



## PROVIDER ALERT

### SUD RESIDENTIAL PROVIDERS FOR LEVELS 3.5, 3.3, 3.1\*

### SUBMISSION WINDOW FOR AUTHORIZATIONS

SEPTEMBER 17, 2018

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The Department recognizes during non-business hours a provider does not have all the necessary information necessary to complete an authorization for residential services. MDH has reviewed the authorization parameters for SUD residential level of care based on feedback from providers and with respect to the specific admission hours and need to promote access to this level of service. Subsequently, Beacon is authorized to adjust the submission window period for authorizations for SUD residential care levels 3.5, 3.3 and 3.1.

For admissions which occur after normal business hours, the period of time for submitting authorization requests will be extended to five (5) calendar days when necessary. This will allow 3.5, 3.3 and 3.1 level providers adequate time to collect and complete the required clinical information needed to demonstrate that the individual meets medical necessity (MNC) for the level of care requested.

In the event of a denial based on MNC, providers are at risk for that period of time under which the individual did not meet the requested level of care.

State funding is available for specialty populations when an individual does not meet MNC but is court ordered as an 8-507 or other specialty population. In these cases, please review [MNC denial applicability](#) below.

- 8-507/Title III specialty population, MNC denials do NOT apply at any residential level of care
- PWC specialty population, MNC denials do not apply to 3.7 WM through 3.3 residential providers however:
  - 3.1 level of care is subject to MNC denials and cannot bill for services when MNC is not met and the authorization is denied.
  - If a PWC individual does not meet MNC at 3.1 the denial will include recommendation for the appropriate level of care.

For questions regarding this alert, please email:  
[marylandclinicaldept@beaconhealthoptions.com](mailto:marylandclinicaldept@beaconhealthoptions.com)

This memo does not apply to 3.7 or 3.7WM level of care where the initial authorization

period remains 7 days for 3.7WM (14 units) and 15 days for 3.7 (30 units).

\* 3.1 level of care will be reimbursable under Medicaid effective 1/1/2019.

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[http://maryland.beaconhealthoptions.com/provider/prv\\_alerts.html](http://maryland.beaconhealthoptions.com/provider/prv_alerts.html).

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