



November 1, 2019 Behavioral Health Prior Authorization Guideline Changes

To better serve THP's members and behavioral health providers, THP is implementing changes to behavioral health services requiring prior authorization effective November 1, 2019.

This change affects Fully Insured, Medicaid and Medicare lines of business.

Employer funded lines of business will default to the group plan document.

Please note that THP also requires that prior authorization guidelines are followed to receive reimbursement when THP is the secondary payer.

Please click here to view the changes and a list of all behavioral health-related services that require prior authorization

<https://myplan.healthplan.org/Provider/PreAuthLists>