

## Services Requiring Authorization

<b>Episode Type</b>	<b>Setting</b>	<b>Overnight</b>	<b>GOBHI UM Determination</b>
ABA	Outpatient - Specialty	No	Yes
Acute Hospitalization (0114)	Inpatient	Yes	Yes
Acute Non-Hospital (H2013)	Inpatient	Yes	Yes
Bariatric Evaluation	Outpatient	No	No
BRS Outpatient	Outpatient	No	No
Co-Occurring with NDN and DePaul	Residential Treatment	Yes	Yes
Detox	Residential	Yes	Yes
Eating Disorders	Any	Both	Yes –unless part of the capitation payment
ECT	Outpatient - Specialty	Both	Yes
Emergency Services	Outpatient	Possible	No
Gender Dysphoria Evaluation	Outpatient	No	No
Harney District Hospital	Inpatient Emergency Transport Hold	Yes	Yes
Home Based Respite for children	Residential	Yes	Yes
Lake District Hospital	Inpatient Emergency Transport Hold	Yes	Yes
Mental Health OP Adults	Outpatient	No	No
Mental Health OP Children	Outpatient	No	No
Neuropsychological Testing	Outpatient - Specialty	No	Yes
Out of Network Provider	Any	Both	Yes
PES for St. Charles	Acute vs Emergent	Yes	Yes
PES for Unity	Acute vs Emergent	23 hr.	No
Psychiatric Day Treatment	Outpatient	No	No
Psychological Testing	Outpatient - Specialty	No	Yes
Residential Treatment (PRTS)	Residential	Yes	Yes
Respite (Adult and Children)	Residential	Yes	Yes
State Hospital Adult & Child	State pays for service	Yes	N/A
SUD IOP Adult	Outpatient	No	No
SUD IOP Children	Outpatient	No	No
SUD OP Adults	Outpatient	No	No
SUD OP Children	Outpatient	No	No
SUD Residential	Residential	Yes	Yes
SUD-MAT	Outpatient - Specialty	No	Yes
Therapeutic Foster Care: wraparound code	Residential	Yes	No