POLICY/Criteria

Overview

Medical Necessity – In considering substance use disorder coverage for any level of care, all elements of Medical Necessity must be met as specifically outlined in this behavioral health medical policy and the individual’s benefit plan documents. Although benefit plan definitions of Medical Necessity vary to some degree, they commonly require the service or supply to be:

- In accordance with the generally accepted standards of medical practice;
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
- Not primarily for the convenience of the patient or Physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

This behavioral health medical policy outlines the clinical program requirements for the following substance use disorder levels of care: acute/sub-acute inpatient detoxification, ambulatory detoxification, residential, partial hospitalization, and intensive outpatient treatment. The policy outlines the expectations of clinical program content including urgent intervention procedures, treatment planning, family involvement, connection to outpatient treatment and community support networks, and discharge planning.

In addition to the clinical program requirements, this policy outlines the facility/program expectations for each level of care. This includes generally accepted standards of care for substance use disorder treatment such as timeliness of evaluations and assessments, skilled monitoring and observation care, and professional staff requirements.
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I. Substance Use Disorder Level of Care Definitions

**Acute/Sub-acute Inpatient Drug and Alcohol Detoxification** – Detoxification services are provided in an inpatient setting with full skilled nursing and medical care. Generally, services are provided on inpatient or sub-acute units. They can also be provided on a medical/surgical unit or other medical hospital unit when needed for safety or in the absence of adequate services elsewhere. Detoxification is utilized when significant risk of severe withdrawal from drugs and/or alcohol exists.

**Ambulatory Detoxification** – Detoxification services delivered within a structured program having medical and nursing supervision where physiological consequences of substance withdrawal do not have life-threatening potential. Ambulatory detoxification is utilized when there is a need for medical monitoring of mild to moderate withdrawal symptoms.

**Residential Treatment** – Substance Use Residential Treatment Facility is either a stand-alone substance abuse/health facility or a physically and programmatically-distinct unit within a facility licensed for this specific purpose with 7-day a week, 24-hour supervision and monitoring.

**Partial Hospitalization (PHP)** – PHP is an intensive, non-residential level of care where multidisciplinary medical and nursing services are required. PHP provides a coordinated, ambulatory, multi-disciplinary and time limited treatment for individuals who can maintain personal safety w/ support systems in the community.

**Substance Use Disorder Intensive Outpatient Treatment (IOP)** – IOP treatment provides a coordinated, intense, ambulatory, multi-disciplinary and time limited treatment for individuals who can maintain personal safety w/ support systems in the community and who can maintain some ability to fulfill family, student, or work activities. This level of care can be the first level of care authorized, to generate new coping skills, or can follow a more intensive level of care to reinforce acquired skills that might be lost if the participant returned to a less structured outpatient setting.
II. Substance Use Disorder (SUD) Facility/Program Requirements

A. General Overview

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<tr>
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<th>Detox</th>
<th>Ambulatory Detox</th>
<th>Residential</th>
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<th>Intensive Outpatient (IOP)</th>
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<td><strong>SUD Evaluation by Licensed BH Professional</strong></td>
<td>Prior to admission</td>
<td>Prior to admission with physician</td>
<td>Prior to admission</td>
<td>Prior to admission</td>
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<tr>
<td><strong>Medical History &amp; Physical Examination by Psychiatrist and/or Addictionologist</strong></td>
<td>Within 24 hours</td>
<td>First treatment day</td>
<td>Prior to admission or within 24 – 72 hours</td>
<td>Within 48 – 72 hours</td>
<td>NA</td>
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<tr>
<td><strong>Nursing Staff Monitoring</strong></td>
<td>24 hour skilled nursing care (RN or LVN/LPN)</td>
<td>Daily</td>
<td>24 hour onsite availability</td>
<td>Onsite availability daily</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Medication Assessment by Psychiatrist or Addictionologist</strong></td>
<td>Daily</td>
<td>Daily + 24 hour accessibility</td>
<td>Once weekly</td>
<td>At least once weekly</td>
<td>Available for consultation</td>
</tr>
<tr>
<td><strong>Facility/ Program</strong></td>
<td>Contained; subacute or acute</td>
<td>Ambulatory</td>
<td>Contained</td>
<td>Ambulatory</td>
<td>Ambulatory</td>
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<tr>
<td><strong>Treatment Plan</strong></td>
<td>Within 24 hours</td>
<td>Within 24 hours</td>
<td>Within 48 hours</td>
<td>Within 24 hours</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td><strong>Toxicology Screen/ Breathalyzer</strong></td>
<td>Upon admission, not to exceed 12 toxicology screens/year</td>
<td>First day of treatment; not to exceed 12 toxicology screens/year</td>
<td>First day of treatment; not to exceed 12 toxicology screens/year</td>
<td>As clinically necessary; not to exceed 12 toxicology screens/year</td>
<td>As clinically necessary; not to exceed 12 toxicology screens/year</td>
</tr>
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B. Acute Inpatient Drug and Alcohol Detoxification

- Evaluation by a psychiatrist or addictionologist is completed within 24 hours of admission
- 24 hour continue observation and monitoring by psychiatric/medical, and nursing care
- Physician follow-up occurs daily or more frequently as necessary
- Daily active, comprehensive care by an interdisciplinary treatment team that works under the directory of a Board certified psychiatrist or addictionologist
• Appropriate medical professionals are available, including physician visits at least once each day
• A contained environment for specific treatments that could not be safely done in a non-monitored setting
• Detoxification will be considered after the individual has been evaluated medically in a face-to-face assessment prior to the admission to determine if this level of care is medically necessary and clinically appropriate due to a significant risk of a severe withdrawal syndrome
• Detoxification is not justified by simple intoxication or fear of withdrawal

C. Ambulatory Detoxification
• Prior to admission, there has been a face-to-face individual assessment by a licensed physician or nurse practitioner with training and experience in acute psychiatric emergencies and medical detoxification, to determine if this level of care is medically necessary and clinically appropriate
• Individuals managed at this level of care do not require medical monitoring on a 24 hours a day basis
• Medications are prescribed and adjusted as indicated to assure that the individual has a safe and effective withdrawal from alcohol, sedative-hypnotic medications, or opiates.
• Appropriate medical professionals are available, which may include a Psychiatrist or an addictionologist
• Daily monitoring by nursing staff
• 24 hour access to a physician should unexpected symptoms or worsening of symptoms occur
• Daily active, comprehensive care by a treatment team that works under the direction of a Board eligible/Board certified psychiatrist or addictionologist
• Individuals in this level of care live in the community without the restrictions of a 24-hour supervised setting

D. Residential Treatment
• Prior to the time of admission, there has been a face-to-face evaluation with the individual and family/significant others by a licensed behavioral health professional with training and experience in the assessment and treatment of individuals with substance use disorders. This assessment includes a clinically-based recommendation for the need for this level of care
• Substance Abuse Residential Treatment Facilities are staffed by a multidisciplinary treatment team under the leadership of a Board Certified/Board Eligible Psychiatrist or addictionologist
• Medical assessment and physical examination within the first 24 hours of admission, unless a physician determines that an examination within the week prior to admission to the facility was sufficient
• Psychiatrist or addictionologist conducts a face-to-face interview with each
individual within 72 hours of admission

- Assessments by the psychiatrist and/or addictionologist occur as frequently as clinically indicated, but no less than once weekly
- A nurse is available on site and a psychiatrist is available 24 hours per day, 7 days per week to assist with crisis intervention and/or medication adjustment
- Treatment is focused on stabilization and improvement of functioning
- Residential treatment is not a substitute for a lack of available supportive living environment(s) in the community
- Residential treatment coverage is not based on a preset number of days
- Residential treatment should occur as close as possible to the home and community to which the individual will be discharged
- If out-of-area placement is unavoidable, there must be consistent family involvement with the individual and regular family therapy and discharge planning sessions, unless clinically contraindicated

E. Substance Use Disorder Partial Hospitalization Program (PHP)

- A face-to-face evaluation has occurred prior to admission by a licensed behavioral health professional with training and experience in the assessment and treatment of substance use disorders
- Evaluation by a Board Certified/Board Eligible Psychiatrist or Addictionologist within 48 hours of admission who also reviews and approves the appropriateness for this level of care
- A medical assessment and physical examination within the first 72 hours of admission, unless a physician determines that an examination within the week prior to admission to the facility was sufficient
- The attending psychiatrist is expected to assess individuals weekly or more frequently as needed
- During program hours, there is daily active, comprehensive care by a treatment team that works under the direction of a Board eligible/Board certified psychiatrist or addictionologist
- A PHP structured treatment program is typically five days per week
- At a minimum, 20 hours of scheduled programming extended over at least five (5) days per week will be provided
- The individual will live in the community without the restrictions of a 24-hour supervised setting during non-program hours
- Boarding for partial hospitalization is not covered as this is an ambulatory level of care

F. Substance Use Disorder Intensive Outpatient Treatment (IOP)

- Prior to admission, there has been a face-to-face individual assessment by a licensed behavioral health clinician, with training and experience in the assessment and treatment of substance use disorders, to determine if this is a level of care that is medically necessary and clinically appropriate
• The facility provides a structured program, which is staffed by trained professionals in the treatment of chemical dependency and abuse
• A psychiatrist or addictionologist is available for consultation, as needed
• IOP is a structured treatment program that is typically 3-4 hours per day, 3 – 5 days/week
• The individual lives in the community without the restrictions of a 24-hour supervised setting during non-program hours
• Boarding is not covered for Intensive Outpatient Programs as this is an ambulatory service

III. Clinical Program Content Requirements – Applicable to all Levels of Substance Use Disorder Treatment

A. Urgent/Emergent Interventions
   The facility must be able to rapidly assess and address any urgent behavioral and/or physical issues

B. Family/Support System
   Within 48 hours of admission, there is outreach with existing providers and family members, to obtain needed history and other clinical information

   Family therapy will occur at a level of frequency and intensity needed to achieve the treatment goals

   Family therapy should occur at least weekly, unless clinically contraindicated, and should be on a face-to-face basis
• If the family lives more than 3 hours from the facility, telephone contact for family therapy must be conducted at least weekly along with face-to-face family sessions as frequently as possible
• Telephonic sessions are not to be seen as an equivalent substitute for face-to-face sessions or based primarily on the convenience of the provider or family, or for the comfort of the patient

   For individuals under the age of 18 who present with a substance use disorder, a face-to-face assessment that includes both the child/adolescent and the family is completed within 72 hours of admission by a licensed behavioral health professional with training and experience consistent with the age and problems of children and adolescents.

   Family therapy will occur in a face-to-face setting. (Note: Telephonic conferences are not considered a substitute. Exceptions must be reviewed and a decision to approve telephonic conference(s) should be made on a clinical basis.)
C. **Outpatient Treatment/Community Supports**
Coordination of treatment planning with community treatment providers, employers, or any involved legal authorities is an essential part of treatment and discharge planning.

The program facilitates engagement of individuals in treatment and recovery programs, including community based self-help groups, and development of a social support network to ensure long-term sobriety.

D. **Treatment Plan**
- A clear focus on the issues leading to the admission and on the symptoms that needs to improve to allow treatment to continue at a less restrictive level of care
- Multidisciplinary assessment of psychiatric and behavioral issues, substance abuse, medical illness(s), personality traits, social supports, education, living situation
- All medical and psychiatric evaluations should include consideration of the possibility of relevant co-morbid conditions
- Realistic, specific, measurable, and achievable goals
- Interventions utilizing medication management, individual, group, marital and family therapies as appropriate
- Goals that are clear and achievable with limited timeframes and a focus on reduction of the symptoms that led to the admission
- Clear, objective and observable discharge criteria

E. **Discharge Plan**
- Starts at the time of admission to the facility/program
- Coordination with family, outpatient providers, and community resources to allow a smooth transition to less restrictive levels of care
- A prescription for any prescribed medications sufficient to bridge the time between discharge and the scheduled follow-up psychiatric appointment
- Timely and clinically appropriate aftercare appointments within 7 days of discharge date

*For individuals with a history of multiple relapses, re-admissions, and treatment episodes, the treatment and discharge plan needs to include clear interventions to identify and address the reasons for previous non-adherence/poor response and clear interventions for the reduction of future risks.*
IV. EXCLUSIONS

There are a wide variety of non-psychiatric programs that provide residential services but are not licensed as Residential Treatment Facilities for Substance Use Disorders and that do not meet all of the above criteria. A few examples follow:

- Custodial Care
- Therapeutic Group Homes: These are professionally-directed living facilities with psychiatric consultation available as needed. Group homes, defined as licensed foster-care facilities, serve broad and varied patient populations with significant individual and/or family dysfunctions.
- Therapeutic (Boarding) Schools: The primary purpose of these facilities is to provide specialized educational programs that may also be supplemented by psychological and psychiatric services. These facilities may serve varied populations of students, many of which also have difficulties in social and academic areas. These programs generally do not have specialized nurses on site and/or a psychiatrist available at all times to assist with medical issues/crisis intervention and medication administration as needed.
- Wilderness Programs and/or Outward Bound Programs: These are programs that provide therapeutic alternatives to boot camps for troubled and struggling youth, teens and adults, offering experiential learning and personal growth through outdoor and adventure-based programming. However, they do not utilize a multidisciplinary team that includes psychologists, psychiatrists, physicians, and licensed therapists who are consistently involved in the care of the individual. These programs nearly universally do not meet standards for certification as residential treatment programs for substance use disorders or the quality of care standards for medically supervised care provided by licensed mental health professionals.
- Community Alternatives: The admission is being used for purposes of convenience or as an alternative to incarceration within the justice system or protective services system, or as an alternative to specialized schooling (which should be provided by the local school system) or simply as respite or housing, including half-way houses. Typically, this service is considered as care in a non-licensed residential or institutional facility.
- Environmental Admissions: Admission and/or continued stay at this level of care is not justified when primarily for the purpose of providing a safe and structured environment, due to a lack of external supports, or because alternative living situations are not immediately available.

MEDICAL NECESSITY REVIEW

☑ Required* ☐ Not Required ☐ Not Applicable

*Does not apply for ambulatory detox
APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy document. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will not apply.

CODING INFORMATION

**ICD-10 Codes** that define services as substance abuse and subject to the tenants of this policy:
- F10.1 – F19.99 Mental and behavioral disorders due to psychoactive substance use
- F55.0 - F55.8 Abuse of non-psychoactive substances

**Revenue Codes**: Not all codes billable for all providers
- Check with Community Mental Health for Medicaid coverage.

0126 R&B Semiprivate - Detoxification
0128 R&B Semiprivate Rehabilitation (Residential)
0906 Intensive outpatient services—chemical dependency
0911 Behavioral Health Rehabilitation
0944 Drug rehabilitation
0945 Alcohol rehabilitation
1002 Residential—chemical dependency