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An Act to Increase Opportunities for Long-term Substance Abuse Recovery ([Chapter 258 of the Acts of 2014](#))

Effective October 1, 2015

MassHealth

- Requires all MassHealth Managed Care Entities (MCEs) and MassHealth Fee For Service to cover the cost of detox (Acute Treatment Services (ATS) (ASAM Level 4 and 3.7)) without prior authorization. Notification of admission is not required.
- Requires all MassHealth MCEs and MassHealth Fee For Service to cover up to 14 days of step-down detox (Clinical Stabilization Services (CSS) (ASAM Level 3.5)) without prior authorization. Utilization review procedures may be initiated on day 7. Providers are required to provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission to CSS.
- Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record for admission to both ATS and CSS.

Fully Insured Commercial Plans

- Requires commercial insurers to cover up to a total of 14 days combined of detox (ATS (ASAM Level 4 and 3.7)) and step-down detox (CSS (ASAM Level 3.5)) services without prior authorization. Utilization review procedures may be initiated at day 7 of each of these levels of care, but carriers are not allowed to deny coverage for 14 days if the clinician determines the patient meets medical necessity criteria.
- Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record for admission to both ATS and CSS. The total of 14 days can be in either ATS, CSS or a combination of both levels of care.
- The provider must provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission. Carriers are only allowed to require providers to submit the name of the patient, information regarding the patient's coverage with the carrier's plan and the initial treatment plan that has been developed by the provider.
- Plans can no longer require prior authorization for a host of other substance use disorder services including early intervention services, outpatient services, residential and inpatient services. It does not require plans to cover these levels of care, but if they do cover them, a prior authorization is not required.¹

¹ DOI is clear that "for services intended to apply for more than one day, the DOI would consider it appropriate for carriers to require notification within 48 hours of the first visit or admission for services. Although the statute permits utilization review other than prior authorization the DOI would not consider it appropriate for any carrier to retroactively

Group Insurance Commission

- Requires the Group Insurance Commission to cover up to a total of 14 days combined of detox (ATS) and step-down detox (CSS) services without prior authorization. Utilization review procedures may be initiated at day 7.
- Medical necessity shall be determined by the treating clinician in consultation with the patient and noted in the patient's medical record for admission to both ATS and CSS.
- The provider must provide the carrier both notification of admission and the initial treatment plan within 48 hours of admission.

deny any substance use disorder services... unless appropriate notifications were not made within 48 hours of initial substance use disorder service or admission which leads to the provision of the substance use disorder services."