

## APPENDIX H1: DMA SERVICE AUTHORIZATION TIMELINES

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
<b>NON-DIRECT ADMIT SERVICES</b>					
<b>Ambulatory Detoxification- H0014</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 7 day authorization</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 10 days per episode</li> <li>• 3 days reauthorization limit</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 15 min</li> </ul>
<b>Day Treatment- H2012:HA</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Units billed in 1 hr increment</li> </ul>
<b>Diagnostic Assessment- T1023</b>	<ul style="list-style-type: none"> <li>• Pass through of 1 event per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• PA required for any additional DA beyond 1 in a calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>Professional Tx Services in Facility-Based Crisis Program- S9484 (adults)</b>	<ul style="list-style-type: none"> <li>• 7 day pass thru (authorization required for 8<sup>th</sup> day)</li> <li>• Up to 8 days for initial auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Service Order</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per hour</li> </ul>
<b>Inpatient- RC100</b>	<ul style="list-style-type: none"> <li>• PA required after first 48 business hours</li> <li>• Up to 3 day auth (8B-CCP)</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• CON for children/adolescents (if free standing inpatient facility)</li> </ul>	<p style="text-align: center;">PA required</p>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 day</li> </ul>
<b>Mobile Crisis- H2011</b>	<ul style="list-style-type: none"> <li>• Pass through of 8 hours</li> <li>• PA for next 8 hours required before 9<sup>th</sup> hour of service delivered</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> </ul>	<ul style="list-style-type: none"> <li>• PA for final 8 hours required before 17<sup>th</sup> hour of service delivered</li> <li>• Maximum 24 hrs/episode</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> </ul>	<ul style="list-style-type: none"> <li>• 15 min</li> </ul>

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<b>Non-Hospital Medical Detoxification- H0010</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 10 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 10 days</li> <li>• Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>Opioid Treatment- H0020</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 180 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Billed as 1 daily unit</li> </ul>
<b>PH (Partial Hospitalization)- H0035</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 7 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 7 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>Psychiatric Residential Treatment Facility (PRTF)- RC911</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> <li>• CON</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 day</li> </ul>
<b>PSR (Psychosocial Rehabilitation)- H2017</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 90 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 180 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit = 15 mins</li> <li>• Minimum 5 days</li> </ul>

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<b>Residential II – Family (Therapeutic Foster Care)</b> Y2362	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures</li> </ul> Additional information if applicable	<ul style="list-style-type: none"> <li>• 1 unit = per diem</li> </ul>
<b>Residential: II-Group</b> Y2363- Level II-Group Home	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit=per diem</li> </ul>
<b>Residential III – 4 beds or fewer-</b> Y2348 (See notes above regarding Level III/IV placement)	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> <li>• Discharge/ Transition Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days</li> <li>• Length of stay limited to 120 days (IU #63) for more must follow IU #60</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> <li>• Discharge/Transition Plan</li> <li>• Independent Psychiatric Eval (if placed prior to Sept. 28, 2009)</li> <li>• Independent Psychiatric Eval <u>requests exceeding 120 days</u> (IU #63)</li> </ul> Note: Pay attention to breaks in service. Should not be a break between service requests.	<ul style="list-style-type: none"> <li>• 1 day</li> </ul>
<b>Residential: III-5+ beds</b> Y2349- Level	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days-</li> <li>• Length of stay limited to 120 days (IU #63) for</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Updated PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Per Diem</li> </ul>

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III-GH, 5 beds or > • <b>IV</b> Y2360- Level IV HG, 4 beds or < Y2361- Level IV-GH, 5 beds or >	<ul style="list-style-type: none"> <li>Placement may be transition from PRTF or inpatient setting; MST or IHH within last 6 months and severe functional impairment persists; CFT reviewed alternatives and recommend Level III/IV to maintain health and safety of child. (IU #60)</li> </ul>	<ul style="list-style-type: none"> <li>Discharge/Transition Plan signed by LME SOC representative. (new admissions after Sept. 28, 2009)</li> </ul>	more must follow IU #60	<ul style="list-style-type: none"> <li>Additional information if applicable</li> <li>Discharge/Transition Plan</li> <li>Independent Psychiatric Eval (if placed prior to Sept. 28, 2009)</li> <li>Independent Psychiatric Eval <u>requests exceeding 120 days (IU #63)</u></li> </ul> <p>Note: Pay attention to breaks in service. Should not be a break between service requests.</p>	
<b>Substance Abuse Medically Monitored Community Residential-H0013</b>	<ul style="list-style-type: none"> <li>PA required first day of service</li> <li>Up to 10 days auth</li> </ul>	<ul style="list-style-type: none"> <li>SAR</li> <li>Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>Up to 10 days</li> <li>Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>SAR</li> <li>Updated PCP with signatures if applicable</li> <li>Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Per diem</li> </ul>
<b>Non-medically Monitored Community Residential-H0012HB</b>	<ul style="list-style-type: none"> <li>PA required first day of service</li> <li>Up to 10 days auth</li> </ul>	<ul style="list-style-type: none"> <li>SAR</li> <li>Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>Up to 10 days</li> <li>Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>SAR</li> <li>Updated PCP with signatures if applicable</li> <li>Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Per diem</li> </ul>
<b>DIRECT ADMIT SERVICES</b>					
<b>ACTT (Assertive Community Treatment Team)-H0040</b>	<ul style="list-style-type: none"> <li>PA required first day of service</li> <li>Up to 180 days auth</li> </ul>	<ul style="list-style-type: none"> <li>SAR</li> <li>CCA</li> <li>Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>Up to 180 days</li> </ul>	<ul style="list-style-type: none"> <li>SAR</li> <li>Complete/updated PCP with signatures</li> <li>Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>1 unit = 1 day</li> <li>Service auth MUST go thru end of month. 14th is cut off of month- up to the 14<sup>th</sup> day thru current request</li> </ul>

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					month- past 15 <sup>th</sup> of month requested- project to end of next month.
<b>CST (Community Support Team)- H2015:HT</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days</li> <li>• No more than 6 months service authorized per calendar year. (service definition effective 7/1/2010 and the change is effective 8/1/2010)</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Unit = 15 mins</li> <li>• Max 8 hrs/day or 32 units</li> <li>• Max 18 hrs/wk or 72 units.</li> <li>• Max 32 hours per 60 days/128 units. Requests exceeding max allowed will be returned as unable to process. (IU#75)</li> </ul>
<b>Intensive In-Home- H2022</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Unit = 1 day – minimum of 2 hrs</li> <li>• Minimum 12 units/1<sup>st</sup> month</li> <li>• Avg 6 units 2<sup>nd</sup> mth</li> <li>• Avg 6 units 3<sup>rd</sup></li> </ul>

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					mth
<b>MST (Multisystemic Therapy)- H2033</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 120 days</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Unit = 15 mins</li> <li>• Max 32 units in a 24 hr period</li> <li>• Max 480 units in a 3 mth period</li> </ul>
<b>SAIOP (Substance Abuse Intensive Outpatient Program)- H0015</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Up to 30 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 daily unit = 3 hrs</li> <li>• Minimum 3 hrs to bill</li> </ul>

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<b>SACOT</b> <b>(Substance Abuse Comprehensive Outpatient Treatment)-</b> <b>H2035</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• SAR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit = 1 hour</li> <li>• Minimum 4 hrs/day</li> </ul>