		<h2>Policy and Procedure</h2>
Name of Policy:	Requests for Prior-authorized Substance Use Disorder Services	
Policy Number:	CM-028	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	05/31/03	
Last Revision Date:	04/16/18	
Last Review Date:	02/04/19	
Next Review Date:	02/01/20	

Policy: Hospital Based Rehabilitation, Non-Hospital Based Rehabilitation, Halfway House, and Partial Hospitalization are treatment services that require prior authorization.

Purpose: To outline the procedure for seeking and obtaining authorization for substance use disorder services.

Definitions: **Prior-authorized Substance Use Disorder Services:** Includes Hospital Based Rehabilitation, Non-Hospital Based Rehabilitation, Halfway House, and Partial Hospitalization.

Acronyms: **CCM:** Clinical Care Manager
SUD: Substance Use Disorder
LOC: Level of Care
MNC: Medical Necessity Criteria

Procedure:

1. PerformCare has identified CCMs who are responsible for Substance Use Disorder prior-authorization requests during regular business hours and after hours.
2. When a Member or Provider requests prior-authorization for SUD services, a PerformCare Associates complete verification of PerformCare coverage and collects relevant demographic information. A PerformCare associate then documents in the PerformCare Member Electronic Medical Record and notifies CCM of the request.

3. The assigned CCM is responsible for responding to the request and collecting all relevant clinical information, which is documented in the Member Electronic Medical Record. During regular and non-business hours, the standard approval/denial process is followed.
4. If medical necessity for admission is met, the Clinical Care Manager determines the number of days that will be authorized. Short term Hospital and Non-Hospital Based Rehabilitation is authorized for up to fourteen (14) days. Long term Non-Hospital Based Rehabilitation is authorized up to thirty (30) days. Halfway House is authorized for up to thirty (30) days and Partial Hospitalization up to fourteen (14) treatment days. PerformCare will generate the authorization upon receiving the arrival verification from accepting Provider.
5. Clinical Care Managers are responsible for submitting all LOC requests that may not meet MNC to a PerformCare Physician Advisor for review and final determination of approval or denial of care. Clinical Care Managers are not permitted to deny a request for services, only a PerformCare Physician Advisor may issue a denial of care. During regular and non -business hours, the standard approval/denial process is followed per *CM-013 Approval /Denial Process and Notification*.

Related Policies: *CM-004 Physician Advisor-Psychologist Advisor Consultation
CM-007 Service Denial-Behavioral Health Inpatient Services
CM-011 Clinical Care Management Decision Making
CM-013 Approval/Denial Process and Notification
CM-015 Inter-Rater Reliability Monitoring of Medical Necessity*


Related Reports: None

Source Documents and References: *Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria Substance Use Disorder Services per: Pennsylvania Client Placement Criteria for Adults and American Society of Addiction Medicine (ASAM) for Adolescents. As of July 1, 2018 ASAM will be the Medical Necessity Criteria for Adults and Adolescent Substance Use Disorder Services per Pennsylvania Department of Human Service requirements.*

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:


Primary Stakeholder