

## ASAM Level 3.7 Medically Monitored Intensive Inpatient Admission for Substance (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 3.7 Medically Monitored Intensive Inpatient Admission for Substance (Adult) 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 intensive inpatient level of care for substance-related disorder is considered medically necessary when at least two of the six ASAM dimensions are met, at least one of which is Dimension 1, 2, or 3 for initial services for

- Initial services for **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 18 years of age or older with **1 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 severe withdrawal, or there is evidence that a 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 being admitted to a co-occurring capable program due to **1 or more** of the following:
        - The individual's psychiatric condition is unstable and presents with symptoms that are interfering with abstinence, recovery, and stability to such a degree that the individual needs a structured 24 hour medically monitored environment to address recovery efforts
        - The individual exhibits stress behaviors associated with recent or threatened losses in work, family, or social domains; or there is a reemergence of feelings and memories of trauma and loss once the member achieves abstinence to a degree that his or her ability to manage the activities of daily living are significantly impaired.
        - The individual has significant functional limitations that require active psychiatric monitoring. They may include, but are not limited to, problems with activities of daily living, problems with self-care, lethality or dangerousness, and problems with social functioning
        - The individual is at moderate risk of behaviors endangering self, others or property, likely to result in imminent incarceration or loss of custody of children, and/or is in imminent danger of relapse without the 24 hour support and structure of an intensive inpatient program

- The individual is actively intoxicated, with resulting violent or disruptive behavior that poses imminent danger to self or others
    - The individual is psychiatrically unstable or has cognitive limitations that require stabilization but not medical management
  - The individual is being admitted to a co-occurring enhanced program due to **1 or more** of the following:
    - The individual has a history of moderate psychiatric decompensation or such symptoms occur during discontinuation of addictive drugs or when experiencing post-acute withdrawal symptoms, and such decompensation is present
    - The individual is assessed as at moderate to high risk of behaviors endangering self, others or property, and is in imminent danger of relapse without 24-hour structure and support and medically monitored treatment
    - The individual is severely depressed, with suicidal urges and a plan. However, he or she is able to reach out for help as needed and does not require a one-on-one suicide watch
    - The individual has a co-occurring psychiatric disorder that is interfering with his or her addiction treatment or ability to participate in a less intensive level of care, and thus requires stabilization with psychotropic medications
    - The individual has a co-occurring psychiatric disorder of moderate to high severity that is marginally and tenuously stable and which requires care to prevent exacerbation.
- Individual meets **1 or more** of the following:
  - Dimension 4: The individual displays low interest in treatment and impulse control is poor, despite negative consequences. The individual's resistance to change meets **1 or more** of the following:
    - Despite experiencing serious consequences or efforts of the addictive disorder and/or behavioral health problem, the patient 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 a recovery program
    - The individual is being admitted to a co-occurring enhanced program and has **1 or more** of the following:
      - The individual is characterized by no commitment to change and no interest in engaging in activities necessary to address a co-occurring psychiatric disorder
      - The individual is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change behaviors related to behavioral or health problems
  - Dimension 5: Unable to control use, with imminently dangerous consequences, despite active participation at a less intensive level of care as evidenced by **1 or more** of the following:
    - The individual is experiencing an acute psychiatric or substance abuse 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 patient at serious risk to self or others in absence of the type of 24-hour monitoring and structured support found in medically monitored setting

- The modality or intensity of treatment protocols to address relapse require that the individual receive care at this level
- 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 moderate to high risk of relapse to the alcohol, drug or psychiatric disorder
  - The individual's follow through in treatment is limited or inconsistent, and his or her relapse problems are escalating to such degree that treatment at a lower level of care is not succeeding
- **Dimension 6:** Environment is dangerous and the individual lacks skills to cope outside of a highly structured 24-hour setting which is characterized by **1 or more** of the following:
  - The individual requires continuous medical monitoring while addressing his/her substance use and/or psychiatric symptoms because his/her current living situation is characterized by a high risk of initiation or repetition of physical, sexual, or emotional abuse, or active substance abuse, such that the individual is assessed as being unable to achieve or maintain recovery at a lower level of care
  - Family members or significant others living with the individual are not supportive of his/her recovery goals and are actively sabotaging treatment, or their behavior jeopardizes recovery efforts. This situation requires structured treatment services and relief from the home environment in order for the individual to focus on recovery
  - The individual is unable to cope, for even limited periods of time, outside of 24-hour care. The individual needs staff monitoring to learn to cope with family or home life problems before he/she can be transferred safely to a lower level of care
  - Treatment provided is a co-occurring enhanced program and the individual's living, working, social, and/or community environment is not supportive of addiction and/or psychiatric recovery. He/she has insufficient resources and skills to deal with this situation.

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:**

Revised Dates:

- 2023: July
- 2019: October

Reviewed Dates:

- 2022: December
- 2021: November
- 2020: November
- 2019: November
- 2018: May

Effective Date:

- March 2017

**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 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 06, addiction, intoxication, withdrawal, treatment, substance abuse, relapse, ASAM 3.7, Adult, Initial, inpatient