Sentara® Health Plans

Medicaid

ASAM Level 2.5 Partial Hospitalization Services for Substance Abuse Adult Concurrent Medicaid

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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 Concurrent for Medicaid.

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:

Continued treatment in partial hospitalization level of care for substance-related disorder is considered medically necessary when the following ASAM dimensions are met. The individual, 18 years of age or older meet ASAM criteria for partial hospitalization when dimensions 2,3 and one of 4,5 and 6 are met in addition to the continuation of services criteria.

- Individual must meet **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 potential: Mild withdrawal, at risk of withdrawal, or no withdrawal.
    - **Dimension 2**: Biomedical conditions/complications: None or stable or distracting from treatment at a lesser level of care. Such problems are manageable at Level 2.5
    - **Dimension 3**: Emotional/Behavioral/Cognitive Conditions: Mild to moderate severity: with potential to distract from recovery; needs monitoring.
    - Individual Must meet either dimension 4, 5 or 6 by **1 or more** of the following
        - **Dimension 4:** Readiness to Change: Requires a near daily structured program to promote progress through the stage of change because of little treatment engagement, or escalating use and impairment or no awareness of the role of alcohol, tobacco and/or other drugs play in presenting problem
        - **Dimension 5:** Relapse, Continued use or Continued Problem Potential: High risk of relapse or continued use, or continued problems and deterioration in level of functioning. Has minimal prevention skills and needs near daily monitoring and support
        - **Dimension 6:** Recover Living Environment: Environment renders recovery unlikely without near-daily monitoring and support, or frequent relief from home environment
    - Continuation of services with **1 or more** of the following:
        - The individual is making progress, but has not yet achieved the goals in the ISP and continued treatment at the present level is assessed as necessary to permit the individual to continue to work towards treatment goals.
        - The individual is not yet making progress but has the capacity to resolve the problem and is actively working on the goals in the ISP.
        - New problems have been identified that are appropriately treated at the present LOC and this level is the least intensive/restrictive at which the individual's new problems can be addressed effectively.

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

Continued Service Criteria: ASAM Criteria states it is appropriate to retain the member at the present level of care if: DMAS ARTs manual covered Services and limitations Ch 4 page 47

1. The member is making progress, but has not yet achieved the goals articulated in the ISP. Continued treatment at the present level of care is assessed as necessary to permit the member to continue to work towards treatment goals; or
2. The member is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the ISP. Continued treatment at the present level of care is assessed as medically necessary to permit the member to continue to work toward his or her treatment goals; and/or
3. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive and or restrictive at which the member's new problems can be addressed effectively.

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:

CPT/HCPCS codes considered **medically necessary** if policy criteria are met:

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

CPT/HCPCS codes considered **not medically necessary** per this policy:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Document History:

Revised Dates:

2025: April – Annual review completed. Criteria simplified and housekeeping to update policy to new format. Effective date 7.1.2025

Reviewed Dates:

2026: March – No changes to criteria. Updated reference links only. Effective date 7.1.2026.

2024: September – Review completed, no changes.

Original Date: June 2023

References:

Commonwealth of Virginia. Department of Medical Assistance Services (DMAS), Addiction and Recovery Treatment Services (ARTS) Manual, Chapter IV; Covered Services and Limitations, Revision Date 07/07/2025. ARTS Covered Services and Limitations 07/07/2025

The American Society of Addiction Medicine Criteria (ASAM): Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions--Third Edition (2013), pg. 175-176.

MCG 29th Edition: MCG Health - 29th Edition

Policy Approach and Special Notes:

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plans Virginia Medicaid Products Only.
  - See MCG guidelines for all other Lines of Business.
- Authorization Requirements: Pre-certification by the Plan is required.
- 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.
  - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

Keywords:

Partial hospitalization, substance abuse, addiction, recovery, behavioral health, shp 52, SHP Partial Hospitalization Services for Substance Abuse, SHP Behavioral Health 52, ASAM Level 2.5, adult concurrent, Medicaid