



Multnomah Other Withdrawal Management

Multnomah Other Withdrawal Management (WM) is available in three levels of care (LOC): 3.7, 3.2, and ambulatory. All members must have an authorization entered into CIM; if a member requires multiple levels of care for a treatment episode, each LOC must have an auth entered. Auths must be entered into CIM within 45 days of the start of treatment along with the following clinical documentation:

- Screening/Assessment tool used to place the member at the specified WM level of care
- First CEWA/COWS score

Authorizations will auto-approve for contracted providers. Failure to attach the clinical documentation to the authorization may result in the repayment of any approved claims for the auth.

Withdrawal Management LOCs 3.7 and 3.2 have a 7-day term. If a member requires additional days the provider may request an extension which requires utilization review (UR). To request an extension for these levels of care:

1. Attach CEWA/COWS scores and the MARs (Medication Admin Records) to the initial authorization in CIM
2. Send a message through CIM via the initial authorization requesting an extension to Billing Support (billing.multother@multco.us)
3. Multnomah Other plan utilization review (UR) staff will review the clinical documentation. If clinically appropriate, the authorization will be extended an additional 7 days. If a lower level of care is deemed clinically appropriate, an authorization for the appropriate level of care will be entered into CIM. UR staff will notify the provider (through a message in CIM) of the determination.

Simply submitting a second authorization instead of requesting an extension may result in the repayment of any approved claims resulting from that second auth.

Ambulatory Withdrawal Management has a 14-day default term. If a member requires additional days providers should enter an authorization into CIM for another 14-day term – no utilization review is required by plan staff.

Claims

Only one per diem encounter is allowed per day. Ambulatory withdrawal management allows the H0014 per diem to be used in combination with other allowable codes listed in the authorization per day.

Outpatient SUD Services during Residential Withdrawal Management

Most treatment services provided during a residential withdrawal management (LOC 3.7) episode of care are included in the per diem rate. There are some limited instances where it is appropriate to bill for outpatient SUD services during the residential WM episode.

Generally, eligible outpatient services are services that require continuity during the residential withdrawal management episode that are not generally considered part of the WM LOC 3.7 (e.g. Medication Assisted Treatment, MAT) or are delivered in preparation for MAT in order to avoid a break in the continuity of treatment.

If a member requires outpatient SUD services these are NOT covered by the residential withdrawal management authorization. An outpatient authorization must be entered in CIM for any allowable outpatient SUD services.

Audits

Please note that Multnomah Other will be conducting regular audits to ensure that clinical documentation is attached to authorizations and that members meet the clinical criteria for the level of care assigned.

Please note missing documentation or if the member does not meet the clinical criteria for the level of care assigned may result in claims being refunding to the plan.

Questions? Technical Assistance?

Contact us at billing.multiother@multco.us