## APPENDIX H1: DMA SERVICE AUTHORIZATION TIMELINES

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<td><strong>NON-DIRECT ADMIT SERVICES</strong></td>
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| **Ambulatory Detoxification-H0014** | • PA required first day of service  
• Up to 7 day authorization | • SAR  
• Complete PCP with signatures | • Maximum of 10 days per episode  
• 3 days reauthorization limit | • SAR  
• Updated PCP with signatures if applicable | • 15 min |
| **Day Treatment-H2012:HA** | • PA required first day of service  
• Up to 60 day auth | • SAR  
• Complete PCP with signatures | • Up to 60 days | • SAR  
• Updated PCP with signatures if applicable | • Units billed in 1 hr increment |
| **Diagnostic Assessment-T1023** | • Pass through of 1 event per calendar year | • SAR  
• Additional information if applicable | • PA required for any additional DA beyond 1 in a calendar year | • SAR  
• Additional information if applicable | • Per diem |
| **Professional Tx Services in Facility-Based Crisis Program-S9484 (adults)** | • 7 day pass thru (authorization required for 8th day)  
• Up to 8 days for initial auth | • SAR  
• Service Order | • Maximum of 30 days per calendar year | • SAR  
• Additional information if applicable | • Per hour |
| **Inpatient-RC100** | • PA required after first 48 business hours  
• Up to 3 day auth (8B-CCP) | • SAR  
• CON for children/adolescents (if free standing inpatient facility) | PA required | • SAR  
• Additional information if applicable | • 1 day |
| **Mobile Crisis-H2011** | • Pass through of 8 hours  
• PA for next 8 hours required before 9th hour of service delivered | • SAR | • PA for final 8 hours required before 17th hour of service delivered  
• Maximum 24 hrs/episode | • SAR | • 15 min |
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| Non-Hospital Medical Detoxification-H0010 | • PA required first day of service  
• Up to 10 days auth | • SAR  
• PCP with signatures | • Up to 10 days  
• Maximum of 30 days per calendar year | • SAR  
• Updated PCP with signatures if applicable  
• Additional information if applicable | • Per diem |
| Opioid Treatment-H0020                | • PA required first day of service  
• Up to 60 days auth | • SAR  
• Complete PCP with signatures | • Up to 180 days | • SAR  
• Updated PCP with signatures if applicable  
• Additional information if applicable | • Billed as 1 daily unit |
| PH (Partial Hospitalization)-H0035     | • PA required first day of service  
• Up to 7 days auth | • SAR  
• Complete PCP with signatures | • Up to 7 days | • SAR  
• Updated PCP with signatures if applicable  
• Additional information if applicable | • Per diem |
| Psychiatric Residential Treatment Facility (PRTF)-RC911 | • PA required first day of service  
• Up to 30 days | • SAR  
• Complete PCP with signatures  
• CON | • Up to 30 days | • SAR  
• Updated PCP with signatures if applicable  
• Additional information if applicable | • 1 day |
| PSR (Psychosocial Rehabilitation)-H2017 | • PA required first day of service  
• Up to 90 days auth | • SAR  
• Complete PCP with signatures | • Up to 180 days | • SAR  
• Updated PCP with signatures if applicable  
• Additional information if applicable | • 1 unit = 15 mins  
• Minimum 5 days |
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| Residential II – Family (Therapeutic Foster Care) Y2362 | • PA required first day of service  
• Up to 30 day auth | • SAR  
• Complete PCP with signatures | • Up to 30 days | • SAR  
• Updated PCP with signatures  
Additional information if applicable | • 1 unit = per diem |
| Residential: • II-Group Y2363- Level II-Group Home | • PA required first day of service  
• Up to 30 day auth | • SAR  
• Complete PCP with signatures | • Up to 30 days | • SAR  
• Updated PCP with signatures  
Additional information if applicable | • 1 unit = per diem |
| Residential III – 4 beds or fewer- Y2348 | • PA required first day of service  
• Up to 30 day auth | • SAR  
• Complete PCP with signatures  
• Discharge/Transition Plan | • Up to 30 days  
• Length of stay limited to 120 days (IU #63) for more must follow IU #60 | • SAR  
• Updated PCP with signatures  
• Additional information if applicable  
• Discharge/Transition Plan  
• Independent Psychiatric Eval (if placed prior to Sept. 28, 2009)  
• Independent Psychiatric Eval requests exceeding 120 days (IU #63) | • 1 day |
| Residential: • III-5+ beds Y2349- Level | • PA required first day of service  
• Up to 30 day auth | • SAR  
• Complete PCP with signatures | • Up to 30 days-  
• Length of stay limited to 120 days (IU #63) for | • SAR  
• Updated PCP with signatures | • Per Diem |

Note: Pay attention to breaks in service. Should not be a break between service requests.
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| III-GH, 5 beds or >  | Placement may be transition from PRTF or inpatient setting; MST or IIH within last 6 months and severe functional impairment persists; CFT reviewed alternatives and recommend Level II/IV to maintain health and safety of child. (IU #60) | • Discharge/Transition Plan signed by LME SOC representative. (new admissions after Sept. 28, 2009) | more must follow IU #60 | • Additional information if applicable  
• Discharge/Transition Plan  
• Independent Psychiatric Eval (if placed prior to Sept. 28, 2009)  
• Independent Psychiatric Eval requests exceeding 120 days (IU #63) | Note: Pay attention to breaks in service. Should not be a break between service requests. |
| • IV Y2360- Level IV HG, 4 beds or < Y2361- Level IV-GH, 5 beds or > | | | | |
| Substance Abuse Medically Monitored Community Residential- H0013 | • PA required first day of service  
• Up to 10 days auth | • SAR  
• Complete PCP with signatures | • Up to 10 days  
• Maximum of 30 days per calendar year | • SAR  
• Updated PCP with signatures if applicable  
• Additional information if applicable | • Per diem |
| Non-medically Monitored Community Residential- H0012HB | • PA required first day of service  
• Up to 10 days auth | • SAR  
• Complete PCP with signatures | • Up to 10 days  
• Maximum of 30 days per calendar year | • SAR  
• Updated PCP with signatures if applicable  
• Additional information if applicable | • Per diem |
| DIRECT ADMIT SERVICES | | | | |
| ACTT (Assertive Community Treatment Team)- H0040 | • PA required first day of service  
• Up to 180 days auth | • SAR  
• CCA  
• Complete PCP with signatures | • Up to 180 days  
• Complete/updated PCP with signatures  
• Additional information if applicable | • 1 unit = 1 day  
• Service auth MUST go thru end of month. 14th is cut off of month- up to the 14th day thru current request |
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| CST (Community Support Team)-H2015:HT | • PA required first day of service  
• Up to 60 days auth | • SAR  
• Complete PCP with signatures | • Up to 60 days  
• No more than 6 months service authorized per calendar year. (service definition effective 7/1/2010 and the change is effective 8/1/2010) | • SAR  
• Complete/updated PCP with signatures  
• Additional information if applicable | • Unit = 15 mins  
• Max 8 hrs/day or 32 units  
• Max 18 hrs/wk or 72 units.  
• Max 32 hours per 60 days/128 units. Requests exceeding max allowed will be returned as unable to process. (IU#75) |
| Intensive In-Home- H2022 | • PA required first day of service  
• Up to 60 days auth | • SAR  
• Complete PCP with signatures | • Up to 60 days | • SAR  
• Complete/updated PCP with signatures  
• Additional information if applicable | • Unit = 1 day – minimum of 2 hrs  
• Minimum 12 units/1st month  
• Avg 6 units 2nd mth  
• Avg 6 units 3rd |
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| MST (Multisystemic Therapy)- H2033 | • PA required first day of service  
• Up to 30 days auth | • SAR  
• Complete PCP with signatures | • Up to 120 days | • SAR  
• Complete/updated PCP with signatures  
• Additional information if applicable | • Unit = 15 mins  
• Max 32 units in a 24 hr period  
• Max 480 units in a 3 mth period |
| SAIOP (Substance Abuse Intensive Outpatient Program)- H0015 | • Pass-thru for 30 days of service. Pass-thru available 1x/fiscal year. Initial request must include the start date of the admission and the total units, including the unmanaged units, requested. Not included in the initial auth unless requested. . (IU # 65)  
• Up to 30 days auth | • SAR  
• Complete PCP with signatures | • Up to 60 days auth | • SAR  
• Complete/updated PCP with signatures  
• Additional information if applicable | • 1 daily unit = 3 hrs  
• Minimum 3 hrs to bill |

Updated October 2015
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<td>SACOT (Substance Abuse Comprehensive Outpatient Treatment)-H2035</td>
<td>• Pass-thru for 60 days of service. Pass-thru available 1x/fiscal year. Initial request must include the start date of the admission and the total units, including the unmanaged units, requested. Not included in the initial auth unless requested. (IU # 65) • Up to 60 days auth</td>
<td>• SAR • Complete PCP with signatures</td>
<td>• Up to 60 days auth</td>
<td>• SAR • Complete/updated PCP with signatures • Additional information if applicable</td>
<td>• 1 unit = 1 hour • Minimum 4 hrs/day</td>
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