



Benefit or Service	Prior Authorization	Requirements	Adults Covered Service 20 +	Children Covered Service 20 & Younger	FFS
Mental Health: Biofeedback (Community Support Service)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> <li>• Engagement and Outreach</li> <li>• Mental Health Rehabilitation Case Management</li> <li>• Mental Health Peer Support</li> <li>• SUD Case Management</li> <li>• SUD Recovery Support</li> </ul>	Yes	Yes	Not Covered
Mental Health: Court Ordered Involuntary Treatment Investigation	Not Required		Yes	Yes	Not Covered
Mental Health: Court Ordered Jail Services Community Transition	Refer to Beacon	Refer to Beacon	Yes	Yes	Not Covered
Mental Health: Court Ordered Offender Re-Entry Community Safety Program (ORCSP)	Refer to Beacon	Refer to Beacon	Yes	Yes	Not Covered
Mental Health: Court Ordered Testimony for Involuntary Treatment Services	Not Required		Yes	Yes	Not Covered
Mental Health: Crisis	Not Required	Evaluation and treatment for patient in crisis. Crisis hotline available 24 hours a day.	Yes	Yes	Not Covered

2020 Behavioral Health Services Only



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Mental Health: Inpatient Acute Care Facility Psychiatric Admission (Behavioral Health Unit or Free Standing Hospital)	Prior authorization for planned admits. Notification of emergent and voluntary admits required within 24 hours.	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Mental Health: Inpatient Acute Care Professional Services, Counseling, Therapy Services, Individual, Group	Not required	Not required	Yes. Covered by CHPW, effective 01/01/2017.	Yes. Covered by CHPW, effective 01/01/2017.	Not Covered
Mental Health: Inpatient Rehabilitation Facility (Same as inpatient residential.)	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Mental Health: Outpatient, Applied Behavior Analysis, ABA, Autism,	Required	Prior Authorization	No. Age 20 and under only.	Yes, age 20 and under. Prior Authorization required.	Not Covered
Mental Health: Outpatient, Electroconvulsive Therapy (ECT)	Pre- Service Prior Authorization required for initiation, continuation and maintenance treatment. Beyond 6 sessions is subject to MD review for initial and ongoing maintenance.	Prior Authorization	Yes.	Yes.	Not Covered
Mental Health: Outpatient, Repetitive Transcranial Magnetic Stimulation, rTMS	Required	Prior Authorization	Yes.	Yes.	Not Covered
Mental Health: Transportation (from and to office visits) home to office or from PCP to specialist	No, Not Covered	No, Not Covered	No, Not Covered	No, Not Covered	Contact a transportation broker in the respective county using the following resource. <a href="http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx">http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx</a>
Mental Health: Brief Intervention Treatment, Individual, Family, Group	Not Required		Yes	Yes	Not Covered

2020 Behavioral Health Services Only



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Mental Health: Care Coordination Services	Not Required		Yes	Yes	Not Covered
Mental Health: Child and Family Team Meetings	Not Required		Yes	Yes	Not Covered
Mental Health: Clubhouse	Not Required		Yes	Yes	Not Covered
Mental Health: Co-occurring Treatment	Not Required		Yes	Yes	Not Covered
Mental Health: Outpatient Day Support, Intensive Outpatient (IOP), Partial Hospitalization (PHP) high intensity services	Authorization is not required for Outpatient Day Support  Authorization is required for Intensive Outpatient (IOP) and Partial Hospitalization Program (PHP) and Day Treatment.		Yes	Yes	Not Covered
Mental Health: Engagement and Outreach (Community Support Services)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> <li>• Engagement and Outreach</li> <li>• Mental Health Rehabilitation Case Management</li> <li>• Mental Health Peer Support</li> <li>• SUD Case Management</li> <li>• SUD Recovery Support</li> </ul>	Yes	Yes	Not Covered
Mental Health: Evidence Based Practice Children's Mental Health	Not Required		No	Yes	Not Covered



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Mental Health: Family Treatment	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services	Professional inpatient services related to an inpatient psychiatric admission is not covered by CHPW. Services are covered by DSHS.	Yes	Yes	Professional inpatient services related to an inpatient psychiatric admission is covered by DSHS.
Mental Health: Freestanding Evaluation and Treatment	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Mental Health: Group Treatment Services	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services	Professional inpatient services related to an inpatient psychiatric admission is not covered by CHPW. Services are covered by DSHS.	Yes	Yes	Professional inpatient services related to an inpatient psychiatric admission is covered by DSHS.
Mental Health: High Intensity Outpatient Treatment (intensive services)	Notification required for initial 6 month of services, followed by ongoing concurrent review. Additional authorization required to extend past 6 months.	Evaluation and treatment for patient in crisis. Crisis hotline available 24 hours a day.	Yes	Yes	Not Covered
Mental Health: Housing and Recovery through Peer Services (HARPS)	Not Required		Yes	Yes	Not Covered
Mental Health: Individual Treatment Services	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services	Professional inpatient services related to an inpatient psychiatric admission is not covered by CHPW. Services are covered by DSHS.	Yes	Yes	Professional inpatient services related to an inpatient psychiatric admission is covered by DSHS.
Mental Health: Inpatient Residential Setting	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered



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Mental Health: Intake Evaluation	Not Required		Yes	Yes	Not Covered
Mental Health: Interpreter Services	Not Required		Yes	Yes	Not Covered
Mental Health: Medication Management	Not Required		Yes	Yes	Not Covered
Mental Health: Medication Monitoring	Not Required		Yes	Yes	Not Covered
Mental Health: Out of Area Coverage: Within the U.S and U.S. Territories Only	Required	Prior Authorization	Yes	Yes	No, Not Covered
Mental Health: Peer Support (Community Support Services)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services • Engagement and Outreach • Mental Health Rehabilitation Case Management • Mental Health Peer Support • SUD Case Management • SUD Recovery Support	Yes	Yes	Not Covered
Mental Health: Psychological Assessment Neuropsychological Testing	Required		Yes	Yes	Not Covered
Mental Health: Psychological Assessment Psychological Testing	Not required for first 2 units (hours) in a lifetime. Required for additional units (benefit exception request).	Not required for first 2 units (hours) in a lifetime. Required for additional units (benefit exception request).	Yes	Yes	Not Covered



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Mental Health: Rehabilitation Case Management (Community Support Services)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> <li>• Engagement and Outreach</li> <li>• Mental Health Rehabilitation Case Management</li> <li>• Mental Health Peer Support</li> <li>• SUD Case Management</li> <li>• SUD Recovery Support</li> </ul>	Yes	Yes	Not Covered
Mental Health: Request for Services Not Crisis	Not Required		Yes	Yes	Not Covered
Mental Health: Respite Care	Not Required		Yes	Yes	Not Covered
Mental Health: Special Population Evaluation	Not Required		Yes	Yes	Not Covered
Mental Health: Stabilization Services (Crisis)	Required when inpatient psychiatric place of service (51) or service is submitted with UD (WA-PACT) modifier	Required when inpatient psychiatric place of service (51) or service is submitted with UD (WA-PACT) modifier	Yes	Yes	Not Covered
Mental Health: Supported Employment	Not Required		Yes	Yes	Not Covered
Telehealth, Telemedicine, TelePsych (medical services, mental health, substance use disorder)	<ul style="list-style-type: none"> <li>• Network Providers, prior authorization is not required</li> <li>• Non-network Providers, prior authorization is required</li> </ul>		Yes	Yes	Not Covered



Benefit or Service	Prior Authorization	Requirements	Adults Covered Service 20 +	Children Covered Service 20 & Younger	FFS
Mental Health: Therapeutic Psychoeducation (Education)	Not Required		Yes	Yes	Not Covered
Mental Health: WA-PACT	Notification required for initial 6 month of services, followed by ongoing concurrent review. Additional authorization required to extend past 6 months.		Yes	Yes	Not Covered
Mental Health: Wraparound Services with Intensive Services (WISe)	Notification not required for WISe services however, WISe providers must notify CHPW of any member who does not meet CANS assessment for WISe services.		NO for over age 21.	Yes	Not Covered
Methadone Treatment	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services
Substance Abuse (See Substance Use Disorder)	See Substance Use Disorder	See Substance Use Disorder	See Substance Use Disorder	See Substance Use Disorder	See Substance Use Disorder
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Facility	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Professional Services	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Long Term Residential Facility	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered



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Substance Use Disorder (SUD): Inpatient Long Term Residential Professional Services	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Recovery House Residential Facility	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Recovery House Residential Professional Services	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Assessment (initial)	Not Required	Must be done by CDP or CDPT under the supervision of a CDP. Includes DUI assessment.	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Withdrawal Management, Detoxification	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD):Inpatient Rehabilitation (Same as Inpatient Residential)	Substance Use Disorder (SUD):Inpatient Rehabilitation (Same as Inpatient Residential)	Substance Use Disorder (SUD):Inpatient Rehabilitation (Same as Inpatient Residential)	Substance Use Disorder (SUD):Inpatient Rehabilitation (Same as Inpatient Residential)	Substance Use Disorder (SUD):Inpatient Rehabilitation (Same as Inpatient Residential)	Not Covered





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Substance Use Disorder: Biofeedback (Community Support Service)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> <li>• Engagement and Outreach</li> <li>• Mental Health Rehabilitation Case Management</li> <li>• Mental Health Peer Support</li> <li>• SUD Case Management</li> <li>• SUD Recovery Support</li> </ul>	Yes	Yes	Not Covered
Substance Use Disorder: Brief Intervention	Not Required		Yes	Yes	No, not covered
Substance Use Disorder: Brief Intervention (Withdrawal Management)	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Crisis	Not Required	Evaluation and treatment for patient in crisis. Crisis hotline available 24 hours a day.	Yes	Yes	Not Covered
Substance Use Disorder: Interim Services	Not Required	Services provided until Individual is admitted to SUD treatment program.	Yes	Yes	Not Covered
Substance Use Disorder: Medication Management	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Opiate Substitution Injection: Naltrexone (Vifitrol®)	Required	Prior authorization	Yes	Yes	Not Covered



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Substance Use Disorder: Opiate Substitution Treatment Services	Not Required	The drug, Naltrexone IM (Vivitrol) does require prior authorization. Prescribing and dispensing of an approved medication does not require prior authorization.	Yes	Yes	Not Covered
Substance Use Disorder: Outpatient Case Management (Community Support Service)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> <li>• Engagement and Outreach</li> <li>• Mental Health Rehabilitation Case Management</li> <li>• Mental Health Peer Support</li> <li>• SUD Case Management</li> <li>• SUD Recovery Support</li> </ul>	Yes	Yes	Not Covered
Substance Use Disorder: Outpatient, Brief Outpatient Treatment - Individual, Family, Group	Only Required when: <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> </ul>		Yes	Yes	Not Covered
Substance Use Disorder: Pregnant, Post Partum or Parenting (PPW) Women's Housing Support Services	Not Required		Yes	Yes	Not Covered



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Substance Use Disorder: Recovery Support (Community Support Service)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> <li>• Engagement and Outreach</li> <li>• Mental Health Rehabilitation Case Management</li> <li>• Mental Health Peer Support</li> <li>• SUD Case Management</li> <li>• SUD Recovery Support</li> </ul>	Yes	Yes	Not Covered
Substance Use Disorder: Transportation (from and to office visits) home to office or from PCP to specialist	No, Not Covered	No, Not Covered	No, Not Covered	No, Not Covered	Contact a transportation broker in the respective county using the following resource. <a href="http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx">http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx</a>
Substance Use Disorder: Alcohol Information School Drug Information School	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Court Ordered Involuntary Commitment (Crisis)	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Medication Monitoring	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Out of Area Coverage: Within the U.S and U.S. Territories Only	Required	Prior Authorization	Yes	Yes	No, Not Covered



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Substance Use Disorder: Outpatient Intensive Outpatient Treatment - Individual, Family, Group	<b>Only Required when:</b> <ul style="list-style-type: none"> <li>• Community Psychiatric Supportive Treatment</li> <li>• Comprehensive Community Support Services</li> <li>• Psychosocial Rehabilitation Services</li> </ul>		Yes	Yes	Not Covered
Substance Use Disorder: Request for Services, Not Crisis	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Sobering Services	Not Required		Yes	Yes	Not Covered