

# Greater Columbia BH-ASO Prior Authorization Requirement Guide

SERVICE TYPE AND DESCRIPTION	Prior Authorization Required?	Authorization Process	Policy
<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><b>Yes.</b> Voluntary Admission requires prior authorization.</p> <p><i>*Initial: 3-5 days, depending on medical necessity</i></p>	<p><b>A. Involuntary ITA Certification:</b></p> <ol style="list-style-type: none"> <li><b>1. Initial:</b> Submission of ITA documents. ITA certification limited to 20 days</li> <li><b>2. Concurrent Review:</b> Hospital provides Clinical update, legal status and Discharge plan every 7 days.</li> </ol> <p><b>B. Mental Health Voluntary</b></p> <ol style="list-style-type: none"> <li><b>1. Prospective/Initial Review:</b> Submission of clinical documentation showing need for inpatient hospitalization.               <ol style="list-style-type: none"> <li><i>a. Subject to Eligibility and medical necessity</i></li> <li><i>b. Subject to funding available.</i></li> </ol> </li> <li><b>2. Concurrent Review:</b> Submission of clinical documentation showing continued inpatient need.               <ol style="list-style-type: none"> <li><i>a. Subject to Eligibility and Medical Necessity</i></li> <li><i>b. Subject to funding available.</i></li> </ol> </li> <li><b>3. Retrospective Review</b> <ol style="list-style-type: none"> <li><i>a. Hospital submits Request for Retrospective review and Clinical Records, request is limited to within 30 days of discharge.</i></li> </ol> </li> </ol>	

<p><b>Crisis Line and Crisis Intervention</b></p> <p>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"> <li>• Services may be provided prior to intake evaluation.</li> <li>• Services do not have to be provided face to face.</li> <li>• Crisis Hotline services</li> </ul>	<p><b>No.</b></p>	<p><b>N/A</b></p>	
<p><b>DETOXIFICATION</b> (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> <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 <u>Emergent</u></b> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p><b>Yes, if <u>planned</u></b> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*Initial: 3-5 days</i></p>	<p>Greater Columbia BH-ASO: Review of financial eligibility, ASAM, and medical necessity.</p>	

<p><b>DETOXIFICATION</b> (IN A RESIDENTIAL SETTING)</p> <ul style="list-style-type: none"> <li>ASAM 3.7</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>, if <u>ITA</u> - requires notification only within 24 hours followed by concurrent review within one business day.</p> <p><b>Yes</b>, if <u>Voluntary</u>– requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*Initial: 3-5 days</i></p>	<p>Greater Columbia BH-ASO: Review of financial eligibility, ASAM, and medical necessity.</p>	
<p><b>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY</b></p> <p>Services provided to Non Medicaid-enrolled individuals who are experiencing a mental health crisis and are living in the Greater Columbia ASO service area.</p> <ul style="list-style-type: none"> <li>24 hours per day/ 7 days per week availability.</li> <li>Services may be provided prior to intake evaluation.</li> <li>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.</li> <li>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.</li> <li>Service provided as follow up to crisis services; and to other persons determined by mental health professional in need of additional stabilization services</li> <li>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.</li> </ul>	<p><b>No</b>, if <u>Emergent</u> – requires notification only within 24 hours followed by concurrent review within one business day.</p> <p><b>Yes</b>, if <u>planned</u>– requires prior authorization.</p> <p><i>*Authorized for 2 days depending on medical necessity and funding available.</i></p>	<p><b>A. Crisis Stabilization Authorization</b></p> <ol style="list-style-type: none"> <li>Emergent Admissions – Notification to BH-ASO: Documents supporting medical necessity <ol style="list-style-type: none"> <li>Service delivered prior to ASO Authorization are subject to Eligibility and Medical Necessity review.</li> </ol> </li> <li>Prospective/Planned Requests: Submission of documents supporting medical necessity. <ol style="list-style-type: none"> <li><i>Subject to Eligibility and medical necessity</i></li> <li><i>Subject to Funds available</i></li> </ol> </li> <li>Concurrent Review Requests: Submission of clinical documentation supporting continued stay. <ol style="list-style-type: none"> <li><i>Subject to Eligibility and Medical Necessity</i></li> <li><i>Subject to Funds available</i></li> </ol> </li> </ol>	

<p><b>RESIDENTIAL TREATMENT</b></p> <ul style="list-style-type: none"> <li>- MH Residential</li> <li>- ASAM 3.3</li> <li>- ASAM 3.5</li> <li>- ASAM 3.7</li> </ul>	<p><b>Yes</b> – requires prior authorization and concurrent review to determine continued stay.</p> <p><i>*MH- 90 days for initial authorization depending on medical necessity and funds available.</i></p> <p><i>*SUD- 7 days for initial authorization depending on medical necessity.</i></p>	<p>Prior authorization request submitted to Greater Columbia BH-ASO to review financial eligibility, medical necessity, and level of care.</p>	
<p><b>Intensive Outpatient Program</b></p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p> <p><i>*Service is provided based on priority population and funds available.</i></p>	<p>In network- N/A</p> <p>Out of network- Prior authorization request submitted to Greater Columbia BH-ASO to review financial eligibility, medical necessity, and level of care.</p>	
<p><b>MEDICATION EVALUATION AND MANAGEMENT</b></p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p> <p><i>*Service is provided based on priority population and funds available</i></p>	<p>In network- N/A</p> <p>Out of network- Prior authorization request submitted to Greater Columbia BH-ASO to review financial eligibility, medical necessity, and level of care.</p>	

<b>Opiate treatment Program/MEDICATION ASSISTED THERAPY</b>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p> <p><i>*Service is provided based on priority population and funds available</i></p>	<p>In network- N/A</p> <p>Out of network- Prior authorization request submitted to Greater Columbia BH-ASO to review financial eligibility, medical necessity, and level of care.</p>	
<b>INITIAL ASSESSMENT (MH AND SUD) AND OUTPATIENT SERVICES</b>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non network provider requests.</p> <p><i>*Service is provided based on priority population and funds available</i></p>	<p>In network- N/A</p> <p>Out of network- Prior authorization request submitted to Greater Columbia BH-ASO to review financial eligibility, medical necessity, and level of care.</p>	
<b>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES</b> <b>Program of Assertive Community Treatment (PACT)</b>	<p><b>No</b>, not for in network providers.</p>	<p>In network- N/A</p>	
<b>PSYCHOLOGICAL TESTING</b>	<p><b>Yes</b>. Prior Authorization required.</p>	<p>Prior authorization request submitted to Greater Columbia BH-ASO to review financial eligibility, medical necessity, and level of care.</p>	

The requirements and processes for the authorization of Greater Columbia BH-ASO contracted services are dependent on the individual meeting financial eligibility criteria, medical necessity criteria, and the availability of Greater Columbia BH-ASO funds. Greater Columbia 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.