

North Sound BH-ASO Prior Authorization Requirement Guide

| SERVICE TYPE AND DESCRIPTION | Prior Authorization Required | Policy |
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| <p>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUD</p> <ul style="list-style-type: none"> • Acute Psychiatric Inpatient; Evaluation and Treatment, Secure Withdrawal Management • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital | <p>No. ITA admissions require notification only within 24 hours or next business day.</p> <p>Yes. Voluntary Admission requires prior authorization.</p> <p><i>Involuntary – reviewed for change in legal status, treatment provided and transition of care needs.</i></p> <p><i>Voluntary Initial 3-5 days, depending on medical necessity</i></p> | 1571.00 |
| <p>CRISIS LINE AND CRISIS INTERVENTION</p> | <p>No.</p> | 1731.00 1733.00 1734.00 |
| <p>Withdrawal Management (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> • ASAM 3.7 • ASAM 3.2 | <p>No, if <u>Emergent</u> – require notification only within 24 hours or next 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> | 1592.00 1594.01 |

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| <p>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY</p> <ul style="list-style-type: none"> GAIN-SS | <p>No, if <u>Emergent</u> – require notification only within 24 hours or next 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>1594.01 1701.00</p> |
| <p>RESIDENTIAL TREATMENT</p> <ul style="list-style-type: none"> MH Residential - LOCUS 90 days for initial ASAM 3.3 30 to 90 days ASAM 3.5 15 or 30 days ASAM 3.7 3 to 5 days | <p>Yes – requires prior authorization and concurrent review to determine continued stay.</p> | <p>1591.00 1532.00</p> |
| <p>INTENSIVE OUTPATIENT PROGRAM</p> <ul style="list-style-type: none"> SUD – ASAM 2.1 | <p>No, not for in network providers.</p> <p>Yes, if non network provider requests.</p> | <p>1594.01</p> |
| <p>MEDICATION EVALUATION AND MANAGEMENT</p> | <p>No, not for in network providers.</p> <p>Yes, if non network provider requests.</p> | <p>1594.01 1595.00</p> |
| <p>OPIATE TREATMENT PROGRAM/MEDICATION ASSISTED THERAPY</p> <ul style="list-style-type: none"> MAT-OST 30, 60, 90 days, max 6 months | <p>No, not for in network providers.</p> <p>Yes, if non network provider requests.</p> | <p>1594.01 1595.00</p> |

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| <p>INITIAL ASSESSMENT (MH AND SUD) AND OUTPATIENT SERVICES</p> <ul style="list-style-type: none"> • SUD 30, 60, 90 days, max 6 months • MH 30, 60, 90 days, max 6 months | <p>No, not for in network providers.</p> <p>Yes, if non network provider requests.</p> | <p>1594.01 1595.00</p> |
| <p>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES Program of Assertive Community Treatment (PACT)</p> | <p>Yes. Notification for Authorization required.</p> | <p>1594.01 1563.00</p> |
| <p>PSYCHOLOGICAL TESTING</p> | <p>Yes. Prior Authorization required.</p> | <p>1594.01 1595.00</p> |

The requirements and processes for the authorization of North Sound BH-ASO contracted services are dependent on the individual meeting 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 eligibility, changes in medical necessity, and availability of funding.