

This guide is a general overview of authorization requirements by service types. Additional information, including authorization requirements by service code, can be found on [Molina Healthcare’s Provider Portal](#). For additional benefit clarification, please call (855) 322-4082.

Definitions of medical necessity review and authorization types:

- **Pre-Service or Prior Authorization (PA):** Authorization must be obtained prior to start of service
- **Concurrent:** Authorization is obtained after service has occurred but prior to end of episode of care
- **Post-Service (Retro):** Medical necessity review conducted after service has occurred
- **Notification Only:** Emergent, unplanned admissions to acute inpatient BH facilities (such as E&T or acute inpatient detoxification) do not require PA but do require notification of the admission by means of electronic file, fax or phone call within 24 hours of that admission. Clinical information shall be provided for medical necessity determination, known as concurrent review, following this notification. This can apply to lower-level services as well.

***Please send current (within past 7 days) clinical information to support initial request for “bedded” services. Interval update to recent assessment is acceptable for initial requests.***

Service Type and Description	Prior Authorization Required?
<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> <li>• Inpatient Acute Withdrawal (Detoxification) ASAM 4.0</li> </ul> <p><b>NOTE:</b> Members admitted on an ITA are reviewed for change in legal status, confirmation of active treatment and transition of care needs.</p> <p><b>If ITA, please attach court documents.</b></p>	<p><b>No.</b> Emergent admissions require notification only within 24 hours followed by concurrent review.</p> <p><b>Coordinate with Transitions of Care/Health Home Care Coordinator.</b></p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• <b>Voluntary admissions</b> - Initial and continued stay: 3-5 days (or Medical Director discretion)</li> <li>• <b>ITA admissions</b> - Initial for 120 hours (excluding weekends and holidays), then dependent on further commitment, will authorize 14 days or to the next court date. Upon confirmation of 90-day commitment, will continue to authorize in 14-day increments (or at Medical Director discretion)</li> </ul>

Service Type and Description	Prior Authorization Required?
<p><b>Withdrawal Management</b> (in a residential setting)</p> <ul style="list-style-type: none"> <li>• ASAM 3.7</li> <li>• ASAM 3.2</li> </ul> <p><b>NOTE:</b> Members admitted on an ITA or LRA are reviewed for change in legal status, confirmation of active treatment and transition of care needs.</p> <p><b>If ITA, please attach court documents.</b></p>	<p><b>No</b>, if emergent – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes</b>, if planned – Optional prior authorization and concurrent review per ESHB 2642</p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• <b>Initial planned:</b> 3-5 days depending on severity of detoxification and types of substances used</li> <li>• <b>Emergent:</b> Per ESHB 2642 MCO required to cover the first 3 calendar days)</li> </ul> <p><b>For Secure Detox:</b></p> <ul style="list-style-type: none"> <li>• <b>ITA admissions:</b> Initial for 120 hours (excluding weekends and holidays), then dependent on further commitment, will authorize 7-day increments (or at Medical Director discretion).</li> </ul>
<p><b>Crisis Stabilization in a Residential Treatment Setting</b></p> <p><b>If LRA or CR, please attach court documents.</b></p>	<p><b>No</b>, if emergent – requires notification only within 24 hours followed by concurrent review.</p> <p><b>Yes</b>, if planned – requires prior authorization and concurrent review.</p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• <b>Initial:</b> 3-5 days (or Medical Director discretion)</li> <li>• <b>Continued stay:</b> Based on medical necessity and at Medical Director's discretion</li> </ul>
<p><b>Residential Treatment – Mental Health (MH), Eating Disorder, and Intensive Behavioral Health Treatment (IBHTF)</b></p> <p><b>If LRA or CR, please attach court documents.</b></p>	<p><b>Yes</b>, if planned – requires prior authorization and concurrent review.</p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• Initial and Concurrent short-term MH RTF 7 to 14 days (or Medical Director discretion) For long-term MH RTF and IBHTF, authorization segments are 30 to 60 days for initial and concurrent review (or Medical Director discretion)</li> </ul>

Service Type and Description	Prior Authorization Required?
<p><b>Substance Use Disorder (SUD) Residential Treatment</b></p> <p><b>If for SUD:</b></p> <ul style="list-style-type: none"> <li>• <b>ASAM 3.5</b></li> <li>• <b>ASAM 3.3</b></li> <li>• <b>ASAM 3.1</b></li> </ul> <p><b>If LRA or CR, please attach court documents.</b></p>	<p><b>Yes</b>, optional prior authorization and concurrent review per ESHB 2642.</p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• ASAM 3.5 Initial and Concurrent 7 to 14 days (or Medical Director discretion)</li> <li>• For ASAM 3.3 and 3.1, authorization segments are 30 days for initial and concurrent review (or Medical Director discretion)</li> </ul> <p><b>No</b>, if emergent – requires notification only within 24 hours followed by concurrent review. Per ESHB 2642 MCO required to cover first 2 business days including holidays and weekends.</p>
<p><b>Partial Hospital Program - Contracted Providers</b></p> <p><b>Mental Health</b></p>	<p><b>Yes</b>, requires prior authorization and concurrent review.</p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• <b>Initial:</b> 5 to 10 days</li> <li>• <b>Continued stay:</b> Based on request and medical necessity</li> </ul>
<p><b>Intensive Outpatient Services/Program</b></p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non-network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</p>
<p><b>ASAM 2.1</b></p>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non-network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</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>

## Molina Healthcare of Washington 2023 Medicaid Behavioral Health Provider Services Reference Guide

Service Type and Description	Prior Authorization Required?
<b>Medication Assisted Treatment</b>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non-network provider requests.</p> <p>For all providers: Buprenorphine monotherapy AND non-preferred medication require prior authorization.</p>
<b>Presumptive and Definitive Urinalysis Drug Testing</b>	<p><b>Yes.</b></p> <ul style="list-style-type: none"> <li>• CPT codes 80305, 80306, 80307 – PA required for more than 12 tests in any combination</li> <li>• CPT codes G0480, G0481, G0482 and G0483 – PA required for more than 8 tests in any combination</li> </ul>
<b>Breath Alcohol Test</b>	<p><b>Yes.</b></p> <ul style="list-style-type: none"> <li>• CPT code 82075 – PA required after 12 tests</li> </ul>
<b>Initial Assessment (MH and SUD/ASAM) and Outpatient</b>	<p><b>No</b>, not for in-network providers.</p> <p><b>Yes</b>, if non-network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</p>
<b>Psychotherapy Services High Intensity Outpatient/Community Based Services (WISe, PACT)</b>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non-network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</p>
<b>High Intensity Outpatient/Community Based Services (WISe, PACT)</b>	<p><b>Notification only.</b></p> <p>Notification referral to Molina Care Management only.</p>
<b>Applied Behavior Analysis</b>	<p><b>Yes</b>, the following codes require PA:</p> <ul style="list-style-type: none"> <li>• 97153, 97154, 97155, 97158, 0373T.</li> <li>• H2020 – requires PA after initial 48 service days, age 2-6 years. Requires PA all services &gt; 6 years</li> </ul> <p>Limitation Extension Requests:</p> <ul style="list-style-type: none"> <li>• 97151 – Required for &gt; 28 units per assessment, 2 assessments per year</li> <li>• 0362T – Required for &gt; 8 units (2 hours of assessment), 3 assessments per year</li> </ul>

Service Type and Description	Prior Authorization Required?
<b>Psychotherapy Services</b>	<p><b>Yes</b>, pre-service authorization required for initiation, continuation and maintenance treatment.</p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• <b>Initial:</b> 6 sessions (or at Medical Director discretion) for acute/initiation requests.</li> <li>• <b>Continuation:</b> 6 sessions (or at Medical Director discretion)</li> </ul>
<b>ECT - Electroconvulsive Therapy</b>	<b>Yes.</b> PA required for initiation, continuation and maintenance treatment.
<b>TMS – Transcranial Magnetic Stimulation</b>	<p><b>Yes</b>, PA required for initial or acute treatment.</p> <p><b>Authorization length segments:</b></p> <ul style="list-style-type: none"> <li>• <b>Initial:</b> Up to 36 treatments over 1-year period</li> </ul>
<b>Psychological Testing</b>	<p><b>No.</b></p> <p><b>Yes</b>, PA required for additional units of service and for all non-network providers.</p>
<b>Neuropsychological Testing</b>	<b>Yes</b> , PA required.
<b>Telehealth/Telepsych</b>	<p><b>No</b>, not for in network providers.</p> <p><b>Yes</b>, if non-network provider requests.</p>
<b>“Wrap-Around Services” – State General Fund Services</b>	<b>No</b> , payment limited to GFS allocated amount identified in Provider contract.
<b>Clubhouse/Day Support</b>	<b>No.</b>