

PerformCARE®

Policy and Procedure

Name of Policy:	Registration for Withdrawal Management
Policy Number:	CM-029
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton
Primary Stakeholder:	Clinical Care Management
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	05/23/03
Last Revision Date:	10/22/25
Last Review Date:	11/24/25
OMHSAS Approval Date:	11/24/25
Next Review Date:	11/01/26

Policy: Substance Use Withdrawal Management services are not required to be prior authorized for admission but do require notification and authorization for length of stay and payment of the treatment stay.

Purpose: To outline the procedure for seeking and obtaining authorization for Substance Use Withdrawal Management services.

Definitions: **ASAM SUD Residential Services:** Medically Managed Intensive Inpatient Services Level 4: Medically Managed Intensive Inpatient Services Level 3.7: Medically Monitored Intensive Inpatient Services Level 3.5: Clinically High- Intensity Residential - Services Level 3.1: Clinically Managed Low-Intensity Residential

ASAM Withdrawal Management: Medically Managed Intensive Inpatient Withdrawal Management ASAM Level 4WM & Medically Monitored Inpatient Withdrawal Management ASAM Level 3.7WM.

Acronyms: **ASAM:** American Society of Addiction Medicine Patient Placement Criteria
CCM: Clinical Care Manager
EMR: Electronic Medical Record
MSS: Member Services Specialist
SUD: Residential Services

WM: Withdrawal Management

Procedure:

1. WM does not require prior authorization. Providers will contact PerformCare telephonically within five (5) business days of discharge from WM to register the request and generation of authorization for payment when there is no aftercare request for SUD residential services.
 - 1.1. If aftercare is scheduled post Level 4 or 3.7 WM (i.e. 3.7, 3.5, 2.5) case to be sent to UM CCM for WM Only Discharge Assessment and generation of authorization.
 - 1.2. Providers who do not request registration and generation of authorization within five (5) business days of WM discharge should follow PerformCare Administrative Appeal process per P&P *FI-027 Appeals of Administrative Denials*.
2. Providers requesting SUD residential services requiring prior authorization for aftercare from WM, will contact PerformCare telephonically at least one (1) business day prior to WM discharge to complete prior authorization for after care for SUD residential services.
 - 2.1. The registration and generation of WM authorization will occur as part of the SUD residential services aftercare prior authorization review.
3. Providers or Members should contact PerformCare if assistance is needed with locating a WM Provider.
 - 3.1. MSS will offer a list of WM Providers based on Member's needs.
 - 3.2. MSS will connect Providers or Members to Clinical Care Managers if additional assistance is needed in locating a WM Provider beyond a WM Provider listing.
 - 3.3. MSS will obtain demographic information and notify a Clinical Care Manager to collect clinical information if a WM referral is needed.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-028 Requests for Prior-Authorized Substance Use Disorder Services
FI-027 Appeals of Administrative Denials

Related Reports: *American Society of Addiction Medicine (ASAM) guidelines per Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements.*

Source Documents and References: None

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:

A handwritten signature in black ink, appearing to read "John P. Jones".

Primary Stakeholder