

Substance Use Disorder—Levels of Care

Date of Origin: 06/28/2017

Last Review Date: 10/25/2023

Effective Date: 11/1/2023

Dates Reviewed: 07/2017, 07/2018, 07/2019, 09/2020, 9/2021, 10/2022, 10/2023

Developed By: Medical Necessity Criteria Committee

I. Description

Substance Use Disorder treatment may be provided in a number of settings and levels of care. Levels of care described by the American Society of Addictions Medicine (ASAM) include:

Level 0.5 Early Intervention

OTP – Level 1 Opioid Treatment Program

Level 1 Outpatient Services

Level 2.1 Intensive Outpatient Services (IOP)

Level 2.5 Partial Hospitalization Services (PHP)

Level 3.1 Clinically Managed Low-Intensity Residential Services

Level 3.2-WM Clinically Managed Residential Withdrawal Management

Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services

Level 3.5 Clinically Managed High-Intensity Residential Services (Adults); Clinically Managed Medium-Intensity Residential Services (Adolescents)

Level 3.7 Medically Monitored Intensive Inpatient Services (Adults); Medically Monitored High Intensity Inpatient Services (Adolescents)

Level 4 Medically Managed Intensive Inpatient Services

Withdrawal Management (“WM,” formerly known as “detox”) may be provided at any level from 1-4.

The following criteria are intended as a guide for establishing medical necessity for the requested level of care. They are not a substitute for clinical judgment and should be applied by appropriately trained clinicians giving consideration to the unique circumstances of each patient, including co-morbidities, safety and supportiveness of the patient’s environment, and the unique needs and vulnerabilities of children and adolescents.

Moda Health determines appropriate level of care according to *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition*, published by the American Society of Addictions Medicine. The ASAM Criteria are widely acknowledged as the national standard for determining appropriate levels of care.

II. Criteria: CWQI BHC-0012

A. Moda Health will approve substance use disorder treatment when **ALL** of the following criteria are met:

1. Treating provider meets Moda Health program requirements, as evidenced by **ONE** of the following:
 - a. Provider is a state-licensed medical or behavioral health clinician practicing within the scope of his or her clinical license.
 - b. Provider is an appropriately licensed and accredited treatment facility (free-standing or hospital-affiliated) as evidenced by *all* of the following:
 - i. Facility meets ASAM program requirements for the requested level of care;
and
 - ii. Facility is licensed in the state in which it is located and operating within the scope of its license. Facilities in Oregon must be licensed by the Oregon Health Authority.
 - iii. Facilities not contracted and credentialed with Moda Health must hold current accreditation by the Joint Commission or CARF International. (This criterion does not apply to Oregon-based plans.)
2. Patient meets ASAM Placement or Continued Service criteria for the requested level of care.

B. Moda Health will not approve substance use disorder treatment when **ANY** of the following are present:

1. Patient meets ASAM Transfer/Discharge criteria for the requested level of care. Refer to another level of care as appropriate.
2. Level 0.5 Early Intervention is appropriate for individuals without a diagnosed Substance Use Disorder (SUD) and therefore is not medically necessary treatment.
3. The intensity of clinical services provided in Level 3.1 Clinically Managed Low-Intensity Residential Services is generally too low to meet plan requirements for a "Residential Program" (consult specific plan language for each member). Direct treatment services that meet requirements for a lower level of care may be covered as appropriate.

Authorization note:

Moda Health will authorize inpatient or residential treatment if the next lower level of care is appropriate but not reasonably available. If the patient or family declines an available appropriate

lower level of care, or if the facility fails to engage in reasonable and appropriate discharge planning, Moda will not authorize the higher level of care.

III. Information Required with the Prior Authorization Request:

1. Current clinical assessment including evaluation of ASAM Dimensions 1-6.
2. Assessment of withdrawal management concerns when withdrawal management services are requested. Include COWS or CIWAS scores as appropriate, vital signs, current and historical withdrawal symptoms, and recent use placing patient at risk of withdrawal symptoms.
3. Evidence of facility licensure and certification as required in order to determine whether program requirements are met.

IV. Annual Review History

| Review Date | Revisions | Effective Date |
|-------------|---|----------------|
| 06/2017 | Codifying use of ASAM criteria; establishing facility requirements outside of Oregon. | 8/2017 |
| 07/2018 | Annual Review. Applied accreditation requirements to any non-contracted facility. | 09/2018 |
| 07/2019 | Annual review. | 09/2019 |
| 09/2020 | Annual Review: No changes | 10/2020 |
| 9/2021 | Annual Review. Changed title. Replaced references to “chemical dependency” with “Substance use disorder.” Added statement re: approving higher level of care if lower level is not available. | 10/2021 |
| 10/2022 | Annual Review. Added guidance regarding the application of the criteria. | 10/2022 |
| 10/2023 | Annual review. Added clarification that criterion A(1)(b)(iii) does not apply to Oregon-based plans. | 11/2023 |

V. References

1. American Society of Addictions Medicine. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition*. 2013.
2. Association of Intervention Specialists. AIS Code of Ethics. 2017. Accessed online 6/15/17 at <https://www.associationofinterventionspecialists.org/member/#ethics>
3. Oregon Administrative Rules. 2017. OAR 415-012-000 through 415-012-090; OAR 415-020-000 through 415-020-0090; OAR 415-050-000 through 415-050-0095. Accessed online 6/15/17 at http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_415/415_tofc.html
4. Oregon Legislature, 2021 Regular Session. House Bill 3046 Enrolled. Accessed online 9/3/21 at <https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB3046>

Appendix 1 – Applicable ICD-10 diagnosis codes:

| Codes | Description |
|-------|---|
| F10 | Alcohol related disorders |
| F11 | Opioid related disorders |
| F12 | Cannabis related disorders |
| F13 | Sedative, hypnotic, or anxiolytic related disorders |
| F14 | Cocaine related disorders |
| F15 | Other stimulant related disorders |
| F16 | Hallucinogen related disorders |
| F18 | Inhalant related disorders |
| F19 | Other psychoactive substance related disorders |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

| Jurisdiction(s): 5, 8 | NCD/LCD Document (s): |
|-----------------------|-----------------------|
| | |
| | |

| NCD/LCD Document (s): |
|-----------------------|
| |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|---|--|------------------------------------|
| Jurisdiction | Applicable State/US Territory | Contractor |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |