



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

**Trilogy Health Insurance, Inc.  
Behavioral Health & Alcohol and Other Drug Abuse (AODA)  
Authorization Guidelines  
Effective September 1, 2018**

***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:**

**Outpatient Mental Health and AODA Visits.** Network providers may see patients for Outpatient Mental Health and AODA services without an authorization when the service is considered a covered benefit. This automatic authorization is only given to providers with active credentialing and provider participation status who are seeing Trilogy members.

**Medication Management.** Authorization is not required when medication management is provided by a contracted provider (MD, PA, NP), including Suboxone treatment.

**Narcotic Treatment Services.** Prior authorization is not required for Narcotic Treatment Services that are considered a covered benefit. This automatic authorization is only given to providers with active credentialing and provider participation status who are seeing Trilogy members.

**Services Requiring 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.

**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.