

Columbia Pacific CCO Mental Health
Levels of Service and Practice Guidelines Grid

Fax # for inpatient requests: 503-416-4720

All other submissions can be submitted via Connect, CPCCO's online portal



Level of Service	Practice Guidelines	Requires Clinical Review	Auth Length
Adult Respite	No prior authorization required.		N/A
Child Respite	No prior authorization required.		N/A
Assertive Community Treatment (ACT)	No prior authorization required.		N/A
Children's Psychiatric Day Treatment Services (PDTs)	Requires Prior Authorization. Provider to submit current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	Initial: 90 days Additional: Case by case, not to exceed 30 days LMP review: 9 months
Children's Psychiatric Residential Treatment Services (PRTS)	Requires Prior Authorization. Provider to submit current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	Initial: 30 days, CONS completed by CPCCO LMP and CASII/ECSII completed by CPCCO UM Additional: Case by case, not to exceed 30 days LMP review: 30 days and case by case thereafter
Children's Wraparound Services (Wrap Services)	No prior authorization required.		N/A
24/7 Crisis services	No prior authorization required.		N/A
Early Assessment Support Alliance (EASA)	No prior authorization required.		N/A
Eating Disorder Programs Treatment: Residential and Partial Hospitalization	Requires Prior Authorization. Provider to fax current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	Initial: 30 days Additional: Case by case

Electroconvulsive Therapy (ECT)	Requires Prior Authorization. Provider to submit current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	Initial: 6-12 sessions, with LMP review Additional: Case by case with LMP review
Inpatient Acute Psychiatric Hospitalization: Child, Adolescent and Adult	<u>Supporting documentation sent within 24 hours of admission.</u> Payment is dependent upon clinical review, including the initial 24 hours of treatment. Fax: 503-416-4720, or phone call to 503-416-3404	X	Initial: Case by case, retro to date of admission if notified within 24 hours Additional: Case by case LMP review: All decisions to limit auths and for LOS >14 days
Sub-Acute Treatment: Child, Adolescent	Requires Prior Authorization. Provider to submit current and valid assessment and service plan. Authorization is dependent upon clinical review.	X	Initial: Case by case, not to exceed 2 days Additional: Every 2 days except case by case exceptions LMP review: Day 14 and at least weekly thereafter
Sub-Acute Treatment: Adult	Notice of Admission submitted within 24 hours of admission as well as supporting documentation. Payment is dependent upon clinical review, including the initial 24 hours of treatment.	X	Initial: Case by case, not to exceed 2 days Additional: Every 2 days except case by case exceptions LMP review: Day 14 and at least weekly thereafter
Applied Behavioral Analysis (ABA)	No Prior Authorization Required for Assessment Services. Requires Prior Authorization for Treatment Services. See "Treatment Authorization Form - Applied Behavioral Analysis Services" on CPCCO website.	X	