns with VA's suggested cadence of weekly sessions. Providers should use their best judgement to determine if additional sessions per week should be provided at the start of therapy, with fewer sessions as therapy progresses.
- Some codes may appear only on the letter because they are limited in the quantity you may use. For example, the 99201-99215 may be on the letter as a service line. It would not then be included in the standardized episode of care (SEOC) profile code listing.
- Authorizations for routine lab tests, including drug tests, are included in all authorizations when medically necessary. Tests are covered if conducted in the provider's office or by a third-party.
- For complex authorization questions, please contact either TriWest or the authorizing VAMC, depending upon which entity contacted the provider to schedule the appointment. This aligns with where you submit either a [Secondary Authorization Request \(SAR\)](#) or [Request for Services \(RFS\)](#). You can look that up on TriWest's Provider Portal.
- To verify which Region you are in, please see the [Regions map](#) for the VA community care programs.

This Quick Reference Guide focuses on Behavioral Health Care SEOCs. For additional training on SEOCs and authorization letters, please refer to our [Quick Reference Guide on Authorization Letters](#).

### About Standardized Episodes of Care

Under the U.S. Department of Veteran Affairs (VA) Community Care programs, all care is authorized by **episode**. To further simplify the appointing process and help standardize care, VA has developed an SEOC format.

- The SEOC format is much like standing orders for bundled services.
- SEOCs are nationally templated care, an individual VAMC should neither add to nor delete from the standard included services.
- Behavioral Health SEOCs are typically for 6-month or 12-month durations.
- Some SEOC authorizations do have unit or visit limits on specific codes. These are defined in the authorization letter.
- A summary of Behavioral Health SEOCs are included in this Quick Reference Guide. To find the most current listing of all SEOCs by profile (type of care), please visit the [TriWest Provider Resources](#) page and click on the [Provider Authorization Codes](#) link. You can filter for those specialties that apply to your practice and review the range of codes that are allowed with a specific SEOC.

**Please be aware that SEOCs are continually updated and expanded. Therefore, the SEOC templates included in this document are only a snapshot of existing SEOCs and only for your information. For a specific Veteran, you should always rely on the authorization letter provided to you.**

## What Is Defined In a Behavioral Health SEOC?

Each SEOC has a profile name and a short description of services in the episode of care. Below is an example of the information in an SEOC for the BHMM6MO profile. This template is for a 6-month outpatient authorization. General coverage details include a description, date and covered services. This information is in **each** authorization letter.

### Outpatient Individual Psychotherapy - 6 month SEOC 1.15.3

Description: This authorization covers services associated with all medical care listed below for the referred condition.

Duration: 180 Days

#### Overview:

1. Evaluation for the referred condition indicated on the consult
2. Individual psychotherapy services to include evidence based counseling and psychological testing/assessment  
Note: The recommended frequency is one visit per week, unless the Veteran has clinically urgent needs that require a short-term, higher frequency of visits.
3. Inpatient or observation emergent admission if clinically necessary  
Note: VA notification is required if emergent procedure is necessary. Please contact your Facility Community Care Office within 72 hours who initiated the outpatient referral so that the appropriate notification can be made on behalf of the Veteran.

SEOC authorizations also include specific CPT and HCPCS that are VA approved and are considered covered. Again, this set of information is in **each** authorization letter.

PROCEDURE	CODE RANGE	QTY	TYPE	APPOINTMENT INFO
All Incl R&B/Anc	0100 - 0219	5	Days	02/05/2019 3:00 pm
All clinically necessary covered services for MH Individual Psychotherapy 6M in the office, outpatient setting and in network participating facilities.				
Covered services include the following procedure codes: 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90863, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 93000, 93005, 93010, 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125, 96127, 96150, 96151, 96152, 96153, 96154, 96155, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99354, 99355, 99401, 99406, 99408, 99409, 99412, 99492, 99493, 99494, 0359T, 0360T, 0361T, 0362T, 0363T, G0129, G0176, G0177, G0396, G0397, Q3014				
The above is your eligibility verification and no other verification is necessary. Updates are always available on the provider portal. This is not a guarantee of payment; Care provided should be medically necessary and TriWest, in its sole discretion, may deny reimbursement for any services not expressly authorized, or otherwise improper. TriWest follows Medicare Coding and Reimbursement Guidelines where applicable.				

Please refer to any additional medical documents (clinical consults, test results and other) provided by VA for complete details beyond the information included in your authorization letter.

- If you determine the quantity/duration of therapy is not sufficient, submit an SAR or RFS to get the additional services authorized. Do this prior to providing any additional services. You must support the request with the clinical rationale.
- Appointment information: This shows the date/time initially set with the Veteran. If this changes, please update the information via TriWest's Provider Portal (for TriWest appointed care) or notify the Veteran's authorizing VAMC (for VAMC appointed care). This ensures your claims for services align with the authorization dates in our system.

## What are the Behavioral Health SEOC Profiles?

Profile language and the approved range of codes follow VA's verbiage and determination of approved services. Always refer to the language in your authorization letter and in any clinical consult documents that may accompany the authorization. If that varies from information you may have archived, language in your authorization always supersedes.

For a listing of service codes associated with a specific SEOC, please review the [Provider Authorization Codes](#) table which shows the codes listed for each SEOC Profile.

Below is a list of the SEOC Profiles for Behavioral Health. *Current as of 3/13/19.*

<a href="#">Profile - SEOC-BHADDICT6M</a>	Outpatient Addiction Psychiatry/Medicine 6 month
<a href="#">Profile - SEOC-BHBUP6MO</a>	Office Based Buprenorphine 6 month
<a href="#">Profile - SEOC-BHBUPYR</a>	Office Based Buprenorphine 12 month
<a href="#">Profile - SEOC-BHECTINITL</a>	Electroconvulsive Therapy Services-Initial
<a href="#">Profile - SEOC-BHINPT</a>	Acute Inpatient Psychiatric Services - Voluntary Admission
<a href="#">Profile - SEOC-BHMM6MO</a>	Outpatient Psychiatry - 6 month
<a href="#">Profile - SEOC-BHTHERFAM</a>	Outpatient Family/Couples Psychotherapy - 6 month
<a href="#">Profile - SEOC-BHNPSYEVAL</a>	Neuropsych Evaluation
<a href="#">Profile - SEOC-BHOTPB6MO</a>	Opioid Treatment Program (OTP) Buprenorphine - 6 months
<a href="#">Profile - SEOC-BHOTPCOC</a>	Opioid Treatment Program (OTP) Continuing Treatment- 12 months
<a href="#">Profile - SEOC-BHTHER6MO</a>	Opioid Treatment Program (OTP) Methadone- 6 months
<a href="#">Profile - SEOC-BHTHERYR</a>	Outpatient Individual Psychotherapy - 12 month

Profile - SEOC-BHADDICT6M	
<b>SEOC</b>	Outpatient Addiction Psychiatry/Medicine Standard Episode Of Care Version 1.5.2
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition
<b>Duration</b>	180 Days, 24 Visits. The recommended frequency is one visit per week, unless the Veteran has clinically urgent needs that require a short-term, higher frequency of visits.
<b>Overview</b>	Evaluation for the referred condition indicated on the consult Routine laboratory services Psychiatry services to include counseling, medication management and routine outpatient office procedures (e.g., injectable medications) Inpatient or observation emergent admission if clinically necessary Note: VA notification is required if emergent procedure is necessary. Please contact your local Community Care office within 72 hours who initiated the outpatient referral so that the appropriate notification can be made on behalf of the Veteran
<b>Additional Information</b>	Additional consultations needed relevant to the patient complaint/condition require VA review and approval DME, prosthetics and orthotics orders will be reviewed by the VA for provision All routine medications will be provided by the VA Urgent/emergent prescriptions can be provided for a 14-day supply only The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request for their local VA facility

Profile - SEOC-BHBUP6MO	
<b>SEOC</b>	Office Based Buprenorphine 6 month Standard Episode Of Care Version 1.4.1
<b>Description</b>	This authorization covers services associated with all substance use treatment listed below for the referred condition. The services/procedures on this referral are provided by different providers as part of the Veteran's Interdisciplinary Team (IDT). All providers who are part of the IDT MUST be a participating VA Community Care Network Provider
<b>Duration</b>	180 Days
<b>Overview</b>	Initial outpatient evaluation and treatment for the referred condition indicated on the consult. This includes 1 initial psychiatric diagnostic evaluation and 1 medical history and physical examination Provider visits may be considered part of the IDT and may include: Psychiatrist, Psychologist, Nurse Practitioner, Physician Assistant) up to 24 visits or 4 evaluation and management visits per month Induction treatment Routine labs, to include drug screening Psychotherapy services up to 54 sessions. This include up to 6 individual psychotherapy sessions or 1 per month AND 8 group psychotherapy sessions per month Case Management sessions (weekly) up to 26 sessions or up to 4 per month
<b>Additional Information</b>	Buprenorphine prescription cost will be reimbursed to the Veteran by VA when provided via a local non-VA pharmacy for up to 30 days including initial induction and stabilization. After the initial 30-days, the buprenorphine is required to be procured from a VA pharmacy. If the Veteran chooses to receive their subsequent medication via mail from the VA, the provider should authorize a sufficient supply of medication to allow for receipt of the VA pharmacy prescription which can take up to 10 days. The Contractor must educate patients and state in documentation provided during appointing that patients will not be reimbursed for prescriptions filled at an outside pharmacy after the initial 30-day induction and stabilization phase Prescribing providers must be qualified physicians, Advanced Practice Nurses or Physician Assistants and hold a DATA 2000 Waiver Additional consultations needed relevant to the referred patient condition require VA review and approval

Profile - SEOC-BHBUPYR	
<b>SEOC</b>	Office Based Buprenorphine 12 month Standard Episode Of Care Version 1.5.1
<b>Description</b>	This authorization covers services associated with all substance use treatment listed below for the referred condition. The services/procedures on this referral are provided by different providers as part of the Veteran's IDT. All providers who are part of the IDT MUST be a participating VA Community Care Network Provider
<b>Duration</b>	365 Days
<b>Overview</b>	Initial outpatient evaluation and treatment for the referred condition indicated on the consult. This includes 1 initial psychiatric diagnostic evaluation and 1 medical history and physical examination Provider visits may be considered part of the IDT and may include: Psychiatrist, Psychologist, Nurse Practitioner, Physician Assistant) up to 24 visits or 4 evaluation and management visits per month Induction treatment Routine labs, to include drug screening Psychotherapy services up to 108 sessions. This include up to 12 individual psychotherapy sessions or 1 per month AND 8 group psychotherapy sessions per month Case Management sessions (weekly) up to 52 sessions or up to 4 per month

**Profile - SEOC-BHBUPYR**

<b>Additional Information</b>	<p>Buprenorphine prescription cost will be reimbursed to the Veteran by VA when provided via a local non-VA pharmacy for up to 30 days including initial induction and stabilization. After the initial 30-days, the buprenorphine is required to be procured from a VA pharmacy. If the Veteran chooses to receive their subsequent medication via mail from the VA, the provider should authorize a sufficient supply of medication to allow for receipt of the VA pharmacy prescription which can take up to 10 days. The Contractor must educate patients and state in documentation provided during appointing that patients will not be reimbursed for prescriptions filled at an outside pharmacy after the initial 30-day induction and stabilization phase</p> <p>Prescribing providers must be qualified physicians, Advanced Practice Nurses or Physician Assistants and hold a DATA 2000 Waiver</p> <p>Additional consultations needed relevant to the referred patient condition require VA review and approval</p>
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**Profile - SEOC-BHECTINITL**

<b>SEOC</b>	Electroconvulsive Therapy Services-Initial Standard Episode Of Care Version 1.6.2
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition.
<b>Duration</b>	120 Days, 18 visits
<b>Overview</b>	<p>Evaluation for the referred condition indicated on the consult</p> <p>Electroconvulsive therapy</p> <p>Diagnostic labs, X-rays, EKG, MRI, head CT and/or an echocardiogram as clinically required</p> <p>Anesthesia consultation related to the procedure</p> <p>EEG and ECG monitoring if required</p> <p>Follow up visits for the referred condition</p>
<b>Additional Information</b>	<p>Additional consultations needed relevant to the patient complaint/condition require VA review and approval</p> <p>DME, prosthetics and orthotics will be reviewed by the VA for provision</p> <p>All routine medications will be provided by the VA</p> <p>Urgent/emergent prescriptions can be provided for a 14 day supply only</p> <p>The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request to their local VA facility.</p>

**Profile - SEOC-BHINPT**

<b>SEOC</b>	Acute Inpatient Psychiatric Services - Voluntary Admission Standard Episode of Care 1.1.2
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition
<b>Duration</b>	365 Days
<b>Overview</b>	<p>One (1) inpatient stay for the referred condition indicated on the consult</p> <p>Inpatient mental health services, including ECT (up to 18 treatments) Note: TMS is not covered and will require separate VA authorization</p> <p>Diagnostic studies, images and labs</p>
<b>Additional Information</b>	<p>Additional consultations needed relevant to the patient complaint/condition require VA review and approval</p> <p>DME, prosthetics and orthotics will be reviewed by the VA for provision</p> <p>All routine medications will be provided by the VA</p> <p>Urgent/emergent prescriptions can be provided for a 14 day supply only</p> <p>The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request to their local VA facility</p>

Profile - SEOC-BHMM6MO	
<b>SEOC</b>	Outpatient Psychiatry - 6 month Standard Episode of Care 1.10.2
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition
<b>Duration</b>	180 Days
<b>Overview</b>	Evaluation for the referred condition indicated on the consult Routine laboratory services Psychiatry services to include counseling, medication management and routine outpatient office procedures (e.g., injectable medications) and office visits. The recommended frequency is two (2) visits per month, unless the Veteran has clinically urgent needs that require a short-term, higher frequency of visits. Inpatient or observation emergent admission if clinically necessary. Note: VA notification is required if emergent procedure is necessary. Please contact your local Community Care office within 72 hours who initiated the outpatient referral so that the appropriate notification can be made on behalf of the Veteran
<b>Additional Information</b>	Additional consultations needed relevant to the patient complaint/condition require VA review and approval DME, prosthetics and orthotics orders will be reviewed by the VA for provision All routine medications will be provided by the VA Urgent/emergent prescriptions can be provided for a 14 day supply only The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request for their local VA facility

Profile - SEOC-BHTHERFAM	
<b>SEOC</b>	Outpatient Family/Couples Psychotherapy - 6 month Standard Episode of Care 1.14.1
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition
<b>Duration</b>	180 Days
<b>Overview</b>	Evaluation for the referred condition indicated on the consult Family/couples psychotherapy services to include evidence based counseling and psychological testing/assessment. Note: The recommended frequency is one visit per week, unless the Veteran has clinically urgent needs that require a short-term, higher frequency of visits. Inpatient or observation emergent admission if clinically necessary Note: VA notification is required if emergent procedure is necessary. Please contact your Facility/Community Care Office within 72 hours who initiated the outpatient referral so that the appropriate notification can be made on behalf of the Veteran
<b>Additional Information</b>	VA regulation only allows for payment of services rendered by Licensed Independent Mental Health Providers Additional consultations needed relevant to the patient complaint/condition require VA review and approval Durable Medical Equipment (DME), prosthetics, and orthotics orders must be submitted to the local VA facility prosthetics department for provision All routine medications should be faxed to the VA to provide Urgent/emergent prescriptions can be provided for up to a 14 day supply only The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request for their local VA facility

Profile - SEOC-BHNPSYEVAL	
<b>SEOC</b>	Neuropsych Evaluation Standard Episode of Care 1.0.2
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition
<b>Duration</b>	90 Days, 3 visits
<b>Overview</b>	Neurocognitive exam/evaluation for the referred condition indicated on consult
<b>Additional Information</b>	<p>Additional consultations needed relevant to the patient complaint/condition require VA review and approval</p> <p>DME, prosthetics and orthotics orders will be reviewed by the VA for provision</p> <p>All routine medications will be provided by the VA</p> <p>Urgent/emergent prescriptions can be provided for a 14 day supply only</p> <p>The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request for their local VA facility</p>

Profile - SEOC-BHOTPB6MO	
<b>SEOC</b>	Opioid Treatment Program (OTP) Buprenorphine - 6 months Standard Episode of Care 1.1.3
<b>Description</b>	This authorization covers services associated with all substance use treatment listed below for the referred condition. The services/procedures are on this referral are provided by different providers as part of the Veteran's IDT. All providers who are part of the IDT MUST be a participating VA Community Care Network Provider
<b>Duration</b>	180 Days
<b>Overview</b>	<p>Initial outpatient evaluation and treatment for the referred condition indicated on the consult. This includes initial psychiatric diagnostic evaluation and medical history and physical examination</p> <p>Provider visits may be considered part of the IDT and may include: Psychiatrist, Psychologist, Nurse Practitioner, Physician Assistant</p> <p>Induction treatment</p> <p>Provision of buprenorphine as clinically necessary</p> <p>Routine labs, to include drug screening</p> <p>Psychotherapy services. This includes individual psychotherapy or group psychotherapy sessions</p> <p>Case Management sessions</p>
<b>Additional Information</b>	<p>Services provided must conform with Title 42 of the Code of Federal Regulations part 8.12.; Services provided must include medical, counseling, vocational, educational and other assessment and treatment services, in addition to dispensed medication</p> <p>The standards identified for facilities providing Opioid Treatment services supersede all other conflicting requirements for authorizations. Medicare participation for certified providers is not required for physicians, counselors/therapist, and other ancillary services. VA regulation does not allow reimbursement for professional services rendered by counselors/therapists holding a bachelor's degree for their profession</p> <p>Additional consultations needed relevant to the referred patient condition require VA review and approval</p> <p>The OTP must be accredited by a SAMHSA-Approved OTP Accrediting Body. SAMHSA approved Accrediting bodies include the Joint Commission, CARF as well as State accrediting bodies</p>

Profile - SEOC-BHOTPCOC	
<b>SEOC</b>	Opioid Treatment Program (OTP) Continuing Treatment- 12 months Standard Episode of Care 1.2.3
<b>Description</b>	This authorization covers services associated with all substance use treatment listed below for the referred condition. The services/procedures are on this referral are provided by different providers as part of the Veteran's IDT. All providers who are part of the IDT MUST be a participating VA Community Care Network Provider
<b>Duration</b>	365 Days
<b>Overview</b>	Initial outpatient evaluation and treatment for the referred condition indicated on the consult. This includes initial psychiatric diagnostic evaluation and medical history and physical examination Provider visits may be considered part of the IDT and may include: Psychiatrist, Psychologist, Nurse Practitioner, Physician Assistant Continuation of buprenorphine or methadone for the established patient Induction therapy if clinically required Routine labs, to include drug screening Psychotherapy services. This includes individual psychotherapy or group psychotherapy sessions Case Management sessions
<b>Additional Information</b>	Services provided must conform with <a href="#">Title 42 of the Code of Federal Regulations part 8.12</a> . (Federal Opioid Treatment Standards); Services provided must include medical, counseling, vocational, educational and other assessment and treatment services, in addition to dispensed medication The standards identified for facilities providing Opioid Treatment services supersede all other conflicting requirements for authorizations. Medicare participation for certified providers is not required for physicians, councilors/therapist, and other ancillary services. VA regulation does not allow reimbursement for professional services rendered by counselors/therapists holding a bachelor's degree for their profession Additional consultations needed relevant to the referred patient condition require VA review and approval The OTP must be accredited by a SAMHSA-Approved OTP Accrediting Body. SAMHSA approved Accrediting bodies include the Joint Commission, CARF as well as State accrediting bodies

Profile - SEOC-BHTHER6MO	
<b>SEOC</b>	Outpatient Individual Psychotherapy - 6 month Standard Episode of Care 1.15.3
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition
<b>Duration</b>	180 Days
<b>Overview</b>	Evaluation for the referred condition indicated on the consult Individual psychotherapy services to include evidence based counseling and psychological testing/assessment Note: The recommended frequency is one visit per week, unless the Veteran has clinically urgent needs that require a short-term, higher frequency of visits Inpatient or observation emergent admission if clinically necessary. Note: VA notification is required if emergent procedure is necessary. Please contact your Facility Community Care Office within 72 hours who initiated the outpatient referral so that the appropriate notification can be made on behalf of the Veteran
<b>Additional Information</b>	VA regulation only allows for payment of services rendered by Licensed Independent Mental Health Providers Additional consultations needed relevant to the patient complaint/condition require VA review and approval DME, prosthetics and orthotics will be reviewed by the VA for provision All routine medications will be provided by the VA Urgent/emergent prescriptions can be provided for a 14 day supply only The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request for their local VA facility



Profile - SEOC-BHTHERYR	
<b>SEOC</b>	Outpatient Individual Psychotherapy - 12 month Standard Episode of Care 1.13.1
<b>Description</b>	This authorization covers services associated with all medical care listed below for the referred condition
<b>Duration</b>	365 Days
<b>Overview</b>	<p>Evaluation for the referred condition indicated on the consult</p> <p>Individual psychotherapy services to include evidence based counseling and psychological testing/assessment Note: The recommended frequency is one visit per week, unless the Veteran has clinically urgent needs that require a short-term, higher frequency of visits</p> <p>Inpatient or observation emergent admission if clinically necessary Note: VA notification is required if emergent procedure is necessary. Please contact your Facility Community Care Office within 72 hours who initiated the outpatient referral so that the appropriate notification can be made on behalf of the Veteran</p>
<b>Additional Information</b>	<p>VA regulation only allows for payment of services rendered by Licensed Independent Mental Health Providers</p> <p>Additional consultations needed relevant to the patient complaint/condition require VA review and approval</p> <p>Durable Medical Equipment (DME), prosthetics, and orthotics orders must be submitted to the local VA facility prosthetics department for provision</p> <p>All routine medications should be faxed to the VA</p> <p>Urgent/emergent prescriptions can be provided for up to a 14 day supply only</p> <p>The Veteran will be required to pay out of pocket for any urgent/emergent medications and can submit a reimbursement request for their local VA facility</p>