

# 1594.01

## Thurston-Mason BH-ASO Provider Services Reference Guide

SERVICE TYPE AND DESCRIPTION	PRIOR AUTHORIZATION REQUIRED? <u>*LENGTH OF INITIAL AND CONTINUED STAY AUTHORIZATION</u>
<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> </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>No.</b> ITA admissions require notification only within 24 hours followed by concurrent review within 1 business day.</p> <p>*Voluntary Admission requires pre-service review before admission.</p> <p><b>Coordinate with Thurston-Mason BH-ASO Care Coordinator.</b></p> <p><i>*Initial: 3-5 days, depending on medical necessity</i></p>
<p><b>CRISIS LINE AND CRISIS INTERVENTION</b></p>	<p><b>No.</b></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>No, if Emergent</b> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p><b>Yes, if planned</b> – voluntary admission* requires pre-service review and concurrent review to determine continued stay.</p> <p><i>*Initial: 3-5 days</i></p>
<p><b>CRISIS STABILIZATION IN A RESIDENTIAL TREATMENT SETTING</b></p>	<p><b>No, if Emergent</b> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p><b>Yes, if planned</b> – requires pre-service review and concurrent review to determine continued stay.</p> <p><i>*Initial: 3-5 days depending on medical necessity</i></p>
<p><b>PRE-RESIDENTIAL SERVICES</b></p> <p>INDIVIDUALS HAVE BEEN DETERMINED TO MEET MEDICAL NECESSITY FOR PLACEMENT INTO SUD RESIDENTIAL AND ARE WAITING PLACEMENT INTO RECOMMENDED ASAM LEVEL OF CARE</p>	<p><b>Yes.</b></p>
<p><b>RESIDENTIAL TREATMENT – MENTAL HEALTH AND SUBSTANCE USE DISORDER</b></p> <p>IF FOR SUD:</p>	<p><b>Yes</b> – requires pre-service review and concurrent review to determine continued stay.</p>

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SERVICE TYPE AND DESCRIPTION	PRIOR AUTHORIZATION REQUIRED? <u>*LENGTH OF INITIAL AND CONTINUED STAY AUTHORIZATION</u>
<ul style="list-style-type: none"> <li>ASAM 3.5</li> <li>ASAM 3.3</li> <li>ASAM 3.1</li> </ul>	<p>*MH- 3 days for initial authorization depending on medical necessity.</p> <p>*SUD-            ASAM 3.5: 14 days for initial authorization depending on medical necessity.            ASAM 3.3: 30 days for initial authorization depending on medical necessity.            ASAM 3.1: 30 days for initial authorization depending on medical necessity.</p>
<p><b>PARTIAL HOSPITALIZATION/DAY TREATMENT/DAY SUPPORT</b></p> <p><b>IF FOR SUD: ASAM 2.5</b></p>	<p>Partial Hospitalization/Day Treatment is not a covered service available through Thurston-Mason BH-ASO.</p>
<p><b>INTENSIVE OUTPATIENT SERVICES/PROGRAM</b></p> <p><b>IF FOR SUD: ASAM 2.1</b></p> <p>UP TO 90 DAYS</p>	<p><b>No</b>, not for network provider with dedicated funds in contract for this service.</p> <p><b>Yes</b>, if network provider requests without funds in contract or non-network provider.</p>
<p><b>MEDICATION EVALUATION AND MANAGEMENT</b></p>	<p><b>No</b>, not for network provider with dedicated funds in contract for this service.</p> <p><b>Yes</b>, if network provider requests without funds in contract or non-network provider.</p>
<p><b>OPIATE TREATMENT PROGRAM/MEDICATION ASSISTED THERAPY</b></p> <p>UP TO 365 DAYS</p>	<p><b>No</b>, not for network provider with dedicated funds in contract for this service.</p> <p><b>Yes</b>, if network provider requests.</p>
<p><b>INITIAL ASSESSMENT (MH AND SUD/ASAM) AND OUTPATIENT SERVICES</b></p> <p>30, 60, 90 DAYS, MAX 6 MONTHS (DEPENDING ON SERVICE IN LOC GUIDELINES)</p>	<p><b>No</b>, not for network provider with dedicated funds in contract for this service.</p> <p><b>Yes</b>, if network provider requests without funds in contract or non-network provider.</p>
<p><b>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES (WISE, WRAPAROUND, PACT)</b></p>	<p><b>No</b>, not for network provider with dedicated funds in contract for this service.</p> <p><b>Yes</b>. Prior Authorization required if network provider requests without funds in contract or non-network provider.</p> <p>*Initial- 90 days for initial authorization depending on medical necessity.</p>
<p><b>TELEHEALTH/TELEPSYCH</b></p>	<p><b>Yes</b>, if network provider requests.</p>

**“Notification Only”**

*Emergent, unplanned admissions to acute inpatient BH facilities (such as E & T or secure withdrawal management) do not require prior authorization but do require notification of the admission by means of electronic file within 24 hours of that admission. Clinical information shall be provided for medical necessity determination, known as concurrent review, following this notification.*

The requirements and processes for the authorization of Thurston-Mason BH-ASO contracted services are dependent on the Individual meeting eligibility criteria, medical necessity criteria, and the availability of Thurston-Mason BH-ASO funds. Thurston-Mason 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.