

ASAM Level 4.0 Medically Managed Intensive Inpatient Admission 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 4.0 Medically Managed Intensive Inpatient Admission for Substance Abuse (Adult) Initial.

Description & Definitions:

Intensive inpatient provides 24-hour professionally directed evaluation, observation, and medical and addiction treatment in a facility. A medically managed facility provides nursing care to monitor biomedical conditions during addiction treatment.

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 with **all of the following**:

- Individual is 18 years of age or older
- 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
- 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
- Individual must meet at least **one 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's biomedical status is characterized by **1 or more** of the following:
 - Biomedical complications of the addictive disorder require medical management and skilled nursing care
 - A concurrent biomedical illness or pregnancy requires stabilization and daily medical management, with daily primary nursing interventions
 - The individual has a concurrent biomedical condition (including pregnancy) in which continued alcohol or other drug use presents an imminent danger to life or severe danger to health
 - The individual is experiencing recurrent or multiple seizures
 - The individual is experiencing a disulfiram-alcohol reaction
 - The individual has life threatening symptoms that are related to use of alcohol, tobacco, and/or other drugs
 - The individual's alcohol, tobacco, and/or other drug use is gravely complicating or exacerbating a previously diagnosed medical condition
 - Changes in the individual's medical status, such as worsening or a medical condition, make abstinence imperative
 - Significant improvement in a previously unstable medical condition allows the individual to respond to addiction treatment
 - The individual has another biomedical problem(s) that require 24-hour observation and evaluation
 - Dimension 3: The individual is being admitted to a co-occurring enhanced program and his/her current emotional, behavioral, or cognitive status meets **1 or more** of the following:

- Emotional, behavioral or cognitive complications of the individual's addictive disorder require psychiatric management and skilled nursing care
- A concurrent emotional, behavioral, or cognitive illness requires stabilization, daily psychiatric management, and primary nursing interventions
- The individual's uncontrolled behavior poses imminent danger to self or others
- The individual's mental confusion or fluctuating orientation poses an imminent danger to self or others
- A concurrent serious emotional, behavioral, or cognitive disorder complicates the treatment of addiction and requires differential diagnosis and treatment
- The individual's extreme depression poses an imminent risk to his/her safety
- Impairment of the individual's thought process or abstract thinking, limitations in his/her ability to conceptualize and impairment in the individual's ability to manage the activities of daily living pose an imminent risk to his/her safety
- The individual's continued alcohol, tobacco, and/or drug use is causing grave complications or exacerbation of a previously diagnosed psychiatric, emotional, behavioral condition
- The individual is experiencing altered mental status with or without delirium, as manifested by disorientation to self or alcoholic hallucinosis or toxic psychosis

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.
- One unit of service is one day.
- There are no maximum annual limits.
- 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.

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:

Medically necessary with criteria:

Coding	Description
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

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- 2023: June
- 2019: October

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- 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:

Behavioral Health 07, inpatient admission, substance abuse, addiction, Inpatient admission medically managed substance abuse, withdrawal, intoxication, relapse, alcohol abuse, drug abuse, Medically Managed Intensive Inpatient Admission for Substance Abuse, ASAM Level 4.0, Adult, Initial, Medicaid