

Medical Necessity Criteria
for
Substance Abuse Treatment
2003

All Substance Abuse levels of care require an initial evaluation by a licensed clinician or a certified addictions counselor (CAC) to determine appropriateness and medical necessity, as well as, a pre-certification by Quest. When there is a delay (more than 1 day for inpatient care; 1 week for IOP; 1 month for outpatient care) between pre-certification and admission, Quest is to be notified of the admission on the starting date, and an additional level of care determination may be required. The following matrix was developed for children, adolescents, and adults with substance abuse issues. The age and specific developmental presentation of each patient will be taken into consideration during the pre-certification process. Patients will be referred to the least restrictive level of care that is appropriate. Referrals will be made to an appropriate facility-based program considering the individual needs of the patient and the characteristics of the local delivery system (i.e. availability of requested or needed specialties and provider's ability to meet the patient's special or cultural needs or preferences). The duration of treatment varies with the severity of the illness and response to treatment. Transfer to a higher level of care is indicated if the patient is unable to resolve the problem(s) at the present level of care, despite amendments to the treatment plan; the patient has demonstrated a lack of capacity to resolve the problem(s); or the patient has experienced an intensification of problem(s) or developed new problem(s). Continuity of care decisions are based on the least restrictive level of care, treatment availability, patient developmental and cultural characteristics, and response to treatment. A patient will be discharged, or authorized for a less restrictive level of care, when the approved treatment plan goals have been achieved resolving the problem(s) that justified admission to the present level of care.

References:

American Society of Addiction Medicine Patient Placement Criteria, Second Edition-Revised, (2001).

Last Review:

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|-------------------------------------|----------------------------|--------------------|
| <input checked="" type="checkbox"/> | Clinical Director Review | Date: <u>04-03</u> |
| <input checked="" type="checkbox"/> | Medical Director Review | Date: <u>04-03</u> |
| <input checked="" type="checkbox"/> | Medical Director's Meeting | Date: <u>04-03</u> |
| <input checked="" type="checkbox"/> | Provider Panel Input | Date: <u>04-03</u> |

Level of care Matrix for Patients with Substance Abuse Disorders

Dimension	Hospital Based Medical Detox Level IV	Medically Monitored Inpatient Treatment Level III	Intensive Outpatient (IOP) Level II	Outpatient Level I
	Must meet criteria for dimension 1 and either dimension 2 or 3.	Must meet criteria for at least 2 dimensions.	Must meet criteria for dimensions 1, 2, & 3 and one of dimensions 4, 5, or 6.	Must meet criteria for all dimensions.
1 - Acute Intoxication and/or Withdrawal Potential	<ul style="list-style-type: none"> ■ The patient is at high risk of withdrawal, ■ Requires the full resources of a licensed hospital, and ■ Cannot be safely treated in a Level III facility. 	<ul style="list-style-type: none"> ■ The patient is at high risk of withdrawal but ■ Does not require the full resources of a licensed hospital. <p>NOTE: Ambulatory Detox may be indicated if recommended by provider, program is available, & patient would prefer.</p>	<ul style="list-style-type: none"> ■ The patient is at minimal risk of withdrawal or ■ Is experiencing minimal or stable withdrawal. 	<ul style="list-style-type: none"> ■ The patient is at minimal risk of withdrawal or ■ Is experiencing minimal or stable withdrawal.
2 - Biomedical Conditions and Complications	<ul style="list-style-type: none"> ■ The patient requires 24-hour medical and nursing care, ■ Requires the full resources of a licensed hospital, and cannot be safely treated in a Level III facility. 	The patient requires 24-hour medical monitoring but not intensive treatment.	<ul style="list-style-type: none"> ■ No biomedical complications; ■ Conditions are stable; or ■ The patient is receiving concurrent medical monitoring and conditions are not a distraction from treatment. 	<ul style="list-style-type: none"> ■ No biomedical complications; ■ Conditions are stable; or ■ The patient is receiving concurrent medical monitoring and conditions are not a distraction from treatment.
3 - Emotional/Behavioral or Cognitive Conditions and Complaints	<ul style="list-style-type: none"> ■ Severe and unstable problems. ■ Requires 24-hour psychiatric care with concurrent addiction treatment. (See criteria for Inpatient Mental Health Treatment) 	<ul style="list-style-type: none"> ■ Moderate severity ■ The patient needs a 24-hour structured setting. ■ If the patient has a mental health diagnosis, concurrent mental health services in a medically monitored setting are required. 	<ul style="list-style-type: none"> ■ Mild severity with the potential to distract from recovery and ■ Requires monitoring in a structured program several times per week. 	<ul style="list-style-type: none"> ■ None, ■ Stable, or ■ Receiving concurrent mental health monitoring.
4 - Readiness to Change	N/A	<ul style="list-style-type: none"> ■ High treatment resistance. ■ Poor impulse control despite negative consequences. ■ Requires motivating strategies available only in a 24-hour structured setting. 	<ul style="list-style-type: none"> ■ Variable engagement in treatment/recovery, ■ Ambivalence or lack of awareness of substance use/recovery, and ■ Requires a structured program several times per week to promote progress in treatment through the stages of change. 	Ready for recovery but requires motivating and monitoring strategies to strengthen readiness for change.
5 - Relapse, Continued Use, or Continued Problem Potential	N/A	The patient is unable to control use with imminently dangerous consequences despite active participation in treatment at a less intensive level of care.	The symptoms of addiction indicate high risk for relapse or continued use without close monitoring and support.	The patient is able to maintain abstinence or control use and pursue recovery with minimal support.
6 - Recovery/Living Environment	N/A	<ul style="list-style-type: none"> ■ The patient's environment is dangerous. ■ The patient lacks coping skills outside of a highly structured 24-hour setting. 	The recovery environment is not supportive but the patient has adequate coping skills to promote recovery in a structured program several times per week.	<ul style="list-style-type: none"> ■ The recovery environment is supportive and/or ■ The patient has adequate coping skills.