



**Behavioral Health Services Only (BHSO) – Medical not provided by  
Coordinated Care of Washington, Inc.**

**Mental Health Services**

Brief Intervention and Treatment	Covered
Day Support	Covered
Family Treatment	Covered
Freestanding Evaluation and Treatment Services	Covered
Group Treatment Services	Covered
High Intensity Treatment	Covered
Indian Health Services (IHS)	Covered for American Indian / Alaska Native (AI/AN) in any setting and all members at Tribal Clinics.
Individual Treatment Services	Covered (can go as often as medically necessary; no quantity limitations)
Inpatient Psychiatric Evaluation and Treatment/Community Hospitalization	Covered (Inpatient Behavioral Health treatment can be started without Prior Authorization being established first)
Intake Evaluation	Covered
Medication Management	Covered
Medication Monitoring	Covered
Mental Health Service Provided in Residential Settings	Covered
Neuropsychological Testing	Covered
Program for Assertive Community Treatment (PACT)	Covered
Peer Support	Covered
Pregnant and Parenting Women (PPW) support services	Covered
Psychiatric Diagnostic Evaluation	Covered
Psychological Testing/Assessment	Covered
Rehabilitation Case Management	Covered
Special Population Evaluation	Covered
Stabilization Services	Covered
Teladoc (behavioral health services for age 18 and older)	Covered
Therapeutic Psychoeducation	Covered
Wise (Wraparound with Intensive Services)	Covered up to age 21. Requires a WISE screen for Eligibility. 13 and over can consent to WISE.



**Behavioral Health Services Only (BHSO) – Medical not provided by  
Coordinated Care of Washington, Inc.**

	Under 13 needs parental permission.
<b>Substance Use Disorder</b>	
Adult Residential	Covered – requires a Prior Authorization
Pregnant and Parenting Residential	Covered – requires a Prior Authorization
Youth Residential	Covered – requires a Prior Authorization
<b>Substance Use Disorder Inpatient Facility</b>	
Acute Withdrawal Management Services	Covered – Once per day per member; requires a Prior Authorization
Sub-acute Withdrawal Management Services	Covered – Once per day per member-requires a Prior Authorization
<b>Substance Use Disorder Outpatient Services</b>	
Assessments	Covered
Case Management	Covered
Group Therapy	Covered
Individual Therapy	Covered (Some exclusions or limitations may apply)
Opiate Substitution Therapy	Covered (Some exclusions or limitations may apply, may require a Prior Authorization)
Urinalysis Drug testing	Covered (Some exclusions or limitations may apply, may require a Prior Authorization)