

Temporary High Intensity Service (THIS) Submission Guidelines Application and Continued Stay

- Request should outline why the member or others are not safe without this level of service, changes in treatment in an effort to decrease the unsafe behaviors, and documents a discharge plan with specific discharge criteria from this level of service.
- It is intended to be a higher intensity of treatment intervention, and not solely for the purpose of providing a higher level of supervision.
- It is not intended to be an ongoing service level for all members, or for the purpose of providing any services that would normally be/are currently provided to other individuals in that program who are not authorized for this higher level of care.

Prior Authorization- Eligibility Determination

To Request this level of service for a member, submit a Prior Authorization for THIS through Atrezzo.

Service Detail:

Service Type: Section 97

Request Type: Prior Authorization

Procedure:

Procedure Code: S9485

Service Length: 7 days (*system will not allow for longer service length; additional days are being requested it can be included in the clinical information section*)

Quantity/Units: 1 unit=1 hour (this cannot include time the member is at school or sleeping)

Diagnosis: Update with the member's current diagnosis

Clinical Information: If it appears as though this member may require THIS for longer than 7 days at a time for over 30 days, use this section to request up to 90 days of THIS services, and how many units will be needed for that time period. Please specify how the additional units will be utilized. The request will be clinically reviewed at time of PA/Eligibility and at each CSR, for the length of time it appears the member may meet medical necessity for the service.

Attached Documents: Upload the member's current treatment plan

Questionnaires: At the time of Prior Authorization/Eligibility, use the General Questionnaire and the Upstaffing Questionnaire to present why this member requires this higher level of care. This process replaces the use of the *Section 97 High Intensity Service Application*. If eligibility is determined, the case will be approved.

Continued Stay Requests



Clinical Information: If it appears as though this member may require THIS for longer than 7 days at a time for over 30 days, use this section to request up to 90 days of THIS services, and how many units will be needed for that time period. The request will be clinically reviewed at each CSR, for the length of time it appears the member may meet medical necessity for the service.

Attached Documents: Upload the member's current treatment plan

Questionnaires: If the member is going to continue needing this level of care, use the Questionnaires to discuss on-going need, and the attempts used to reduce the level of support needed.