

ASAM Level 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) 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 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent) Initial.

Description & Definitions:

Intensive inpatient provides 24-hour professionally directed evaluation, observation, medical and addiction treatment in a facility.

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 medically monitored intensive inpatient level of care for substance-related disorder is considered medically necessary is met when the member meets at least two of the six ASAM dimensions, at least one of which is Dimension 1, 2, or 3 for initial services with **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
- Individual is under the age of 18 years old with **2 or more** of the following:
 - **Dimension 1:** Acute intoxication and/or withdrawal situation meets **1 or more** of the following:
 - The individual is experiencing signs and symptoms of moderate to severe withdrawal, or there is evidence that a moderate to severe withdrawal syndrome is imminent and is assessed as manageable at this level of service
 - There is a strong likelihood that the individual will not complete detoxification at another level of care and enter into continuing treatment or self-help recovery
 - **Dimension 2:** The individual requires medical monitoring but not intensive care. The individual's status is characterized by **1 or more** of the following:
 - The interaction of the individual's biomedical condition and continued substance use places the individual in imminent danger of serious damage to physical health or concomitant biomedical conditions (such as pregnancy with vaginal bleeding or ruptured membranes, unstable diabetes, etc.)
 - A current biomedical condition requires 24-hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital.
 - The individual is being admitted to a biomedical enhanced service and who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) or staff intervention (Such as changes in medication) that is not available in another inpatient substance abuse program.
 - **Dimension 3:** The individual's current emotional, behavioral, or cognitive status meets **1 or more** of the following:
 - The individual is at moderate risk of imminent harm to self or others and needs 24-hour monitoring and/or treatment in a high-intensity programmatic milieu and/or enforced secure placement for security
 - The individual's recovery efforts are negatively affected by his/her emotional, behavioral, or cognitive problems in significant and distracting ways. He/she requires 24-hour structured therapy and/or a high intensity programmatic milieu to stabilize unstable emotional or behavioral problems
 - The individual has significant impairments, with severe symptoms which seriously impair his/her ability to function in family, social, school, or work settings and which cannot be managed at a lower level of care
 - The individual has a significant lack of personal resources and moderate to severe impairment in ability to manage the activities of daily living. He/she needs thus needs 24-hour supervision and significant staff assistance, including access to nursing or medical services
 - The individual's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision and a high-intensity structured programmatic milieu, with access to nursing or medical monitoring or treatment
- Individual must meet **1 or more** of the following:
 - **Dimension 4:** The individual needs motivating strategies in a 24-hour medically monitored program due to no treatment engagement associated with biomedical, emotional, or behavioral condition; or because he/she actively opposes treatment, requiring secure placement to remain safe as evidenced by **1 or more** of the following:

- Despite experiencing serious consequences or effects of the addictive disorder and/or behavioral health problem, the individual does not accept or relate the addictive disorder to the severity of the presenting problem
- The individual is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured, medically monitored setting
- The individual needs ongoing 24-hour psychiatric monitoring to assure follow through with the treatment regimen, and to deal with issues such as ambivalence about adherence to psychiatric medications and recovery program
- **Dimension 5:** Unable to interrupt high-severity or high-frequency pattern of use and/or behaviors and avoid dangerous consequences without high-intensity 24-hour interventions as evidenced by **1 or more** of the following:
 - The individual is experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of his/her addictive or mental disorder. This situation poses a serious risk of harm to self or others in the absence of 24-hour monitoring and structured support
 - The individual is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the individual at serious risk to self or others in the absence of the type of 24-hour monitoring and structured support found in a medically monitored setting
 - The modality or intensity of treatment protocols to address relapse require that the individual receive care in a medically monitored intensive inpatient program
- **Dimension 6:** The individual's environment is dangerous to his/her recovery, and he/she requires residential treatment to promote recovery goals or for protection, and to help him/her establish a successful transition to a less intensive level of care as evidenced **by 1 or more of the following:**
 - The individual has been living in an environment in which supports that might otherwise have enabled treatment at a less intensive level of care are unavailable
 - Logistical impediments such as distance from a treatment facility, mobility limitations, lack of transportation, and the like preclude participation in treatment at a less intensive level of care.

There is insufficient scientific evidence to support the medical necessity of intensive inpatient admission 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 leaves the facility or a higher level of care is needed for the member.
- ASAM Level 3.7 may be provided concurrently with Preferred OBOT or OTP services. Preferred OBOT and OTP services including medications, labs, and urine drug screens may be billed separately in community-based settings but not inpatient settings. For more information, refer to the Opioid Treatment Services Supplement to this Provider Manual.
- 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 and CSAC-supervisees by scope of practice are able to perform group substance use counseling, thus could provide counseling and psychoeducational services in this level of care.
- Providers may not bill another payer source for any supervisory services; daily supervision, including one-on-one, is included in the Medicaid per diem reimbursement.
- Residential treatment services do not include interventions and activities designed only to meet the supportive non-mental health special needs, including but not limited to personal care, habilitation, or academic-educational needs of the member.
- One unit of service is one day.
- There are no maximum annual limits but shall meet ASAM Criteria.

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
H2036	Alcohol and/or other drug treatment program, per diem

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

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- 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 medical 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 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.*

Keywords:

Medically Monitored Intensive Inpatient Admission Substance Abuse, Behavioral Health 42, addiction, intoxication, withdrawal, treatment, substance abuse, relapse, Adolescent, ASAM Level 3.7, initial, Medicaid, Inpatient