



SUD – Medically Assisted Therapy (MAT) Authorizations

GOBHI Utilization Management Update – July 2017:

The updated UM protocol for SUD-MAT services is as follows:

Admission Notification:

Providers that offer SUD-MAT services should send notification requesting services for a GOBHI member to GOBHI's Utilization Management Dept. by fax to 541-298-7996 (or via secured email to ac@gobhi.net) within the timeframes listed below.

Authorization Timeframes:

Note: Authorizations may be denied if required documentation is not submitted and reviewed within the timelines listed below.

- **Urgent Preservice Request:** A request for care or services where application of the time frame for making routine or non-life threatening care determinations: could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.
 - **Timeframe:** GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within **48 hours** of receipt of the request.
Note that this category includes: Authorizations for alcohol and drug services and expedited prior authorizations.

SUD – Medication Assisted Therapy

Documentation Needed for Authorization Requests

Urgent Pre-Service:

1. Diagnostic Assessments (within 30 days prior to authorization request)
 - a. Consists of elements described in ASAM PPC 2R
 - b. Identifies the Admission Criteria that was met:
 - i. Evidence of current physical dependence on narcotics or opiates as determined by the program physician or medical director;
 - ii. One year history, immediately prior to admission, of a continuous physical dependence on narcotics or;
 - iii. Documentation that medically supervised withdrawal or medically supervised withdrawal with acupuncture and counseling has proven ineffective or that a physician licensed by the Oregon State Board of Medical Examiners has documentation in the patient record that there is a medical need to administer opioid agonist medication
 - c. Admission Criteria Exceptions: One year history may be waived if:
 - i. Released from a correction facility within the previous 6 months
 - ii. Individual is pregnant and verified by the program physician; or
 - iii. Has previously been treated and discharged from opioid treatment program within the last two year
2. Service plan updated or completed within the last 30 days
3. Completed Authorization Form

Note: Reference: 415-020-0025, 415-020-0030, 415-020-0035

See also: 410-172-0650 regarding prior authorization