



Questions regarding this guidance may be directed to mpassunit@alaska.gov in the Subject Line please note: **COVID Guidance**

April 7, 2020 – **Updated**

DBH COVID Guidance Document #4

Service Authorizations for Provider Types:

- Autism Services
- Community Behavioral Health
- Mental Health Physician Clinics
- 1115 SUD

On March 31, 2019 Governor Dunleavy issued COVID-19 Disaster Order of Suspension No.2. This order suspends all Service Authorization requirements outlined in 7 AAC 135.040. On April 2, 2020 the Division of Behavioral Health (DBH) issued the first Guidance Document related to Service Authorizations. On April 2, 2020 the Centers for Medicaid/Medicare Services (CMS) approved portions of Alaska's 1135 Waiver request. Service Authorization guidance is now updated to reflect the 1135 Waiver approval. The impact for providers will be as follows:

- Services Authorizations for the services outlined below are suspended for the following time period:
 - ***Effective Date: 3/1/2020***
 - ***End Date: Upon Termination of the public health emergency, including any extensions***
 - ***For services provided under this guidance and the above dates – retro-active service authorizations will not be required***
 - ***Upon the ending of the emergency DBH will reset the SFY dates as well as establish new time frames for the reinstatement of Prior Authorizations for Autism Services***

Conduent, Comagine Health, and Optum have been directed to review all Service Authorization requests dated 2/29/20 and earlier and process accordingly. For any Service Authorization requests received with service start dates 3/1/20 forward Conduent and Comagine have been instructed to notify providers that the request is no longer necessary based on the directives in this guidance document.

Conduent and Optum are processing the needed system changes to accommodate this change.

Providers can now provide the needed services to assist our most vulnerable citizens in whatever means necessary. However, providers **MUST** do the following:

- Insure the services provided are Medically Necessary and meet all requirements as outlined in 7 AAC 135.100 – 7 AAC 135.290
- Document the need for services in both the assessment and treatment plan
- Document the services in a progress notes that indicates the medical necessity

Autism Services:

Service	CPT
Behavior Identification Assessment	97151
Adaptive Behavior Treatment	97153
Adaptive Behavior Treatment	97154
Adaptive Behavior Treatment	97155
Family Adaptive Behavior Guidance	97156

State Plan Services – Community Behavioral Health

Service	CPT / HCPCS
Behavioral Health Screening	T1023
Assessments	H0001, H0031, H0031-HH, 90791
Psychological Testing	96136-HO, 96137-HO, 96130-HO, 96131-HO
Neuropsychological Testing	96136-HP, 96137-HP, 96132-HP, 96133-HP
Psychotherapy	90832, 90834, 90837, 90846, 90846-U7, 90847, 90847-U7, 90849, 90849-U7, 90853, 90853-U7
Comprehensive Medication Services	H2010
Short Term Crisis Intervention	S9484, S9484-U6
Short Term Crisis Stabilization	H2011
Case Management	T1016
Therapeutic BH Services	H2019, H2019-HQ, H2019-HR, H2019-HS
Peer Support – Child	H0038, H0038-HR, H0038-HS
Peer Support – Adult	H0038
Comprehensive Community Support Services	H2015, H2015-HQ
Recipient Support Services	H2017
Client Status Review	H0046

State Plan Services – Mental Health Physician Clinic

Service	CPT / HCPCS
Assessments	H0031, H0031-HH, 90791
Psychological Testing	96136-HO, 96137-HO, 96130-HO, 96131-HO
Neuropsychological Testing	96136-HP, 96137-HP, 96132-HP, 96133-HP
Psychotherapy	90832, 90834, 90837, 90846, 90846-U7, 90847, 90847-U7, 90849, 90849-U7, 90853, 90853-U7
Comprehensive Medication Services	H2010
Short Term Crisis Intervention	S9484, S9484-U6

1115 SUD Services:

Service	CPT / HCPCS
Intensive Case Management	H0023 V1
Ambulatory Withdrawal Management (WD)	H0014 V1
Clinically Managed Residential WD	H0010 V1
Medically Monitored Inpatient W 3.7	H0010 V1 TG
Medically Managed Intensive Inpatient WD 4.0	H0011 V1
Medically Monitored Intensive Inpatient 3.7	H0009 V1 TF
Medically Managed Intensive Inpatient 4.0	H0009 V1 TG
Community and Recovery Support Services – I	H2021 V1
Community and Recovery Support Services – G	H2021 V1 HQ
SUD Care Coordination	H0047 V1
Intensive Outpatient ASAM 2.1 – I	H0015 V1
Intensive Outpatient ASAM 2.1 – G	H0015 V1 HQ
Partial Hospitalization	H0035 V1
SUD Residential 3.1 – Adult	H2036 V1 HF
SUD Residential 3.1 – Adolescent	H2036 V1 HA
SUD Residential 3.3	H0047 V1
SUD Residential 3.5 – Adult	H0047 V1 TG
SUD Residential 3.5 – Adolescent	H0047 V1 TF HA