

Substance use disorder authorization criteria for more than 6 hours a day or 30 hours a week

Outpatient or nonresidential substance use disorder services are provided based on the identified individual need and client preference. In the 2021 legislative special session, language passed that limits the amount of nonresidential hours to 6 hours a day or 30 hours a week without authorization prior to the billing claim ([254B.05 Subd. 5 \(h\)](#)).

This limitation is specific to licensed 245G nonresidential programs. Hours are based on individual units (H2035) and/or group units (H2035 HQ) only. A week is identified as a rolling seven-day time span, which includes the hours of service on the date of service and the six days counting forward OR the six days counting backwards from the date of service.

Eligible Recipients:

- Be eligible for Medical Assistance or Behavioral Health Fund.
- Have a substance use disorder diagnosis.
- Have the ability to participate in treatment.

Authorization Requirements:

- Providers must request authorization once it is determined that the client needs more than 6 hours/units per day or 30 hours/units per week of services. Authorization is required if at any point during a rolling seven-day time span more than 30 hours of service is provided.
- All providers are strongly encouraged to submit requests via the medical review agent portal, [Atrezzo Next Generation \(ANG\)](#).
- All clinical documents submitted as part of requests must be signed by the clinician and include the title and credentials of the person signing. If the person is an intern/clinical trainee, the documents must also include the signature of the supervisor, including title and credentials.
- Information submitted as part of requests must be client-specific.

The following supporting documentation will be requested to determine medical necessity:

Clinical Documentation for Initial Request

- Assessment with the recommendation for the ASAM level of care, and reason for deviation from recommendation, if applicable:
 - Comprehensive Assessment; or

- Original Comprehensive Assessment AND documentation of assessment review and updates; or
- Initial Services Plan with level of care recommendations if request is prior to completion of the Comprehensive Assessment.
- Individual Treatment Plan, signed by the client and clinician, which includes the specific services for which a client has an assessed need and the plan to provide the services ([245G.07, subdivision 1](#)):
 - Most recent treatment plan if the request is for prior authorization; or
 - Treatment plan(s) covering the dates of the request if authorization is being sought for a time period which has already passed; or
 - Description of the plan for treatment services for the client if request is prior to completion of the Individual Treatment Plan.
- Treatment Plan Review(s), if applicable:
 - Most recent treatment plan review if the request is for prior authorization; or
 - Treatment plan review(s) covering the dates of the request if authorization is being sought for a time period which has already passed; or
- Treatment services documentation which support medical necessity and clinical justification for the request:
 - Documentation of a sampling of group treatment services (4-6 notes) received by the client during the last week if the request is for prior authorization, or received during the time period for which authorization is being requested; and
 - Documentation of two (2) individual treatment services with an Alcohol and Drug Counselor received by the client during the last month if the request is for prior authorization, or received during the time period for which authorization is being requested.
- Questionnaire/form*
- Any additional clinical documentation that supports the information in the questionnaire.

Authorizations to exceed 6 hours a day or 30 hours a week cover 28 calendar days. The date range of the authorization period will be included in a notice to the provider. After the 28-day authorization period, if it is determined the member continues to meet medical necessity for more than 6 hours a day or 30 hours a week, the provider needs to request another authorization.

Clinical Documentation needed for Requests for Continued Authorization/Extensions beyond 28 days

- Individual Treatment Plan, signed by the client and clinician, which includes the specific services for which a client has an assessed need and the plan to provide the services ([245G.07, subdivision 1](#)):

- Most recent treatment plan if the request is for prior authorization; or
- Treatment plan(s) covering the dates of the request if authorization is being sought for a time period which has already passed.
- Treatment Plan Reviews, including:
 - Documentation that demonstrates the impact of the additional hours on treatment progress and documentation of medical necessity for extension; and
 - Initial risk rating, updated risk rating, and reason for any rating increase;
- Treatment services documentation which support medical necessity and clinical justification for the request:
 - Documentation of a sampling of group treatment services (4-6 notes) received by the client during the last week if the request is for prior authorization, or received during the time period for which authorization is being requested; and
 - Documentation of two (2) individual treatment services with an Alcohol and Drug Counselor received by the client during the last month if the request is for prior authorization, or received during the time period for which authorization is being requested.
- Summary of the amount and type of treatment services received by the client within each of the last four weeks. (Could be submitted as part of the clinical documentation, as a separate written document, as an EHR report, or in another format)
- Updated questionnaire/form*
- Any additional clinical documentation that supports the information in the questionnaire.

*Complete questionnaire/form providing client-specific clinical justification for need of more than 6 hours/day or 30 hours/week of services:

- Narrative of what has been seen in the client's behavior/treatment that indicates continued need for additional treatment hours.
- Narrative of how the extra services have benefitted/assisted the client in reaching treatment goals and why the additional hours continue to be necessary.
- Breakdown of how the hours (individual and/or group) will be used in a day and/or week for this client. The breakdown must identify how many extra individual or group hours over the 6 hours per day or 30 hours per week are needed, and for which services.
 - Example: Each week, the client will receive 2 hours individual counseling, 12 hours group counseling, 14 hours of co-occurring education, and 5 hours therapeutic recreation for a total of 33 hours per week. The hours beyond 30 were for 1 extra hour of individual counseling with a mental health professional and 2 extra hours of education on co-occurring disorders.
- How the clinician expects the extra services to benefit/assist the client in reaching their treatment goals.

- Name and credentials of the licensed professional providing clinical justification.

References:

- [MHCP SUD Provider manual](#)
- [254B.05 Subd.5 \(h\)](#)
- [245G](#)
- [MHCP Authorization Page](#)
- [MHCP Provider Manual](#)