

**Charter Oak Behavioral Health
Authorization Schedule
Alcohol and Drug Centers**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date
DETOXIFICATION							
Inpatient Detox - Freestanding	CIPD9	Y	H0011	Detoxification in a freestanding facility	A	A	8/1/2008
Ambulatory Detox-Freestanding	CAMD9	Y	H0014	Medically Monitored Outpatient Detoxification Services	R (7/1)	A	8/1/2008
<u>Auth Required/Re-Auth?</u> A= Authorization or reauthorization R=Registration or re-registration (units registered/duration in weeks) N=Neither authorization nor registration N/C = Not covered A >2 means no PA required for first two services. PA required for subsequent services A >4 means no PA required for first four units of service. PA required for subsequent units of service.							