

<b>Medicaid Acute Services Benefit Plan</b>				
<b>Service Description</b>	<b>Benefit Limit</b>	<b>Level of Care</b>	<b>Source</b>	<b>Documentation Required for Authorization</b>
<b>Criterion V:</b>  0902  Up to age 18	<b><u>Initial and Concurrent:</u></b> Maximum of 7 days	N/A	8B	<p><b>**Preferred Request Method**</b> is Electronic Submission. Alternative methods, Manual SAR or Live Review.</p> <p><b><u>Initial:</u></b> Complete Inpatient Review Form and attach form to SAR or document all information requested on the form in the SAR. Include documentation of discharge plan status.</p> <p><b><u>Concurrent:</u></b> Updated Inpatient Review Form and attach form to SAR or update all information requested on the form in the SAR. Include documentation of discharge plan status.</p>

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<p><b>Electroconvulsive Therapy (ECT):</b></p> <p>90870 &amp; 0901</p> <p>18 years and older</p>	<p>For Inpatient and Outpatient ECT:</p> <p>First 6 ECT sessions are unmanaged per Episode of Care.</p> <p><b>Initial-</b> A notification SAR is required for the first 6 unmanaged sessions.</p> <p><b>Concurrent</b> - Prior authorization is required before administration of the seventh ECT session in an Episode of Care. Providers can request up to three units/sessions in a five-day timeframe.</p> <p><b>Maintenance</b> - Prior authorization is required before administration of the seventh ECT session in an Episode of Care. Providers can request one unit/session in a one-month timeframe (for up to 6 months= 6 units/6 months MAX for Outpatient ECT requests ONLY)</p>	N/A	8C	<p><b>For Inpatient ECT-</b> Submit Electroconvulsive Therapy (ECT) Checklist with SAR or update all information requested on the form in the SAR.</p> <p><b>For Outpatient ECT-</b> Attending physician completes Electroconvulsive Therapy (ECT) Checklist. Submit ECT checklist with SAR or update all information requested on the form in the SAR. MD's in the same practice can provide an episode of ECT when necessary. Additional clinical information may be requested by UM.</p>

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<p><b>Electroconvulsive Therapy (ECT) for Children:</b></p> <p>90870 HA &amp; 0901 HA</p> <p>Ages 6 up to 18</p>	<p>For Inpatient and Outpatient ECT:</p> <p><b>Initial and Concurrent: Prior Authorization required.</b> Providers can request up to three units/sessions in a five-day timeframe.</p> <p><b>Maintenance - Prior authorization is required.</b> Providers can request one unit/session in a one-month timeframe (for up to 6 months= 6 units/6 months MAX for Outpatient ECT requests ONLY)</p>	N/A	8C	<p><b>For Inpatient ECT-</b> Submit Electroconvulsive Therapy (ECT) Checklist with SAR or update all information requested on the form in the SAR.</p> <p><b>For Outpatient ECT-</b> Attending physician completes Electroconvulsive Therapy (ECT) Checklist. Submit ECT checklist with SAR or update all information requested on the form in the SAR. MD's in the same practice can provide an episode of ECT when necessary. Additional clinical information may be requested by UM.</p>
<p><b>Facility Based Crisis:</b></p> <p>S9484</p> <p>18 years and older</p>	<p><b>Initial:</b> Pass through of up to 7 days. One day equals 16 hours (maximum 112 units).</p> <p><b>Concurrent: Prior Authorization required.</b> Up to 8 days (maximum 128 units).</p> <p>Annual limit is maximum of 45 days in a 12-month period.</p>	<p>LOCUS: 3-5</p> <p>ASAM: 3.5</p> <p>NC SNAP</p>	8A	<p><b>Initial:</b> Notification SAR submission within the 7-day pass through period (or on the first day of the 1<sup>st</sup> concurrent review) required for Pass through.</p> <p><b>Concurrent:</b> Service Order and clinical information to support medical necessity.</p>

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<p><b>Facility Based Crisis for Children:</b></p> <p>S9484 (HA)</p> <p>Ages 6 up to 18</p>	<p><b>Initial: Prior Authorization required.</b> 24 units per day for up to 7 days (maximum 168 units).</p> <p><b>Concurrent:</b> 24 units per day for up to 7 days (maximum 168 units).</p> <p>Annual limit is maximum of 45 days in a 12-month period, unless EPSDT criteria is met.</p>	<p>CALOCUS: 3-5 LOCUS: 3-5 ASAM: 0.5+ NC SNAP</p>	<p>8A-2</p>	<p><b>Initial:</b> SAR submission within 72 hours of admission accompanied by; treatment plan/PCP including Clinical Crisis Plan, psychiatric assessment, pre-admission nursing screening, Comprehensive Clinical Assessment, Service Order, and discharge plan.</p> <p><b>Concurrent:</b> Clinical information to support medical necessity.</p>

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<b>Inpatient</b> 0101	<p><b>Private Hospitals:</b> <b>Initial:</b> 1-3 days maximum request; must be submitted within 48 hours of admission.</p> <p><b>Concurrent:</b> 1-3 days maximum request; must be submitted on the last day of the current authorized timeframe or on the 1st day of the concurrent request.</p> <p><b>State Hospitals:</b> <b>Initial:</b> 1-10 days maximum request; must be submitted within 48 hours of admission.</p> <p><b>Concurrent:</b> 1-7 days maximum request; must be submitted on the last day of the current authorized timeframe or on the 1st day of the concurrent request.</p>	N/A	8B	<p><b>**Preferred Request Method**</b> is Electronic Submission. Alternative methods, Manual SAR or Live Review.</p> <p><b>Initial:</b> Complete <u>Inpatient Review Form</u> and attach form to SAR or document all information requested on the form in the SAR.</p> <p><b>Concurrent:</b> Updated <u>Inpatient Review Form</u> and attach form to SAR or update all information requested on the form in the SAR.</p> <p><b>Certificate of Need (CON):</b> required for Child admissions to free standing facilities</p>

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<b>IMD*</b> 0160 Ages 21-64	<p><b>Option 1:</b> Submit one (1) SAR for entire LOS within (3) business days of discharge.</p> <p><b>Option 2:</b> Submit initial SAR <b>within 48 hours</b> of admission.</p> <p><b>Substance Use</b> <b>Initial:</b> 1-7 days maximum request. <b>Concurrent:</b> 1-8 days maximum request; Submit on the last day of the current authorized timeframe or on the 1st day of the concurrent request.</p> <p><b>Mental Health</b> <b>Initial:</b> 1- 7 days maximum request. <b>Concurrent:</b> 1-8 days maximum request; submit on the last day of the current authorized timeframe or on the 1st day of the concurrent request. Maximum 15 days per calendar month.</p>	N/A	8B*	<p><b>**Preferred Request Method**</b> is Electronic Submission. Alternative methods, Manual SAR or Live Review.</p> <p><b>Initial:</b> Complete Inpatient Review Form and attach form to SAR or document all information requested on the form in the SAR.</p> <p><b>Concurrent:</b> Updated Inpatient Review Form and attach form to SAR or update all information requested on the form in the SAR.</p> <p><b>Retrospective SAR submitted post discharge:</b> When submitting a request after the member has been discharged, the entire medical record is required.</p>

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<p><b>Medically Supervised Detoxification Crisis Stabilization:</b></p> <p>H2036</p>	<p><b>Initial:</b> 5 days</p> <p><b>Concurrent:</b> 3 days</p> <p>Cannot be billed for more than 30 days in a 12-month period</p>	<p>LOCUS/CALOCUS: 5</p> <p>ASAM: 3.9-WM</p>	8A	<p><b>Initial:</b> SAR with justification after eight hours of admission, PCP, CIWA/COWS scores, vitals, &amp; discharge plan.</p> <p><b>Concurrent:</b> Clinical updates w/ progress notes. CIWA/COWS scores &amp; vitals.</p>
<p><b>Partial Hospitalization:</b></p> <p>H0035</p> <p>0912; 0913 (Inpatient Codes)</p>	<p><b>Initial:</b> 7-day</p> <p><b>Concurrent:</b> 7 days</p>	<p>LOCUS/CALOCUS: 4-5</p> <p>ASAM: 1-2.5</p>	8A	<p><b>Initial:</b> SAR with justification on day of admission; PCP, CCP Service order w/in two business days of admission.</p> <p><b>Concurrent:</b> Clinical updates w/progress notes.</p>
<p><b>Substance Use Detox:</b></p> <p>0126</p> <p><b>Substance Use Rehabilitation:</b></p> <p>0128</p>	<p><b>Initial:</b> Up to 7 days</p> <p><b>Concurrent: Up to 7 days.</b> Based on medical necessity</p> <p>No more than 30 days total for both codes.</p>	<p>CALOCUS: 5-6</p> <p>ASAM: 3.7 Acute</p> <p>ASAM: 3.5 Non-Acute</p>	8A	<p><b>Initial:</b> Prior approval by Regional Referral Form (ADATCs), Live Review, or Initial Inpatient Review Form (Hospitals).</p> <p><b>Concurrent:</b> Inpatient Review Form</p>

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## **NOTES**

\* **For 0160-** IMD admissions spanning 2 consecutive months, the total length of stay may exceed 15 days, but no more than a 15-day LOS each month for MH is eligible for authorization. No limit for SU.

\*\***Effective 9/23/2019** – IMD providers (if requesting in real time) may request Initial IMD SAR's for up to 7 days for SU and MH. Concurrent SAR requests for both MH and SU for up to 8 days.

- **Medicaid 0101. Effective 6/20/2018**, Partners began allowing an exception for SARs with a length of stay covering weekend days. Hospitals submitting SARs with a start date of Thursday can request an additional day to extend the maximum allowed days requested from 3 to 4 (allowing a request for Thursday, Friday, Saturday and Sunday). A continued stay SAR must be submitted **on or** by end of Inpatient business day hours on Monday.
- **Medicaid 0101. Effective 4/24/2019**, Partners began allowing an exception for Holidays that are on a Monday. Hospitals submitting SARs with a start day of Friday can request an additional day to extend the maximum allowed days requested from 3 to 4 (allowing a request for Friday, Saturday, Sunday and Monday-holiday). A continued stay SAR must be submitted **on or** by end of Inpatient business day hours on Tuesday.
- **Medicare/Medicaid submissions:** Effective August 1, 2019, Partners began requiring hospitals to submit documentation of authorization status by Medicare or Private Insurance for Inpatient requests when Medicaid is secondary. Because timeframes authorized by Medicare & Private Insurance don't always match Medicaid, Partners has allowed retroactive review of these cases. However, Hospitals still need to provide documentation of what Dates of Service were approved/denied/exhausted per Medicare or Private Insurance.
- Effective 7/1/2020, Facility Based Crisis services Adults (S9484) will need to submit Notification SAR for the pass thru of up to 7 days. `

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<b>Revisions to Medicaid Benefit Plan</b>		
<b>Date of Change</b>	<b>Service and Section Revised</b>	<b>Actual Change</b>
2/1/2020	Facility Based Crisis for Children S9484 (HA)	Corrected units to 168
2/1/2020	Inpatient 0101	Updated benefit limits for Private and State Hospitals
5/1/2020	Electroconvulsive Therapy	Clarified benefit limit is per fiscal year
5/28/2020	0126 Substance Use Detox, 0128 Substance Use Rehab	Updated benefit limits for Initial and Concurrent requests
7/1/2020	Facility Based Crisis for Adults S9884	Notification SAR required for Pass thru of up to 7 days
9/1/2020	Electroconvulsive Therapy	Reauthorization and Maintenance Information Added
8/17/2021	Medically Supervised Detoxification Crisis Stabilization	Added to benefit grid
12/3/2021	Electroconvulsive Therapy-for Children	Added to benefit grid
12/14/2021	Facility Based Crisis for Adults S9484	Notification SAR submission within 72 hours of admission required for Pass through.
2/19/2022	Facility Based Crisis for Children S9484 (HA)	Revised from 30 to 45 days in a 12-month period
2/28/2022	Facility Based Crisis for Adults S9484	Notification SAR submission within the 7-day pass through period (or on the first day of the 1 <sup>st</sup> concurrent review) required for Pass through.
4/29/2022	Electroconvulsive Therapy	Maintenance OPT ECT can be requested for up to six months; Unmanaged Sessions changed from Per Fiscal Year to Per Episode of Care
6/7/2022	Facility Based Crisis for Adults S9484	Revised from 30 to 45 days in a 12-month period

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