



# Authorization Requirement Guide

Revised: 4/16/2024

Reviewed: 5/13/2025

SERVICE TYPE AND DESCRIPTION	Authorization/Eligibility Requirements	Policy
<b>ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE USE DISORDER (SUD)</b> <ul style="list-style-type: none"> <li>Acute Psychiatric Inpatient; Evaluation and Treatment, Secure Withdrawal Management and Stabilization (SWMS)</li> <li>Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital</li> </ul> <p><i>Authorizations are based on provider request, eligibility and available funding.</i></p>	<p><b>No.</b> Involuntary Treatment Act (ITA) admissions require notification only within 24 hours or next business day.</p> <p><b>Yes.</b> Voluntary Admission requires authorization. <i>Voluntary Initial 3-5 days, depending on medical necessity and available funding.</i></p> <p><b>Yes.</b> Involuntary Treatment Act (ITA) – reviewed every 20 days for change in legal status, treatment provided and transition of care needs.</p>	1571.00
<b>CRISIS LINE AND CRISIS INTERVENTION</b>	<b>N/A</b>	1731.00 1733.00 1734.00
<b>WITHDRAWAL MANAGEMENT (IN A RESIDENTIAL SETTING)</b> <ul style="list-style-type: none"> <li>ASAM 3.7</li> <li>ASAM 3.2</li> </ul> <p><i>Authorizations are based on provider request, eligibility and available funding.</i></p>	<p><b>No</b>, if <u>Emergent or planned</u> and provided in an emergent type setting (i.e., Triage or crisis stabilization unit) or provided by a Indian Health Care Provider (IHCP).</p> <p><b>Yes</b>, if <u>planned and service are provided in a non-emergent setting</u> – requires authorization.</p>	1592.00 1594.01
<b>CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY</b> <ul style="list-style-type: none"> <li>GAIN-SS</li> </ul>	No, if Emergent or planned and provided in an emergent type setting (i.e., Triage or crisis stabilization unit) or provided by an IHCP.	1594.01 1701.00
<b>RESIDENTIAL TREATMENT – MENTAL HEALTH AND SUBSTANCE USE DISORDER (SUD)</b> <p><i>Authorizations are based on provider request, eligibility and available funding.</i></p>	<b>Yes</b> – requires authorization and concurrent review to determine continued stay.	1591.00 1532.00

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<b>INTENSIVE OUTPATIENT PROGRAM</b> <i>Authorizations are based on provider request, eligibility and available funding.</i>	<b>No</b> , for IHCP.  <b>Yes</b> , for in-network and out of network provider requests.	1594.01
<b>MEDICATION EVALUATION AND MANAGEMENT</b>	<b>No</b> , for IHCP.  <b>Yes</b> , for in-network and out of network provider requests.	1594.01 1595.00
<b>OPIATE TREATMENT PROGRAM</b> <i>Authorizations are based on provider request, eligibility and available funding.</i>	<b>No</b> , for IHCP.  <b>Yes</b> , for in-network and out of network provider requests.	1594.01 1595.00
<b>INITIAL ASSESSMENT (MH AND SUD) AND OUTPATIENT SERVICES</b> <i>Authorizations are based on provider request, eligibility and available funding.</i>	<b>No</b> , for IHCP.  <b>Yes</b> , for in-network and out of network provider requests.	1594.01 1595.00
<b>HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES</b>  Program of Assertive Community Treatment (PACT)	<b>Yes</b> , for in-network and out of network provider requests.	1594.01 1563.00
<b>PSYCHOLOGICAL TESTING</b>	<b>Yes</b> , for in-network and out of network provider requests.	1594.01 1595.00

The requirements and processes for the authorization of North Sound BH-ASO contracted services are dependent on the individual meeting eligibility criteria, medical necessity criteria, and the availability of North Sound BH-ASO funds. North Sound BH-ASO reserves the right to deny, reduce, suspend, or terminate an authorization due to changes in eligibility, changes in medical necessity, and availability of funding.