Sentara Health Plans

Medicaid

ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Initial

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Purpose:

This policy addresses ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse (Adult) Initial.

Description & Definitions:

Partial hospitalization services or day treatment for substance abuse is a treatment program that provides 20 or more hours of clinically intensive programming per week.

Biomedical enhanced services are delivered by appropriately credentialed medical staff, who are available to assess and treat co-occurring biomedical disorders and to monitor the resident's administration of medications in accordance with a physician's prescription. The intensity of nursing care and observation is sufficient to meet the patient's needs.

Co-Occurring Capable - Treatment programs that address co-occurring mental and substance related disorders. They provide assessment, treatment planning, program content and discharge planning. They can provide psychopharmacologic monitoring and psychological assessment and consultation, either on site or through coordinated consultation with off-site providers.

Co-Occurring Enhanced - Describes treatment programs that incorporate policies, procedures, assessments, treatment, and discharge planning processes that accommodate patients who have co-occurring mental and substance related disorders. Mental health symptom management groups are incorporated into addiction treatment. Motivational enhancement therapies specifically designed for those with co-occurring mental and substance-related disorders are more likely to be available (particularly in out-patient settings) and, there is close collaboration or integration with a mental health program that provides crisis backup services and access to mental health case management and continuing care. In contrast to Co-Occurring Capable services, Co-

Occurring Enhanced services place their primary focus on the integration of services for mental and substance-related disorders in their staffing, services, and program content.

Criteria:

Admission to partial hospitalization level of care for substance-related disorder is considered medically necessary when the following ASAM dimensions are met. The member meets ASAM criteria for partial hospitalization when dimensions 2,3 and one of 4,5 and 6 are met initial services for **all** of the following

- Individual is 18 years of age or older and their mental and behavioral health status meets **ALL of the** following:
    - Diagnosis: The individual has at least one diagnosis from the most recent Diagnostic and Statistical Manual of Mental Disorders for Substance-Related and Addictive Disorders with the exception of tobacco-related disorders, caffeine use disorder or dependence, and nonsubstance-related addictive disorders
    - Dimension 1: Acute intoxication and/or withdrawal situation meets **1 or more** of the following:
        - The individual is free from intoxication or withdrawal symptoms/risks
        - The individual's intoxication or withdrawal symptoms/risks can be managed at this level of care
    - Dimension 2: Biomedical conditions and problems are not sufficient to interfere with treatment and may be managed in a partial hospital services level of care but are severe enough to distract from recovery efforts. The existence of problems may require medical monitoring or medical management
    - Dimension 3: The individual's current emotional, behavioral, or cognitive status meets **1 or more** of the following:
        - The individual does not have any emotional, behavioral, or cognitive conditions
        - The individual is being admitted to a co-occurring capable program and has a history of mild to moderate psychiatric decompensation (marked by paranoia or mild psychotic symptoms) on discontinuation of the drug use. Such decompensation may occur and requires monitoring to permit early intervention.
        - The individual is being admitted to a co-occurring enhanced program due to **1 or more** of the following:
            - The individual demonstrates current inability to maintain behavioral stability over a 48-hour period
            - The individual has a history of moderate psychiatric decompensation on discontinuation of the drug of abuse
            - The individual is at mild to moderate risk of behaviors endangering self, others, or property, and is at imminent risk of relapse with dangerous emotional, behavioral, or cognitive consequences
- Individual is 18 years of age or older and their mental and behavioral health status meets **one of the following** of the following:
    - Dimension 4: The individual demonstrates poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem as evidenced by **1 or more** of the following:
        - The individual requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to succeed at a lower level of care
        - The individual's perspective or lack of impulse control inhibits his/her ability to make behavior changes without clinically directed and repeated structured motivational interventions. Such interventions are not feasible or not likely to succeed with intensive outpatient treatment. The individual's resistance, however, is not so high to render the treatment ineffective
        - Treatment to be provided at a co-occurring enhanced program and **ALL** of the following:
            - The individual has little awareness of his or her co-occurring mental health problem
            - The individual's substance treatment requires **1 or more** of the following:
                - The individual's follow through in treatment is so poor or inconsistent that lower-level services are not succeeding or are not feasible

        - The individual is assessed as requiring intensive engagement, community or case management services than are available at lower levels of care in order to maintain an adequate level of functioning.
    - Dimension 5: High risk for relapse or continued use potential despite active participation at a less intensive level of care as evidenced by **1 or more of the following**:
        - The individual is experiencing an intensification of symptoms of the substance-related disorder and his or her level of functioning is deteriorating despite modification of the treatment plan
        - There is a high likelihood that the individual will continue to use or relapse to use of alcohol or other drugs without close outpatient monitoring and structured therapeutic services, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping or in postponing immediate gratification or ambivalence toward treatment
        - Treatment provided is a co-occurring enhanced program and **All of the** following:
            - The individual's status is characterized by psychiatric symptoms that pose a high risk of relapse to the alcohol, drug or psychiatric disorder
            - The individual has impaired recognition or understanding of relapse issues and poor skills in coping with and interrupting mental disorders and/or avoiding or limiting relapse which requires partial hospitalization dual diagnosis enhanced program services to maintain and adequate level of functioning
    - Dimension 6: Environment is not supportive, but with structure and support the client can cope. The situation is characterized by **1 or more** of the following:
        - Continued exposure to current job, school or living environment will make recovery unlikely, and the individual lacks the resources or skills needed to maintain an adequate level of functioning without this level of service
        - Family members and/or significant others who live with the individual are not supportive of his or her recovery goals or are passively opposed to his or her treatment. The individual requires the intermittent structure of partial hospitalization treatment services in order to remain focused on recovery
        - Treatment provided is a co-occurring enhanced program and **All of the** following:
            - A living, working, social and/or community environment that is not supportive of good mental functioning
            - The individual has insufficient resources and skills to deal with this situation

There is insufficient scientific evidence to support the medical necessity of partial hospitalization services for substance abuse for uses other than those listed in the clinical indications for procedure section.

Service Units and Limitations:

- Members shall be discharged from this service when other less intensive services may achieve stabilization, the member requests discharge, the member ceases to participate, or the member demonstrates a need for a higher level of care. Discharge planning shall document realistic plans for the continuity of MOUD services with an in-network Medicaid provider.
- Partial Hospitalization Services may not be authorized concurrently with ASAM Level 2.1, 3.3, 3.5, 3.7 or 4.0; Mental Health Services including Mental Health Intensive Outpatient Services, Mental Health Partial Hospitalization Programs, Psychosocial Rehabilitation, Therapeutic Day Treatment, Intensive In-Home Services, Therapeutic Group Home, Community Stabilization, Residential Crisis Stabilization Unit (RCSU), Assertive Community Treatment, Multisystemic Therapy, Functional Family Therapy, Psychiatric Residential Treatment or inpatient admission. A seven day overlap with any outpatient or community based behavioral health service may be allowed for care coordination and continuity of care.
- Staff travel time is excluded and therefore not reimbursable.
- One unit of service is equivalent to one day. The minimum number of service hours per week is 20 hours with at least five service hours per service day of skilled treatment services, with regards to the first and last week of treatment. The transition step down needs to be approved by the MCO or the BHSA (depending on the member's benefit) and documented and supported by the member's ISP.

- Group substance use counseling by CATPs, CSACs and CSAC-supervisees shall have a maximum limit of 12 individuals in the group or less depending on the clinical model. Group size may exceed this limit based on the determination of the CATP. Such counseling shall focus on the needs of the members served.
- CSACs by scope of practice are able to perform group substance use counseling, thus could provide counseling and psychoeducational services in this level of care.
- Time not spent in skilled, clinically intensive treatment is not billable.
- There are no maximum annual limits

Discharge/Transfer Criteria It is appropriate to transfer or discharge the member from the present level of care if he or she meets the following criteria:

- The member has achieved the goals articulated in the ISP, thus resolving the problem(s) that justified admission to the current level of care; or
- The member has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the ISP. Treatment at another level of care or type of service therefore is indicated; or
- The member has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; or
- The member has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

Coding:

Medically necessary with criteria:

Coding	Description
S0201	Partial hospitalization services, less than 24 hours, per diem

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

Reviewed Dates:

Effective Date:

- June 2023

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

1. DMAS Manual- Addiction and Recovery Treatment Services
2. DMAS Medallion 4.0 Contract: Section 8.2.A, 8.2.B
3. DMAS CCC Plus Contract: Section 4.2.4
4. Cardinal Care Contract: Section 5.5.6
5. MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html
6. American Society of Addiction Medicine (ASAM) Edition 3

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Partial hospitalization, substance abuse, addiction, recovery, behavioral health 09, Partial Hospitalization Services for Substance Abuse, Behavioral Health 09, ASAM Level 2.5, Adult, Initial, Medicaid, relapse, alcoholism, drug abuse, addictive disorder