

Authorization Grid

BD = Business Day, CD = Calendar Day

Level of Care	Authorization Required?	Turnaround Time	How to Submit
Inpatient MH	Y	Preservice: 1-4 Hours; Concurrent: 72 Hours	ProviderConnect
Inpatient ECT	Y	Preservice: 1-4 Hours; Concurrent: 72 Hours	ProviderConnect
Inpatient Detox	Y	Preservice: 1-4 Hours; Concurrent: 72 Hours	ProviderConnect
ASAM 3.7WM and 3.7	Y	Preservice: 1-4 Hours; Concurrent: 72 Hours	ProviderConnect
Residential Crisis	Y	Preservice: 1-4 Hours; Concurrent: 72 Hours	ProviderConnect
Mobile Crisis (Initial)	N	n/a	n/a
Mobile Crisis (Follow-up)	Y	Immediate via portal	ProviderConnect
Behavioral Health Crisis Stabilization Center (BHCSC)	N	n/a	n/a
Mobile Treatment - ACT	Y	3 BD	ProviderConnect
ASAM 3.5, 3.3	Y	3 BD	ProviderConnect
ASAM 3.1	Y	14 CD	ProviderConnect
ASAM 2.5, 2.1	Y	14 CD	ProviderConnect
Opioid Treatment Program	Y	Immediate via portal	ProviderConnect
MH IOP and PHP	Y	14 CD	ProviderConnect
MH RTC	Y	14 CD	ProviderConnect
PRP & RRP	Y	14 CD	ProviderConnect
Health Homes	Y	Immediate via portal	ProviderConnect
Respite	Y	14 CD	ProviderConnect
1915i	Y	14 CD	ProviderConnect
TCM	Y	14 CD	ProviderConnect
MH or SUD OP therapy/medication management	Y	Immediate via portal	ProviderConnect
ABA	Y	14 CD	ProviderConnect
OP ECT	Y	14 CD	ProviderConnect
TBS	Y	14 CD	ProviderConnect
Psychological Testing	Y	14 CD	ProviderConnect
TMS	Y	14 CD	ProviderConnect
MAT	Y	Immediate via portal	ProviderConnect
OP School Based Services	Y	Immediate via portal	ProviderConnect
IP/OP Occupational Therapy (EPSDT)	N	n/a	n/a

Submission Guidelines for Authorization Requests

BD = Business Day, CD = Calendar Day

Level of Care	Timeframe for Submission: Initial Authorization	Timeframe for Submission: Concurrent Authorization	Backdating Guideline: Initial Authorization**	Backdating Guideline: Concurrent Authorization**
Inpatient MH	0 days in advance (T/F imminent or already admitted)	No earlier than 1 day before new auth should start	1 BD after admission	1 BD after last covered day
Inpatient ECT	Day of admission or 1 day prior to expected start date	1-2 days in advance	1 BD after admission	1 BD after last covered day
Inpatient Detox	1 day in advance (T/F imminent or already admitted)	No earlier than 1 day before new auth should start	1 BD after admission	1 BD after last covered day
ASAM 3.7WM and 3.7	1 day in advance	1 day in advance, but no later than the first uncovered day	1 BD after admission	1 BD after last covered day
Residential Crisis	0 days in advance (T/F imminent or already admitted)	No earlier than 1 day before new auth should start	1 BD after admission	1 BD after last covered day
OP Crisis Sessions	1 CD in advance	1 CD in advance	7 CD	7 CD
ASAM 3.5, 3.3, 3.1	7 CD in advance	7 CD in advance	7 CD	7 CD
ASAM 2.5, 2.1	7 CD in advance	7 CD in advance	7 CD	7 CD
MH IOP and PHP	7 CD in advance	7 CD in advance	7 CD	7 CD
MH RTC	14 CD in advance	14 CD in advance	7 CD	7 CD
PRP & RRP	30 CD in advance	30 CD in advance	7 CD	7 CD
Health Homes	30 CD in advance	30 CD in advance	20 CD	20 CD
Respite	30 CD in advance	30 CD in advance	7 CD	7 CD
1915i	30 CD in advance	No later than the first uncovered day		
TCM	30 CD in advance	30 CD in advance	7 CD	7 CD
Mobile Treatment	30 CD in advance	30 CD in advance	7 CD	7 CD
MH or SUD OP therapy/ med management	30 CD in advance	30 CD in advance	20 CD	20 CD
ABA	30 CD in advance	30 CD in advance	20 CD	20 CD
OP ECT	30 CD in advance	30 CD in advance	7 CD	7 CD
TBS	30 CD in advance	30 CD in advance	7 CD	7 CD
Psychological Testing	30 CD in advance	30 CD in advance	7 CD	7 CD
TMS	30 CD in advance	30 CD in advance	7 CD	7 CD
MAT	30 CD in advance	30 CD in advance	7 CD	7 CD
SE Pre Placement	14 CD in advance	14 CD in advance	7 CD	7 CD
SE Job Placement	5 CD in advance	5 CD in advance	7 CD	7 CD
SE Intensive Job Coaching	5 CD in advance	5 CD in advance	7 CD	7 CD
SE Ongoing Support	14 CD in advance	14 CD in advance	7 CD	7 CD
SE Clinical Coordination	14 CD in advance	14 CD in advance	7 CD	7 CD
PRP for Individuals in SE	14 CD in advance	14 CD in advance	7 CD	7 CD

****Backdating Note:** Providers should obtain authorizations prior to delivering services whenever possible. Backdating should be an exception, and the above rules only apply when there is no conflicting authorization on file. Providers should be using best practices to transition participants' care and ensure upfront care coordination as much as possible through a robust intake and discharge workflow.