



SUD Expanded Benefit Toolkit

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SUD Authorization Process for Providers

Revised: 12/17/2020

General Guidelines for Prior Authorizations

- The following levels of care do **not** require prior authorization for in-network (INN) providers
 - Outpatient (1)
 - Social Detox (3.2 WM) – Initial authorization, only. Concurrent reviews require authorization. ****Prior authorization is not required for INN providers. However, the provider must contact the regional accountable entity (RAE) for authorization within 24 hours of admission and complete the medical necessity criteria (MNC) review. If MNC is met, retro authorization back to day of admission. If MNC is not met, the entire stay may be denied.**
 - **** Medically Managed Intensive Inpatient/Acute Detox (3.7 WM) – **Prior authorization is not required for INN providers. However, the provider must contact the RAE for authorization within 24 hours of admission and complete MNC review. If MNC is met, retro authorization back to day of admission. If MNC is not met, the entire stay may be denied.**
- The following levels of care **do** require prior authorization:
 - Intensive Outpatient Services (2.1)
 - Clinically Managed Low-Intensity Residential Treatment Center (RTC) (3.1)
 - Clinically Managed, Population-Specific, High-Intensity RTC (3.3)
 - Clinically Managed Medium-Intensity RTC (3.5)
 - Medically Monitored High-Intensity Inpatient (3.7)

Prior Authorization Process

- The assessing provider will contact Beacon Health Options to present clinical information.
 - Access to Care Lines:
 - Health Colorado: 888-502-4185
 - Northeast Health Partners: 888-502-4189
- Out-of-Network providers must complete a Single Case Agreement (SCA) form, biopsychosocial assessment, and treatment plan, which will be submitted along with their request for prior authorization for all SUD levels of care.

Clinical information we'll be requesting:

- | | | |
|---|---|---|
| ○ Level of care being requested | ○ Blood Alcohol Level (BAL) | ○ Post-Acute-Withdrawal Syndrome (PAWS) |
| ○ Diagnoses, psychosocial stressors, medical problems | ○ Withdrawal symptoms | ○ Vitals |
| ○ Medications | ○ Treatment protocol | ○ History and Physical |
| ○ Mental Status Exam | ○ Clinical Institute Withdrawal Assessment (CIWA) score | ○ ASAM dimensions clearly identified |
| ○ Urine Toxicology (UTOX) results | ○ Clinical Opiate Withdrawal Score (COWS) | ○ SUD history |
| | ○ Treatment plan | ○ Family / Legal history |
| | | ○ Current/historic SI/HI |

SUD Authorization Process for Providers (cont.)

Important Information

- If a member is approved for services and the level of care/provider has a waiting list, the authorization is good for 45 days without re-assessment. If the member has not admitted within 45 days, they will need to be reassessed.
 - Providers are encouraged to assist the member is obtaining support services while waiting on the approved level of care.
- Turn-Around-Time:
 - Levels 1 and 2.1 – 10 calendar days
 - Levels 3.1, 3.2, 3.3 and 3.5 – 72 hours
 - Levels 3.7 and 3.7WM – 24 hours
- A provider can request a peer-to-peer reconsideration review if a request is denied.
 - The reconsideration review must be requested within 24 hours of the denial.
 - If the denial is upheld after the peer-to-peer reconsideration, the member has the right to appeal.

Verify Members Eligibility

To qualify for residential and inpatient SUD services, individuals must:

- be enrolled as a member with Health First Colorado
- have a SUD diagnosis,
- meet ASAM criteria for appropriate level of care, and
- demonstrate medical necessity for the level of care recommended for their SUD treatment or withdrawal management.

Any member can access covered SUD services in non-Institutions for Mental Diseases (IMD)s. Because of the IMD restriction that is part of Medicaid regulations, the State pursued the 1115 waiver. That waiver applies to members aged 21 and up. In addition to treatment in any appropriately licensed program this is not an IMD, members under 21 will continue to be able to access care through the Early and Periodic Screening, Diagnostic and Treatment benefit (EPSDT).

To verify eligibility for members use this quick guide to identify a members RAE

<https://www.colorado.gov/pacific/hcpf/verifying-eligibility-quickguide>

Provider Requirements

All providers that seek reimbursement for residential and inpatient SUD services will need to be:

1. Licensed with the Office of Behavioral Health.
2. Enrolled with Health First Colorado. **
3. Contracted and credentialed with the Regional Accountable Entity (RAE).

Note: Health First Colorado cannot pay for room and board in residential treatment settings. Residential treatment providers seeking reimbursement for room and board must be contracted with the Managed Service Organization (MSO) that serves their region.

**Provider Enrollment means SUD providers must be enrolled with Health First Colorado as a Substance Use Disorder – Clinic (Provider Type 64). Provider offering residential and inpatient services will also need to enroll with specialty Provider Types associated to the ASAM level of care. The specialty types by ASAM level are as follows:

ASAM Level	Specialty Type
3.1	871
3.3	872
3.5	873
3.7	874
3.2WM	875
3.7WM	876

NOTE - Without the Specialty Provider Type enrollment – the RAE will **not** be able to pay claims

For more information on adding a Specialty Provider Type, visit
<https://www.colorado.gov/pacific/hcpf/prov-maintenance#addSpec>

Special Connections Requirements

Special Connections providers have the following enrollment requirements:

- enroll as Substance Use Disorder - Clinic (Provider Type 64);
- enroll as Specialty Provider Type 477;
- enroll as the Specialty Provider Type associated with the ASAM level(s) at which they are rendering care;
- provide documentation of their OBH provider license, as well as their designation for Gender Responsive Treatment, at the time of enrollment.

Special Connections providers must bill claims with the HD Modifier in the 3rd position for all Special Connections program members.

SUD Residential and Inpatient Billing Requirements

New service codes and modifiers have been identified for SUD residential and Inpatient services as outlined in the Provider Manual. All SUD residential and inpatient services must be billed with the HF modifier in the 1st position. Each ASAM level has an additional modifier which will be included in the 2nd position;

Example – Service Code H2036

First position: HF

Second position: U1

See the provider manual for specific codes and modifier requirements.

Provider Manual for Residential and Inpatient Substance Use Disorder (SUD) Services (HCPF)

The link below will take you to the Colorado.gov website to Access the Provider manual.

<https://www.colorado.gov/pacific/sites/default/files/Provider%20Manual%20for%20Residential%20and%20Inpatient%20Substance%20Use%20Disorder%20%28SUD%29%20Services%20Updated%20November%202020.pdf>

Single Case Agreements

In the interim of contracting for SUD residential or inpatient services, you may request single case agreements (SCA) to serve members. To request an SCA call

Access to Care Line for Northeast Health Partners (RAE 2): 888.502.4189

Access to Care Line for Health Colorado (RAE 4): 888.502.4185

You must submit the SCA form, biopsychosocial assessment, and member's treatment plan for review.

Resources for More Information

HCPF's website

<https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

Health Colorado's website

<https://www.healthcoloradocolorado.com/providers/substance-use-disorder-expanded-benefit/>

Northeast Health Partners website

<https://www.northeasthealthpartners.org/providers/substance-use-disorder-expanded-benefit/>