SUD Residential and Inpatient Authorization Process Guidance

Effective January 2022 the following initial authorization timeframes have been standardized across all MCEs:

3.1, 3.3, 3.5: 14 days minimum

3.7: 7 days minimum

3.2WM: 5 days minimum before concurrent auth

3.7WM: 4 days minimum before concurrent auth

Please note: the member must meet medical necessity for each day (even when pre-authorized) for the provider to receive reimbursement. The following information is intended to provide clarification regarding how days are counted in the initial authorization period and when Continued Authorization (CA) should be sought, to ensure compliance with authorization requirements and provide clarity regarding authorization processes.

Initial Authorizations:

Providers may admit members directly into residential levels of care ASAM 3.1, 3.3, 3.5, 3.7 through the pre-authorization request process. Pre-authorization will be issued in accordance with the standards outlined above.

For withdrawal management levels of care ASAM 3.2WM and 3.7WM members may be admitted without seeking pre-authorization. Upon transition out of WM services the provider notifies the MCE and, assuming medical necessity is met, the approval for treatment days is issued. If the standard number of days outline above is reached and the member is not ready to transition from WM to a different LOC the provider must submit a request to the MCE for concurrent authorization for both the days already completed in treatment and the requested additional days.

How days are counted is dependent on how a day is defined. The Uniform Services Coding Standards (USCS) Manual defined days in terms of billing days as follows:

> "Some CPT® and HCPCS procedure codes are reported by 'day' units (per diem). This is defined by a calendar day and may or may not have a minimum duration indicated on the coding page. A per diem should be claimed for the date of admission even if the member discharged the same day, and regardless of the amount of time the member was actually at the facility/program. A per diem code should not be claimed for the date of discharge unless it was the same as the date of admission."

To ensure alignment of billing days, as outlined in the Uniform Services Coding Standards (USCS) Manual, with treatment days, referred to in the standard outlined above, a description of treatment day and examples of counting treatment days follows.

A treatment day is defined as any portion of a day including an overnight stay (therefore day of admission counts as "day 1"). The day of discharge DOES NOT COUNT as a treatment day (the member will not be occupying the bed for the night).

Exception: If a member were to admit and discharge on the same day the day counts as 1 day (for the admission day) + 0 day (for the discharge day) =1 treatment day.

If the stay will exceed the standard duration of pre-authorization residential or WM services outlined below, concurrent or continuing authorization must be sought on the final day of initial authorization.

The following examples are provided to clarify how days are counted and based on day of admission when a request for continued authorization, or concurrent authorization in the case of WM services, is required.

Example 1: If a member presents to a residential 3.5 LOC facility on 3/1/22 that member could be admitted on 3/1/22 and the provider would request pre-authorization for 14 days of care.

Assuming the member continues to require 3.5 LOC services through 3/14/22 and the facility believes the member will continue to require services on the following day at that level the facility would need to contact the MCE on 3/14/22 to seek continued authorization for ongoing services meeting medical necessity beyond the initial authorization of 14 days.

If the member completed 3.5 LOC services and is discharged on or before 14 days with discharge occurring up to the day of 3/15/22 (so the bed is not occupied the night of 3/15/22) no continued authorization is required.

Continuing Authorization:

If a provider determines a continued stay at current ASAM level meets medical necessity the provider seeks continuing authorization on the final day of initial authorization period to allow for review and approval before the first day of an unapproved extension of services. If the initial approval expires on a weekend the request for continuing approval may be made the following business day. As long as medical necessity is substantiated the continuing approval may be retroactively applied to cover the additional days.

For additional WM days the same process is followed. On the last day of the standard days, outlined above, as qualifying for retroactive approval, assuming medical necessity is met, a request for concurrent approval must be submitted.

For example: If a member is admitted on 3/1/22 to 3.7WM and on 3/4/22 the provider determines the member meets medical necessity for continuing at the 3.7WM LOC for BEYOND the night of 3/4/22 (meaning not discharged or changed ASAM level before the night of 3/5/22), a concurrent authorization request is required for concurrent authorization beginning on 3/5/22.