



Macomb County Community Mental Health - Substance Use Services Department

AUTHORIZATION MATRIX

SERVICE CATEGORY	ASAM 3 RD ASAM 4 th		MCO SCREEN REQUIRED	COVERED SERVICES	INITIAL AUTHORIZATION	CONTINUED STAY	NOTES
ADOLESCENT EARLY INTERVENTION	0.5	N/A	No	Assessment, individual sessions, care coordination	For up to a 90-day period: One (1) assessment, five (5) early intervention sessions, and up to four (4) care coordination sessions to be completed in a school setting.	Not eligible for continued stay. If concerns cannot be addressed within the six (6) sessions, referral to a MCCMH-SUD funded provider or covered healthcare provider is suggested.	
OUTPATIENT for SIGNIFICANT OTHER/CHILDREN	0.5	N/A	No	Assessment, individual, group	For up to a 90-day period: One (1) assessment and up to eleven (11) individual sessions.	Not eligible for continued stay, if concerns cannot be addressed within the eleven (11) sessions, referral to a covered healthcare provider is suggested.	The individual may be the significant other or child of someone with a substance use disorder who has been impacted by their use. The individual must meet ASAM 0.5 criteria and not otherwise be eligible for MH services.



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RELAPSE PREVENTION	1	1.0	No	Assessment, individual sessions, group therapy, didactic groups and peer recovery coaching.	For up to a 90-day period: One (1) Assessment, twelve (12) group sessions, five (5) individual sessions, up to twelve (12) peer recovery coaching units. Only one assessment is allowed within a one-year period.	Group, individual, and peer recovery coaching sessions as appropriate based on clinical judgment, treatment plan, and medical necessity.	Psychiatric services are not covered under relapse prevention regardless of funding type.
OUTPATIENT TREATMENT	1	1.5	No	Assessment, individual sessions, group therapy, didactic groups and peer recovery coaching.	For up to a 90-day period: One (1) Assessment, twelve (12) group sessions, five (5) individual sessions, up to fifteen (15) peer recovery coaching units, and twenty-four (24) didactic units (15-minute units) for individuals who have never been in treatment or have never received SUD education. Only one assessment is allowed within a one-year period. *All clinical services require the W5 modifier.	Group, individual, and peer recovery coaching sessions as appropriate based on clinical judgment, treatment plan, and medical necessity.	Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded individuals. Individuals funded by Medicaid/HMP must be set up with a provider paneled with their health plan.



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OPIOID TREATMENT PROGRAM (OTP)	1.0	1.7	Yes	Assessment, individual, group therapy, peer recovery coaching, didactic, OTP medication, dosing, and related medical services.	For up to a 90-day period: One (1) assessment, twelve (12) group sessions, five (5) individual sessions, daily dosing, up to fifteen (15) peer recovery coaching units, up to sixteen (16) didactic units (15-minute units) for individuals who have never been involved in OTP or who have not received didactics in the last 12 months. Only one assessment is allowed within a one-year period. *All clinical services require the W7 modifier	Continued stay as clinically appropriate as long as medical necessity is met and clinical and medical staff agree that this level of care is appropriate.	Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded individuals. Individuals funded by Medicaid/HMP must be set up with a provider paneled with their health plan.
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SUD HEALTH HOME (SUDHH)	1.7	1.7	No	Care management, peer recovery coaching, team meetings, and community referrals	Health Home core services are provided by a nurse care manager, peer recovery coach, community health worker, or behavioral health specialist. Authorizations must be submitted within 7 days or before the next service.	No limit on the number of Health Home services authorized per month. SUDHH authorizations are valid for one year. During the initial 30 days, at least three (3) SUDHH core services must be rendered, with the initial SUD-HH service being in person. At least one SUDHH service provider per month after the first 30 days of enrollment.	Individuals are eligible if: 1.) Macomb County Resident 2.) Have full Medicaid/HMP 3.) Diagnosed with Alcohol, Opioid, or Stimulant use disorder 4.) Have a co-morbid risk factor for asthma, elevated BMI, COPD, mental health condition, or diabetes 5.) Must be approved via the WSA NOTE: Psychiatric Services must be billed to the individuals' health plan.
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INTENSIVE OUTPATIENT (IOP)	2.1	2.1	Yes, must be screened by MCO or include documentation of medical necessity in the Change in Level of Care form submitted to MCO for review.	Assessment, chair day, individual sessions.	Chair days up to the contracted full program (must meet ASAM guidelines of at least 9 hours per week), one (1) assessment, two (2) individual sessions. Only one assessment is allowed within a one-year period. *Individuals who completed an intensive treatment episode within the past 12 months are eligible for ten (10) chair days, one (1) assessment, and two (2) individual sessions. Authorizations must be submitted prior to the next appointment.	Reauthorization as clinically indicated by MCO.	Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded individuals. Individuals funded by Medicaid/HMP must be set up with a provider paneled with their health plan.
PARTIAL/HIGH INTENSITY OUTPATIENT	2.5	2.5	Yes	Assessment, chair days.	Chair days up to the contracted full program (must meet ASAM guidelines of at least 20 hours per week), one (1) assessment. Only one assessment is allowed within a one-year period. Authorization must be submitted within 48 hours of the case being opened. CPT code: H2036	Reauthorization as clinically indicated by MCO.	Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded individuals. Individuals funded by Medicaid/HMP must be set up with a provider paneled with their health plan.



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OPIOID TREATMENT PROGRAM (OTP) WITH INTENSIVE OUTPATIENT TREATMENT (IOP)	1.0	2.7	Yes	Assessment, individual, chair days, peer recovery coaching, OTP medication, dosing, and related medical services.	For up to a 90-day period: One (1) assessment, two (2) individual sessions, chair days up to the contracted full program (must meet ASAM guidelines of at least 9 hours per week), daily dosing, and up to fifteen (15) peer recovery coaching units. Only one assessment is allowed within a one-year period. *Individuals who completed an intensive treatment episode within the past 12 months are eligible for ten (10) chair days, one (1) assessment, and two (2) individual sessions. Authorizations must be submitted prior to the next appointment. *All clinical services require the W7 modifier	Reauthorization as clinically indicated by MCO.	Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded individuals. Individuals funded by Medicaid/HMP must be set up with a provider paneled with their health plan.
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WITHDRAWAL MANAGEMENT	3.2 3.7	3.2 3.7	Yes	Withdrawal management days, room, and board.	Initial Authorization of three (3) days with a possible addition of up to two (2) days of withdrawal management based on medical need and withdrawal management symptomology. Authorization must be submitted within 48 hours of the case being opened. ASAM 3.2 must utilize the H0012 CPT code ASAM 3.7 must utilize the H0010 CPT code	Reauthorization as clinically indicated by MCO.	
SHORT-TERM RESIDENTIAL	3.3 3.5	3.5	Yes	Residential days, room, and board.	Up to twenty-one (21) residential days based on medical necessity. Authorization must be submitted within 48 hours of the case being opened. CPT code: H0018	Reauthorization as clinically indicated by MCO.	
LONG-TERM RESIDENTIAL	3.1	3.1	Yes	Residential days, room, and board.	Bed days up to the contracted amount. Authorization must be submitted within 48 hours of the case being opened. CPT code: H0019	Reauthorization as clinically indicated by MCO.	



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WOMEN'S SPECIALTY RESIDENTIAL	3.5	3.5	Yes	Residential days, room and board, and child sitting.	Up to twenty-one (21) residential days based on medical necessity. Authorization must be submitted within 48 hours of the case being opened. *HD modifier must be used to identify WSS services	Reauthorization as clinically indicated by MCO.	
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