

# BEHAVIORAL HEALTH PRIOR AUTHORIZATION REFERENCE GUIDE

SERVICE TYPE AND DESCRIPTION	PRIOR AUTHORIZATION REQUIRED? *LENGTH OF AUTHORIZATION
<p><b>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUD</b></p> <ul style="list-style-type: none"> <li>Acute Psychiatric Inpatient; Evaluation and Treatment</li> <li>Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital</li> <li>Inpatient Acute Withdrawal (Detoxification) ASAM 4.0</li> </ul> <p>* MEMBERS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p> <p><b>IF ITA, PLEASE ATTACH COURT DOCUMENTS.</b></p>	<p><b>No.</b> Emergent admissions require notification only within 1 business day followed by concurrent review. <b>Coordinate with Transitions of Care/Health Home Care coordinator.</b> <i>* Initial and concurrent: 3-5 days</i></p>
<p><b>WITHDRAWAL MANAGEMENT</b> (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> <li>ASAM 3.7</li> <li>ASAM 3.2</li> </ul> <p>* MEMBERS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p> <p><b>IF ITA FOR SECURE DETOX, PLEASE ATTACH COURT DOCUMENTS.</b></p>	<p><b>No,</b> notification required within 1 day of admission. Followed by Concurrent Review <i>*Initial: 3-5 days</i></p>
<p><b>CRISIS STABILIZATION IN A RESIDENTIAL TREATMENT SETTING</b> <b>IF LRA OR CR, PLEASE ATTACH COURT DOCUMENTS.</b></p>	<p><b>No,</b> if <u>Emergent</u> –requires notification only within 1 business day followed by concurrent review. <i>* Initial and concurrent: 3-5 days</i></p>
<p><b>RESIDENTIAL TREATMENT – MENTAL HEALTH</b> <b>IF LRA OR CR, PLEASE ATTACH COURT DOCUMENTS.</b></p>	<p><b>Yes,</b> requires pre-service review and concurrent review. <i>* Initial and concurrent: 14 days for short term MH 30 days for long term MH</i></p>
<p><b>RESIDENTIAL TREATMENT –SUBSTANCE USE DISORDER</b></p> <ul style="list-style-type: none"> <li>ASAM 3.5</li> <li>ASAM 3.3</li> <li>ASAM 3.1</li> </ul> <p><b>IF LRA OR CR, PLEASE ATTACH COURT DOCUMENTS.</b></p>	<p><b>No,</b> notification required within 1 day of admission. Followed by Concurrent Review <i>*Initial: 2-14 days</i></p>
<p><b>PARTIAL HOSPITAL PROGRAM</b> <b>(Mental Health)</b></p>	<p><b>Yes.</b> <i>*Initial and concurrent: 7 business days</i></p>
<p><b>INTENSIVE OUTPATIENT SERVICES/PROGRAM</b> <b>ASAM 2.1</b></p>	<p><b>No,</b> not for in network providers and non- network providers.</p>



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<b>MEDICATION EVALUATION AND MANAGEMENT</b>	<b>No</b> , not for in network providers and non-network providers.
<b>MEDICATION ASSISTED TREATMENT</b>	<b>No</b> , not for in network providers. <b>Yes</b> , if non network provider requests.
<b>INITIAL ASSESSMENT (MH AND SUD/ASAM) AND OUTPATIENT PSYCHOTHERAPY SERVICES</b>	<b>No</b> , not for in network providers and non-network providers.
<b>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES (WISE, PACT)</b>	<b>Notification only.</b>
<b>APPLIED BEHAVIOR ANALYSIS</b>	<b>Yes.</b> Pre-Service Authorization is required for ABA Therapy and Continued Treatment every 6 months.
<b>ECT - ELECTROCONVULSIVE THERAPY</b>	<b>Yes.</b> Pre-Service Authorization Required for Initiation, Continuation and Maintenance treatment. <i>*Initial and concurrent: 10-12 sessions</i>
<b>TMS – TRANSCRANIAL MAGNETIC STIMULATION</b>	<b>Yes.</b> Pre-Service Authorization Required for Initial or Acute treatment.
<b>PSYCHOLOGICAL TESTING</b>	<b>No</b> prior authorization required.
<b>NEUROPSYCHOLOGICAL TESTING</b>	<b>No</b> prior authorization required.
<b>TELEHEALTH/TELEPSYCH</b>	<b>No</b> , not for in network providers. <b>Yes</b> , if non network provider requests.
<b>“WRAP-AROUND SERVICES” – STATE GENERAL FUND SERVICES</b>	<b>No.</b> Payment limited to GFS allocated amount identified in Provider contract.
<b>CLUBHOUSE /DAY SUPPORT</b>	<b>No.</b>
<b>RESPIRE CARE</b>	<b>No.</b>