



Authorization Requirement Guide

Revised: 4/16/2024

Reviewed: 5/7/2024

SERVICE TYPE AND DESCRIPTION	Authorization/Eligibility Requirements	Policy
<p>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER (SUD)</p> <ul style="list-style-type: none"> Acute Psychiatric Inpatient; Evaluation and Treatment, Secure Withdrawal Management and Stabilization (SWMS) Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital <p><i>Authorizations are based on provider request, eligibility and available funding.</i></p>	<p>No. Involuntary Treatment Act (ITA) admissions require notification only within 24 hours or next business day.</p> <p>Yes. Voluntary Admission requires authorization. <i>Voluntary Initial 3-5 days, depending on medical necessity and available funding.</i></p> <p>Yes. Involuntary Treatment Act (ITA) – reviewed every 20 days for change in legal status, treatment provided and transition of care needs.</p>	<p>1571.00</p>
<p>CRISIS LINE AND CRISIS INTERVENTION</p>	<p>N/A</p>	<p>1731.00 1733.00 1734.00</p>
<p>WITHDRAWAL MANAGEMENT (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> ASAM 3.7 ASAM 3.2 <p><i>Authorizations are based on provider request, eligibility and available funding.</i></p>	<p>No, if <u>Emergent or planned</u> and provided in an emergent type setting (i.e., Triage or crisis stabilization unit) or provided by a Indian Health Care Provider (IHCP).</p> <p>Yes, if <u>planned and service are provided in a non-emergent setting</u> – requires authorization.</p>	<p>1592.00 1594.01</p>
<p>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY</p> <ul style="list-style-type: none"> GAIN-SS 	<p>No, if Emergent or planned and provided in an emergent type setting (i.e., Triage or crisis stabilization unit) or provided by an IHCP.</p>	<p>1594.01 1701.00</p>
<p>RESIDENTIAL TREATMENT – MENTAL HEALTH AND SUBSTANCE USE DISORDER (SUD)</p> <p><i>Authorizations are based on provider request, eligibility and available funding.</i></p>	<p>Yes – requires authorization and concurrent review to determine continued stay.</p>	<p>1591.00 1532.00</p>

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INTENSIVE OUTPATIENT PROGRAM <i>Authorizations are based on provider request, eligibility and available funding.</i>	No , for IHCP. Yes , for in-network and out of network provider requests.	1594.01
MEDICATION EVALUATION AND MANAGEMENT	No , for IHCP. Yes , for in-network and out of network provider requests.	1594.01 1595.00
OPIATE TREATMENT PROGRAM <i>Authorizations are based on provider request, eligibility and available funding.</i>	No , for IHCP. Yes , for in-network and out of network provider requests.	1594.01 1595.00
INITIAL ASSESSMENT (MH AND SUD) AND OUTPATIENT SERVICES <i>Authorizations are based on provider request, eligibility and available funding.</i>	No , for IHCP. Yes , for in-network and out of network provider requests.	1594.01 1595.00
HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES Program of Assertive Community Treatment (PACT)	Yes , for in-network and out of network provider requests.	1594.01 1563.00
PSYCHOLOGICAL TESTING	Yes , for in-network and out of network provider requests.	1594.01 1595.00

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 deny, reduce, suspend, or terminate an authorization due to changes in eligibility, changes in medical necessity, and availability of funding.