Single Case Agreement Companion Guide

Single Case Agreement (SCA) Companion Guide can be used to assist with requesting single case agreements.

PRIOR to faxing any forms, PLEASE CALL Carelon Health of Pennsylvania (Carelon) at 877-615-8503 to begin the process. Faxed forms received with no phone call are unable to be processed.

Initiating an out of network request and completion of the required form(s) does not imply approval of an SCA authorization.

The Carelon covered services grid lists all the service classes, service codes, and modifiers for authorizations and billing purposes. The most recent version will be on the pa.carelon.com website: https://providers.pa.carelon.com/provider-covered-services-grid/

Clinical Reasons for an Out of Network

Providing a clinical rationale for making an out of network request is a key component in allowing Carelon to determine the need for a single case agreement. The clinical rationale for authorization is the basis for clinical approval; therefore, if this information is not included, the request cannot be processed. This rationale must align with Carelon's Out of Network Provider Authorization and Reimbursement Policy.

Clinical Forms

Certain levels of care will require additional clinical information to be submitted in order to determine Medical Necessity Criteria is met; see chart below.

Retrospective Requests

Retrospective request form can be found here under Single Case Agreements. If the requested initial authorization start date is outside of the parameters given in the chart below, a retrospective form must be attached for consideration for the retro time. All concurrent requests must be made by the last covered day of the current authorization.

Service Class	Description of Services	Initial Auth Parameters (if request is outside of this timeframe, a retro form is needed)	Clinical Form Needed (Y/N)
OUT MAS MDC	OUT: Outpatient Mental Health Therapy – clinic setting or clinician with doctorate. MAS: Outpatient Mental Health Therapy – clinician with master's MDC: Outpatient Mental Health Therapy – clinician with NP or MD	30 days from requested authorization start date	N
OPR	Outpatient Substance Use Therapy	30 days from requested authorization start date	N
EXM	Assessment/Evaluation/Diagnostic Interview	30 days from requested authorization start date	N

RXM	Outpatient Medication Management	30 days from requested authorization start date	N
DXM	Outpatient Substance Use Medication Management	30 days from requested authorization start date	N
DRS	Substance Use Disorder Recovery Specialist	30 days from requested authorization start date	N
MM1	Methadone Maintenance	30 days from requested authorization start date	N
CM1	MH Case Management Services (ICM)	30 days from requested authorization start date	N
DAA	Substance Use Diagnostic Assessment	30 days from requested authorization start date	N
DCM	Substance Use Intensive Case Management	30 days from requested authorization start date	N
BSP	Base Service Unit Diagnostic Assessment	30 days from requested authorization start date	N
TI1	Family Therapy - Outpatient (without the member present)	30 days from requested authorization start date	N
TS1	Psychological Testing (including Neuropsychological)	5 days from requested authorization start date	N
INP/IOP	MH Intensive Outpatient Services	5 days from requested authorization start date	Y
IND	Substance Use Intensive Outpatient Services	5 days from requested authorization start date	Y
DAP	Substance Use Partial Hospitalization	5 days from requested authorization start date	Y
NPH/PRT	MH Partial Hospitalization	5 days from requested authorization start date	Y
APH	Acute Partial Hospitalization	Day of Admit	Y
PRS	Psych Rehabilitation - Site based	5 days from requested authorization start date	Y
PRM	Psych Rehabilitation - Mobile	5 days from requested authorization start date	Y
CLB	Clubhouse	5 days from requested authorization start date	Y
CTT/ACT	Assertive Community Treatment Team	5 days from requested authorization start date	Y
CMM	Mobile Medications	5 days from requested authorization start date	Y

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Individual Signing Contract

This person is responsible for negotiating rates for payment and signing the contract for the single case agreement. This person may be, but not limited to, an individual in your billing department, the Chief Financial Officer, or the owner of the practice.

MCA on File

A Multi-County out of network agreement (MCA) is an established out of network contract that has been negotiated with Carelon for designated counties for a specific level(s) of care.
Please note that an out of network request is still required even if there is an MCA on file. Carelon needs to be contacted for each individual request.

ALL FIELDS ARE REQUIRED. To avoid delay in processing, after initial phone call is completed, submit completed form(s) to our dedicated Out of Network Fax, which is listed on the forms. One transmission per member. If you have any questions concerning the forms, call the Provider Service Line at 1-877-615-8503.

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