Sentara Health Plans

Medicaid

ASAM Level 2.1 Adult (Concurrent) Intensive Outpatient Services for Substance Abuse Medicaid

Table of Content

Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

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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 2.1 Adult (Concurrent) Intensive Outpatient Services for Substance Abuse for Medicaid.

Description & Definitions:

Intensive outpatient programs (IOPs) generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents, consisting primarily of counseling and education about addiction-related and mental health problems. The patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring. (Services provided outside the primary program must be tightly coordinated.)

There are occasions when the individuals progress in the IOP no longer requires nine hours per week of treatment in such cases, less than nine hours per week for adults and six hours per week for adolescents as a transition step down in intensity should be considered as a continuation of the IOP program for one or two weeks. Such continuity allows for a smoother transition to Level 1 to avoid exacerbation and recurrence of signs and symptoms

Intensive outpatient treatment differs from partial hospitalization (Level 2.5) programs in the intensity of clinical services that are directly available. Specifically, most intensive outpatient programs have less capacity to effectively treat patients who have substantial unstable medical and psychiatric problems than do partial hospitalization programs.

Criteria:

Continued stay to Intensive outpatient level of care for substance-related disorder is considered medically necessary when the following ASAM dimensions are met. The member meets ASAM criteria for intensive outpatient level of care when dimensions 2,3 and one of 4,5 and 6 are met

- 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: Minimal risk of severe withdrawal or lower.
    - **Dimension 2:** Biomedical conditions/complications: None or not sufficient to distract from treatment
    - **Dimension 3:** Emotional/Behavioral/Cognitive Conditions: Mild 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: Has variable engagement in treatment lack of awareness of the seriousness of substance use and/or existing mental health problems. Requires treatment several times a week to promote change.
        - **Dimension 5:** Relapse, Continued use or Continued Problem Potential: High likelihood of relapse/continued use or addictive behaviors, requires services several times per week.
        - **Dimension 6:** Recover Living Environment: Not a fully supportive environment but patient has some skills to cope
    - 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.
- Intensive Outpatient 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.
- One unit of service is one day with a minimum of 3 service hours per service day to achieve an average of 9 to 19 hours of services per week for adults and an average of 6 to 19 hours of services per week for children and adolescents, with regards to the first and last week of treatment. A maximum average of 19 hours shall be billed per week.
- ASAM Criteria allows for less than an average of 9 hours per week for adults and an average of 6 hours per week for adolescents as a transition step down in intensity for 1 to 2 weeks prior to transitioning to Level 1 to avoid relapse. The transition step down needs to be approved by the MCO or the BHSA (based 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 clinical 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.
- 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

- 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
- 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
- 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
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education

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.

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:

IOP, Intensive Outpatient Program, substance abuse, alcoholism, shp behavioral health 08, 8, withdrawal, intoxication, relapse, drug abuse, alcohol abuse, SHP Intensive Outpatient Program for Substance Abuse, ASAM Level 2.1