

PerformCARE [®]		Policy and Procedure
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"/> 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:	11/03/25	
Last Review Date:	11/03/25	
OMHSAS Approval Date:	N/A	
Next Review Date:	11/01/26	

Policy: SUD services ASAM LOC 4, 3.7, 3.5, 3.1 and 2.5 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 ASAM: Medically Managed Intensive Inpatient (4), Medically Monitored Intensive Inpatient Services (3.7), Clinically Managed High-Intensity Residential Services (3.5), Clinically Managed Low-Intensity Residential Services (3.1), and Partial Hospitalization (2.5).

Acronyms: **ASAM:** American Society of Addiction Medicine
CCM: Clinical Care Manager
SUD: Substance Use Disorder
LOC: Level of Care
MNG: Medical Necessity Guidelines

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 Associate completes 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 per *CM-013 Approval /Denial Process and Notification*.
 4. If medical necessity for admission is met, the CCM determines the number of days that will be authorized for ASAM LOC: Medically Managed Intensive Inpatient Services (4) is authorized for fourteen (14) to thirty (30) days; Medically Monitored Intensive Inpatient Services (3.7) is authorized for fourteen (14) to thirty (30) days; Clinically-Managed High Intensity Rehabilitative Residential Services (3.5) is authorized for fourteen (14) to thirty (30) days; Clinically Managed Low-Intensity Residential Services (3.1) is authorized for up to thirty (30) days and Partial Hospitalization (2.5) is authorized up to twenty-one (21) 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 MNG to a PerformCare Psychiatric 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 Psychiatric 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 Psychiatric 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: *American Society of Addiction Medicine (ASAM) 3rd Ed*
guidelines per Pennsylvania Department of Human Services
HealthChoices Behavioral Health Program, Program Standards
and Requirements, Appendix T.

**Superseded Policies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

Attachments: None

Approved by:

A handwritten signature in cursive script, appearing to read "Jack B.", written in black ink.

Primary Stakeholder