

## MEDICAID SERVICE AUTHORIZATION TIMELINES

SERVICE / CODE	INITIAL AUTHORIZATION	REQUIRED DOCUMENTS INITIAL	CONCURRENT (REAUTHORIZATION)	REQUIRED DOCUMENTS CONCURRENT	Unit Specifications
<b>NON-DIRECT ADMIT SERVICES</b>					
<b>Ambulatory Detoxification-H0014</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 7 day authorization</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 10 days per episode</li> <li>• 3 days reauthorization limit</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 15 min</li> </ul>
<b>Day Treatment-H2012:HA</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Units billed in 1 hr increment</li> </ul>
<b>Diagnostic Assessment-T1023</b>	<ul style="list-style-type: none"> <li>• Pass through of 1 event per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• ORF 2</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• PA required for any additional DA beyond 1 in a calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• ORF 2</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>Professional Tx Services in Facility-Based Crisis Program-S9484 (adults) S9484HA (children)</b>	<ul style="list-style-type: none"> <li>• 7 day pass thru (authorization required for 8<sup>th</sup> day)</li> <li>• Up to 8 days for initial auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Crisis admit: Service Order</li> <li>• Planned admit: complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 15 days per episode</li> <li>• Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per hour</li> </ul>
<b>Inpatient-RC100</b>	<ul style="list-style-type: none"> <li>• 48 hour pass through (after hrs emergency admits)</li> <li>• PA required after first 48 business hours</li> <li>• Up to 3 day auth (8B-CCP)</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• CON for children/ adolescents (if free standing inpatient facility)</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 7 days</li> </ul> <p><b>Note:</b> All Concurrent requests for PRTF and Inpatient should be processed as “add units” to the previous auth and not as a separate concurrent authorization.</p>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• CON (if was included in initial request)</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 day</li> </ul>
<b>Mobile Crisis-H2011</b>	<ul style="list-style-type: none"> <li>• Pass through of 8 hours</li> <li>• PA for next 8 hours required before 9<sup>th</sup> hour of service delivered</li> </ul>	<ul style="list-style-type: none"> <li>• ORF 2</li> <li>• Service Order</li> </ul>	<ul style="list-style-type: none"> <li>• PA for final 8 hours required before 17<sup>th</sup> hour of service delivered</li> <li>• Maximum 24</li> </ul>	<ul style="list-style-type: none"> <li>• ORF 2</li> <li>• Service Order</li> </ul>	<ul style="list-style-type: none"> <li>• 15 min</li> </ul>

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			hrs/episode		
<b>Non-Hospital Medical Detoxification- H0010</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 10 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Crisis admit: Service Order</li> <li>• Planned admit: complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 10 days</li> <li>• Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>Opioid Treatment- H0020</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 180 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Billed as 1 daily unit</li> </ul>
<b>PH (Partial Hospitalization)- H0035</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 7 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 7 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>Psychiatric Residential Treatment Facility (PRTF)- RC911</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 14 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> <li>• CON</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days</li> </ul> <p><b>Note:</b> All Concurrent requests for PRTF and Inpatient should be processed as “add units” to the previous auth and not as a separate concurrent authorization.</p>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 day</li> </ul>
<b>PSR (Psychosocial Rehabilitation)- H2017</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 90 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 180 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit = 15 mins</li> <li>• Minimum 5 days</li> </ul>

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<b>Residential II – Family (Therapeutic Foster Care)</b> S5145	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 180 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures</li> </ul> Additional information if applicable	<ul style="list-style-type: none"> <li>• 1 unit = per diem</li> </ul>
<b>Residential:</b> • <b>II-Group</b> Y2363- Level II-Group Home	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 day auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 90 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures</li> <li>• Additional information if applicable</li> <li>• Discharge/Transition Plan</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit=per diem</li> </ul>
<b>Residential III – 4 beds or fewer-</b> Y2348 (See notes above regarding Level III/IV placement)	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 day auth</li> <li>• Discharge/Transition Plan</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days</li> <li>• Length of stay limited to 120 days (IU #63) for more must follow IU #60</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> <li>• Discharge/Transition Plan</li> <li>• Independent Psychiatric Eval (if placed prior to Sept. 28, 2009)</li> <li>• Independent Psychiatric Eval <u>requests exceeding 120 days</u> (IU #63)</li> </ul> <p>Note: Pay attention to breaks in service. Should not be a break between service requests.</p>	<ul style="list-style-type: none"> <li>• 1 day</li> </ul>

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<b>Residential:</b> <b>• III-5+ beds</b> Y2349- Level III-GH, 5 beds or > <b>• IV</b> Y2360- Level IV HG, 4 beds or < Y2361- Level IV-GH, 5 beds or >	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 day auth</li> <li>• Placement may be transition from PRTF or inpatient setting; MST or IIH within last 6 months and severe functional impairment persists; CFT reviewed alternatives and recommend Level III/IV to maintain health and safety of child. (IU #60)</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> <li>• Discharge/Transition Plan signed by LME SOC representative. (new admissions after Sept. 28, 2009)</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 90 days-</li> <li>• Length of stay limited to 120 days (IU #63) for more must follow IU #60</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures</li> <li>• Additional information if applicable</li> <li>• Discharge/Transition Plan</li> <li>• Independent Psychiatric Eval (if placed prior to Sept. 28, 2009)</li> <li>• Independent Psychiatric Eval <u>requests exceeding 120 days</u> (IU #63)</li> </ul> <p>Note: Pay attention to breaks in service. Should not be a break between service requests.</p>	<ul style="list-style-type: none"> <li>• Per Diem</li> </ul>
<b>Substance Abuse Medically Monitored Community Residential-H0013</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 10 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 10 days</li> <li>• Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>Non-medically Monitored Community Residential-H0012HB</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 10 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 10 days</li> <li>• Maximum of 30 days per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Updated PCP with signatures if applicable</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Per diem</li> </ul>
<b>DIRECT ADMIT SERVICES</b>					
<b>ACTT (Assertive Community Treatment)</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 180 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit = 1 day</li> <li>• Service auth MUST go thru end of month.</li> </ul>

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<b>Team)- H0040</b>				applicable	14th is cut off of month- up to the 14 <sup>th</sup> day thru current request month- past 15 <sup>th</sup> of month requested- project to end of next month.
<b>Community Support – Adult Community Support - Child</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 90 days auth</li> <li>• Up to 4 hours/16 units a month (IU#75) for case management functions only (DMA said 416 units for 90 days)</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 90 days</li> <li>• Only 4 hours a month or 16 units a month (IU#75) for case management functions only (DMA said 416 units for 90 days)</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Unit = 15 mins</li> </ul>
<b>CST (Community Support Team)- H2015:HT</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days</li> <li>• No more than 6 months service authorized per calendar year. (service definition effective 7/1/2010 and the change is effective 8/1/2010)</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Unit = 15 mins</li> <li>• Max 32 hours per 60 days/128 units. Requests exceeding max allowed will be returned as unable to process. (IU#75)</li> </ul>
<b>Intensive In-Home- H2022</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Unit = 1 day – minimum of 2 hrs</li> <li>• Minimum 12 units/1<sup>st</sup> month</li> <li>• Avg 6 units 2<sup>nd</sup> mth</li> <li>• Avg 6 units 3<sup>rd</sup> mth</li> </ul>

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<b>MST (Multisystemic Therapy)- H2033</b>	<ul style="list-style-type: none"> <li>• PA required first day of service</li> <li>• Up to 30 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 120 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Unit = 15 mins</li> <li>• Max 32 units in a 24 hr period</li> <li>• Max 480 units in a 3 mth period</li> </ul>
<b>SAIOP (Substance Abuse Intensive Outpatient Program)- H0015</b>	<ul style="list-style-type: none"> <li>• Pass-thru for 30 days of service. Pass-thru available 1x/calendar year. Initial request must include the start date of the admission and the total units, including the unmanaged units, requested. Not included in the initial auth unless requested. . (IU # 65)</li> <li>• Up to 30 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days auth</li> <li>• <b>MAX per service definition 60 days + “under extreme circumstances additional 2 weeks” for a total of 104 days MAX (30 initial+60 reauth+14additional=104 days)</b></li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 daily unit = 3 hrs</li> <li>• Minimum 3 hrs to bill</li> </ul>

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<b>SACOT</b> <b>(Substance Abuse Comprehensive Outpatient Treatment)-</b> <b>H2035</b>	<ul style="list-style-type: none"> <li>• Pass-thru for 60 days of service. Pass-thru available 1x/calendar year. Initial request must include the start date of the admission and the total units, including the unmanaged units, requested. Not included in the initial auth unless requested. . (IU # 65)</li> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 60 days auth</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete/updated PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit = 1 hour</li> <li>• Minimum 4 hrs/day</li> </ul>
<b>TCM</b> <b>(Targeted Case Management)-</b> <b>T1017 HI</b> <b>Effective 8/1/10-12/31/10 – only providers who are not directly enrolled may bill this code through the LME.</b>	<ul style="list-style-type: none"> <li>• Annual Effective 3/1/2010- waiver recipients do not require PA for TCM</li> <li>• 12 u per month.</li> <li>• Last day for providers to bill this code through LME is 12/31/10</li> </ul>	<ul style="list-style-type: none"> <li>• CTCM</li> <li>• Complete PCP with signatures</li> <li>• Evidence of DD before age 22</li> </ul>	<ul style="list-style-type: none"> <li>• 24 additional units available annually under T1017SC</li> </ul>	<ul style="list-style-type: none"> <li>• New CTCM for Authorization if requesting additional units</li> <li>• Complete PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit =15 min</li> </ul>
<b>IDD-TCM</b> <b>(Targeted Case Management)-</b> <b>T1017 HE</b>  <b>New Service effective 8/1/2010 or</b>	<ul style="list-style-type: none"> <li>• annual</li> <li>• 52 units per year</li> <li>• Effective 3/1/2010- waiver recipients do not require PA for TCM</li> </ul>	<ul style="list-style-type: none"> <li>• CTCM</li> <li>• Complete PCP with signatures</li> <li>• Evidence of DD before age 22</li> </ul>	<ul style="list-style-type: none"> <li>• annual</li> </ul>	<ul style="list-style-type: none"> <li>• CTCM</li> <li>• Complete PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit =1 week</li> <li>• **must provide at least 15 minutes to bill for the weekly unit.</li> </ul>

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<b>provider enrollment date whichever is later.</b>					
<b>MH/SA-TCM (Targeted Case Management)</b> H0032  <b>New Service effective 7/1/2010 or provider enrollment date whichever is later. Only provided by certified CABHAs</b>	<ul style="list-style-type: none"> <li>• PA required for first date of service</li> <li>• 90days – 4 units month/13 units for 90 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> </ul>	<ul style="list-style-type: none"> <li>• 60 days -4 units month/9 units for 60 days</li> </ul>	<ul style="list-style-type: none"> <li>• ITR</li> <li>• Complete PCP with signatures</li> <li>• Additional information if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• 1 unit =1 week</li> <li>• **must provide at least 15 minutes to bill for the weekly unit.</li> </ul>

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### Turn Around Time

Request Type	Turn Around Time	Written Notice
Emergent/Urgent Residential or Inpatient Assessments	4 business hours	Within 1 business day after decision
Routine Requests (Initial or Concurrent)	5 business days	Within 1 business day after decision
<b>Urgent Requests:</b> Criterion 5, Facility Based Crisis, Mobile Crisis Services, Non-Hospital Detoxification Services, and Ambulatory Detoxification Services	2 business days	Within 1 business day after decision
Out-of State	5 business days	Within 1 business day after decision
CAP-MR/DD and Targeted Case Management	10 business days	Within 1 business day after decision
EPSDT	15 business days	Within 1 business day after decision
Retrospective Reviews	60 calendar days	Within 1 business day after decision