




MassHealth
Managed Care Entity Bulletin 2
November 2015

TO: Managed Care Entities

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **Prior Authorization and Utilization Management Requirements for Certain Substance Use Recovery Services**

Background

Section 19 of Chapter 258 of the Acts of 2014 required EOHHS and its contracted managed care entities, including managed care organizations, integrated care organizations (also known as One Care plans), Senior Care Options plans (SCOs), and the Primary Care Clinician Plan's managed behavioral health contractor, the Massachusetts Behavioral Health Partnership (MBHP), to cover medically necessary acute treatment services and medically necessary clinical stabilization services as of October 1, 2015 without requiring prior authorization. EOHHS imposed these statutory requirements on its contracted managed care entities (MCEs) through contract amendments and [Managed Care Organization Bulletin 5](#). Managed Care Entity Bulletin 2 supersedes [Managed Care Organization Bulletin 5](#) and [Managed Care Entity Bulletin 1](#).

Definitions

For the purposes of this bulletin, the following terms shall have the following meanings:

Acute treatment services. 24-hour, medically supervised addiction treatment for adults or adolescents provided in a medically managed or medically monitored inpatient facility, as defined by the Department of Public Health, that provides evaluation and withdrawal management and which may include biopsychosocial assessment, individual and group counseling, psychoeducational groups, and discharge planning.

Clinical stabilization services. 24-hour, clinically managed post-detoxification treatment for adults or adolescents, as defined by the Department of Public Health, usually following acute treatment services for substance abuse, which may include intensive education and counseling regarding the nature of addiction and its consequences, relapse prevention, outreach to families and significant others, and aftercare planning for individuals beginning to engage in recovery from addiction.

Access to Acute Treatment Services and Clinical Stabilization Services

Effective October 1, 2015, MCEs may not require prior authorization for medically necessary acute treatment and clinical stabilization services (American Society of Addiction Medicine Levels 4, 3.7, and 3.5, and Enhanced Acute Treatment Services (Dual Diagnosis Acute Residential Treatment Services)). Providers of these services must give MCEs notification of admissions within 48 hours. MCEs may establish the manner and method of such notification but may not

Access to Acute Treatment Services and Clinical Stabilization Services (*cont.*)

require the provider to submit any information other than the name of the patient, information regarding the patient's coverage with the MCE, and the provider's initial treatment plan. MCEs may not use failure to provide such notice as the basis for denying claims for services provided.

In addition, MCEs may not impose concurrent review and deny coverage for acute treatment services based on such review. However, MCEs may contact providers of acute treatment services to discuss coordination of care, treatment plans, and after care.

MCEs may implement utilization review procedures on the seventh day of a patient's stay for clinical stabilization services, including but not limited to discussions about coordination of care and discussions of treatment plans. MCEs may not make any utilization review decisions that impose any restriction or deny any future medically necessary clinical stabilization services unless a patient has received at least 14 consecutive days of clinical stabilization services. Any such decisions must follow the contractual requirements regarding the transmission of adverse determination notifications to patients and clinicians and processes for internal and external appeals of MCEs' decisions.

Medical necessity is to be determined by the treating clinician in consultation with the patient.

Prior Authorization Protocols for All Other Substance Use Disorder Services

Effective October 1, 2015, MCEs shall not require prior authorization for the following covered substance use disorder treatment services:

- **Outpatient Services:** Counseling, Ambulatory Detoxification
- **Day Treatment:** Structured Outpatient Addiction Program (SOAP)
- **Intensive Outpatient Program (IOP)**
- **Partial Hospitalization:** ASAM level of care level 2.5 short-term day or evening mental health programming available five to seven days per week.

Utilization Management, including Prior Authorization, for Outpatient Drugs

In order to facilitate the provision of medically necessary medication to treat substance use disorders, EOHHS is establishing the following requirements effective November 15, 2015, except as otherwise stated below:

MCEs may not require prior authorization for the initiation or re-initiation of a buprenorphine/naloxone prescription of 32 mg/day or less, for either brand formulations (e.g. Suboxone™, Zubsolv™, Bunavail™) or generic formulations, provided, however, that MCEs may have a preferred formulation. MCEs may establish review protocols for continuing prescriptions.

Utilization Management, including Prior Authorization, for Outpatient Drugs (cont.)

In addition, MCEs may implement prior authorization for buprenorphine (Subutex™) and limit coverage to pregnant or lactating women and individuals allergic to naloxone, provided such limitations are clinically appropriate.

Effective October 1, 2015, MCEs may not establish utilization management strategies that require enrollees to “fail-first” or participate in “step therapy” as a condition of providing coverage for injectable naltrexone (Vivitrol™). MCEs must cover Vivitrol™ as a pharmacy and medical benefit.

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.