



Molina Healthcare of Washington 2020 Medicaid Behavioral Health Provider Services Reference Guide

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 (Prior):** 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 prior authorization 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>Acute Inpatient Care – Mental Health and SUD</p> <ul style="list-style-type: none"> • Acute Psychiatric Inpatient; Evaluation and Treatment • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital • Inpatient Acute Withdrawal (Detoxification) ASAM 4.0 <p>NOTE: Members admitted on an ITA are reviewed for change in legal status, confirmation of active treatment and transition of care needs.</p> <p>If ITA, please attach court documents.</p>	<p>No. Emergent admissions require notification only within 24 hours followed by concurrent review.</p> <p>Coordinate with Transitions of Care/Health Home Care Coordinator.</p> <p>Authorization length segments:</p> <ul style="list-style-type: none"> • Voluntary admissions: Initial and continued stay: 3-5 days (or Medical Director discretion) • ITA admissions: Initial for 72 hours, then dependent on further commitment will authorize 7-day increments. Upon confirmation of 90-day commitment, will authorize 14-day increments (or at Medical Director discretion).
<p>Withdrawal Management (in a residential setting)</p> <ul style="list-style-type: none"> • ASAM 3.7 • ASAM 3.2 <p>NOTE: 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>If ITA, please attach court documents.</p>	<p>No, if emergent - requires notification only within 24 hours followed by concurrent review.</p> <p>Yes, if planned - requires prior authorization and concurrent review.</p> <p>Authorization length segments:</p> <ul style="list-style-type: none"> • Initial: 3-5 days depending on severity of detoxification and types of substances used <p>For Secure Detox:</p> <ul style="list-style-type: none"> • ITA admissions: Initial for 72 hours, then dependent on further commitment will authorize 7-day increments (or Medical Director discretion).



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Crisis Stabilization in a Residential Treatment Setting If LRA or CR, please attach court documents.	No , if emergent – requires notification only within 24 hours followed by concurrent review. Yes , if planned – requires prior authorization and concurrent review. Authorization length segments: <ul style="list-style-type: none"> • Initial: 3-5 days (or Medical Director discretion) • Continued stay: Based on medical necessity and at Medical Director’s discretion
Residential Treatment – Mental Health and Substance Use Disorder If for SUD: <ul style="list-style-type: none"> • ASAM 3.5 • ASAM 3.3 • ASAM 3.1 If LRA or CR, please attach court documents.	Yes , requires prior authorization and concurrent review. Authorization length segments: <ul style="list-style-type: none"> • Initial and Concurrent for ASAM 3.5 and short-term MH RTF (H0018): 7 to 14 days (or Medical Director discretion) • For ASAM 3.3 and 3.1, authorization segments are 30 days for initial and concurrent review (or Medical Director discretion) • For long term MH RTF (H0019), authorization segments are 30 days for initial and concurrent review (or Medical Director discretion)
Partial Hospital Program Mental Health	Yes , requires prior authorization and concurrent review. Authorization length segments: <ul style="list-style-type: none"> • Initial: 5 to 10 days • Continued stay: Based on request and medical necessity
Intensive Outpatient Services/Program ASAM 2.1	No , not for in network providers. Yes , if non network provider requests. Outlier monitoring with concurrent and post-service medical necessity reviews.
Medication Evaluation and Management	No , not for in network providers. Yes , if non network provider requests.
Medication Assisted Treatment	No , not for in network providers. Yes , if non network provider requests. For all providers: Buprenorphine monotherapy AND non-preferred medication require prior authorization.
Presumptive and Definitive Urinalysis Drug Testing	Yes, beginning 4.21.2020 <ul style="list-style-type: none"> • CPT codes 80305, 80306, 80307 – PA required for more than 12 tests in any combination • CPT codes G0480, G0481, G0482 and G0483 – PA required for more than 8 tests in any combination



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Initial Assessment (MH and SUD/ASAM) and Outpatient Psychotherapy Services	<p>No, not for in network providers.</p> <p>Yes, if non network provider requests.</p> <p>Outlier monitoring with concurrent and post-service medical necessity reviews.</p>
High Intensity Outpatient/Community Based Services (WISe, PACT)	<p>Notification only.</p> <p>Notification referral to Molina Care Management only.</p>
Applied Behavior Analysis	<p>Yes. ABA initial treatment services (not testing) and continued services will require PA beginning 5.12.2020. Authorization will be provided for three to six-month increments based on medical necessity.</p>
ECT - Electroconvulsive Therapy	<p>Yes. Pre-service authorization required for initiation, continuation and maintenance treatment.</p> <p>Authorization length segments:</p> <ul style="list-style-type: none"> • Initial: 6 sessions (or at Medical Director discretion) for acute/initiation requests. • Continuation: 6 sessions (or at Medical Director discretion)
TMS – Transcranial Magnetic Stimulation	<p>Yes. Pre-service authorization required for initial or acute treatment.</p> <p>Authorization length segments:</p> <ul style="list-style-type: none"> • Initial: Up to 36 treatments over 1-year period
Psychological Testing	<p>No prior authorization required for first 9 units of service per client per lifetime.</p> <p>Yes. Prior authorization required for additional units of service and for all non network providers.</p>
Neuropsychological Testing	<p>Yes. Prior authorization required.</p>
Telehealth/Telepsych	<p>No, not for in network providers.</p> <p>Yes, if non network provider requests.</p>
“Wrap-Around Services” – State General Fund Services	<p>No. Payment limited to GFS allocated amount identified in Provider contract.</p>
Clubhouse/Day Support	<p>No</p>
Respite Care	<p>No</p>