

North Sound BH-ASO Prior Authorization Requirement Guide

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process	Policy
<p>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUD</p> <ul style="list-style-type: none"> • Acute Psychiatric Inpatient; Evaluation and Treatment • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital <p>* MEMBERS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p>	<p>No. ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day.</p> <p>Yes. Voluntary Admission requires prior authorization.</p> <p><i>*Initial: 3-5 days, depending on medical necessity</i></p>	<p>A. Involuntary ITA Certification:</p> <ol style="list-style-type: none"> 1. Initial: Submission of ITA placement Form. ITA certification limited to 20 days 2. Concurrent Review: Hospital provides Clinical update, legal status and Discharge plan every 20 days. <p>B. Mental Health Voluntary</p> <ol style="list-style-type: none"> 1. Prospective/Initial Review: Submission of <i>Prior Authorization of Psychiatric Inpatient</i> form <ol style="list-style-type: none"> a. <i>Subject to Eligibility and medical necessity</i> 2. Concurrent Review: Submission of <i>Authorization of Psychiatric Inpatient Length of Stay Extension</i>. <ol style="list-style-type: none"> a. <i>Subject to Eligibility and Medical Necessity</i> 3. Retrospective Review <ol style="list-style-type: none"> a. <i>Hospital submits Request for Retrospective review and Clinical Records, request is limited to within 30 days of discharge.</i> 	1571.00

<p>CRISIS LINE AND CRISIS INTERVENTION Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available.</p> <ul style="list-style-type: none"> • Services may be provided prior to intake evaluation. • Services do not have to be provided face to face. • Crisis Hotline services 	<p>No.</p>	<p>N/A</p>	<p>1731.00</p>
<p>DETOXIFICATION (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> • ASAM 3.7 • ASAM 3.2 <p>* MEMBERS ADMITTED ON AN ITA ARE REVIEWED FOR CHANGE IN LEGAL STATUS, CONFIRMATION OF ACTIVE TREATMENT AND TRANSITION OF CARE NEEDS.</p>	<p>No, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p>Yes, if <u>planned</u> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*Initial: 3-5 days</i></p>	<p>North Sound BH-ASO: Review of financial eligibility, ASAM, and medical necessity</p>	<p>1592.00</p>

<p>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY Services provided to non-Medicaid individuals who are experiencing a mental health crisis.</p> <ul style="list-style-type: none"> • 24 hours per day/ 7 days per week availability. • Services may be provided prior to intake evaluation. • Service provided in the person’s own home or another home-like setting, or a setting that provides for safety of the person and the mental health professional. • Service is short term (less than 14 days per episode) and involves face-to-face assistance with life skills training and understanding of medication effects. • Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services • Additional mental health or substance use disorder services may also be reported the same days as stabilization when provided by a staff not assigned to provide stabilization services. 	<p>No, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p>Yes, if <u>planned</u>– requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*Initial: 3-5 days depending on medical necessity</i></p>	<p>A. Crisis Stabilization Authorization</p> <ol style="list-style-type: none"> 1. Emergent Admissions – Notification to BH-ASO: <i>Notification of Stabilization Service Form</i> <ol style="list-style-type: none"> a. Service delivered prior to ASO Authorization are subject to Eligibility and Medical Necessity review. 2. Prospective/Planned Requests: Submission of <i>Prior Authorization Request</i> <ol style="list-style-type: none"> a. <i>Subject to Eligibility and medical necessity</i> 3. Concurrent Review Requests: Submission of <i>Authorization of Stabilization length of stay form.</i> <ol style="list-style-type: none"> a. <i>Subject to Eligibility and Medical Necessity</i> 	<p>1701.00</p>
<p>RESIDENTIAL TREATMENT</p> <ul style="list-style-type: none"> • MH Residential • ASAM 3.3 • ASAM 3.5 • ASAM 3.7 	<p>Yes – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*MH- 90 days for initial authorization depending on medical necessity.</i></p> <p><i>*SUD- 15 days for initial authorization depending on medical necessity.</i></p>	<p>Prior authorization request submitted to North Sound BH-ASO to review financial eligibility, medical necessity, and level of care.</p>	<p>1591.00 1532.00</p>

INTENSIVE OUTPATIENT PROGRAM	No , not for in network providers. Yes , if non network provider requests.	In network- N/A Out of network- Prior authorization request submitted to North Sound BH-ASO to review financial eligibility, medical necessity, and level of care.	5501.00
MEDICATION EVALUATION AND MANAGEMENT	No , not for in network providers. Yes , if non network provider requests.	In network- N/A Out of network- Prior authorization request submitted to North Sound BH-ASO to review financial eligibility, medical necessity, and level of care.	5501.00
OPIATE TREATMENT PROGRAM/MEDICATION ASSISTED THERAPY	No , not for in network providers. Yes , if non network provider requests.	In network- N/A Out of network- Prior authorization request submitted to North Sound BH-ASO to review financial eligibility, medical necessity, and level of care.	5501.00
INITIAL ASSESSMENT (MH AND SUD) AND OUTPATIENT SERVICES	No , not for in network providers. Yes , if non network provider requests.	In network- N/A Out of network- Prior authorization request submitted to North Sound BH-ASO to review financial eligibility, medical necessity, and level of care.	5501.00
HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES Program of Assertive Community Treatment (PACT)	Yes . Prior Authorization required. <i>*Initial- 90 days for initial authorization depending on medical necessity.</i>	Prior authorization request submitted to North Sound BH-ASO to review financial eligibility, medical necessity, and level of care.	1563.00

PSYCHOLOGICAL TESTING	Yes. Prior Authorization required.	Prior authorization request submitted to North Sound BH-ASO to review financial eligibility, medical necessity, and level of care.	5501.00
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The requirements and processes for the authorization of North Sound BH-ASO contracted services are dependent on the individual meeting financial eligibility criteria, medical necessity criteria, and the availability of North Sound BH-ASO funds. North Sound BH-ASO reserves the right to reduce, suspend, or terminate an authorization due to changes in financial eligibility, changes in medical necessity, and availability of funding.