

## Section 65 Outpatient Therapy Submission Guidelines- Registration and CSR

The following is a guide for submitting Registrations and Continued Stay Reviews (CSRs) for Outpatient Therapy.

**Registration:**

Verify that you have the correct member, and the correct Requesting and Servicing NPI numbers

**Service Type:** Section 65

**Request Type:** Registration

**Procedure:** Code: H2000

Length of service: up to 30 days

Quantity: up to 8 units

Code: H0004/H0004HQ (Mental Health)

Length of Service: Up to 365 days

Quantity: up to 72 units

Code: H0004/H0004HQ (Substance Abuse)

Length of Service: Up to 280 days

Quantity: As needed

**Please note:** There are several different descriptors for Outpatient therapy. Once you select H2000/H0004 from the FIND/SEARCH, then select the correct descriptor from the drop down: Child or Adult; Agency or Independent; Mental Health or Substance Abuse, for example.

**Diagnosis:** Enter in the diagnosis for the member, if known at time of Registration

**Clinical Information:** No information is needed here.

**Attached Documents:** None

**Questionnaire:** No questionnaire is attached to the Registration

**ADDITIONAL UNITS:** *If additional units are needed during the Registration, please request the needed units and rationale in the “clinical additional information” section of the current authorization.*

At that time, an eligible diagnosis is required.

A *current and active* treatment plan is also required.

### Continued Stay Reviews

**Enter in the Case ID of the Registration, and click on extend.**

**Service Type:** Section 65

**Request Type:** Continued Stay Review

**Procedure:** Code: H0004/H0004HQ (Mental Health)

Length of Service: Up to 180 days

Quantity: up to 208 units (2 hours/per week)

Code: H0004/H0004HQ (Substance Abuse)

Length of Service: Up to 70 days

Quantity: As needed

**Diagnosis:** An eligible diagnosis is required.

**Clinical Information:** Nothing is needed in this section.

**Attached documents:** Upload the member's current treatment plan.

**Questionnaire:** Fill out the questionnaires in their entirety. The questionnaires ask all the information that is required to determine medical necessity, including the continued need for this level of care, how lack of progress will be addressed, family involvement, and how the units will be used in the upcoming authorization period, as well as other information needed to process the request.