

Utilization Management and Medical Necessity for American Society of Addiction Medicine (ASAM) Services

March 2022



Objectives

- Introductions (10 min)
- Case Examples/Live Demonstration (60 min)
 - Using Qualitrac
 - Creating a Request
 - Defining Eligibility and Medical Necessity Criteria in Medicaid Provider Manual (including Medicare Milliman Clinical Guidelines [MCG])
 - ASAM 2.1
 - ASAM 3.5
 - ASAM 3.7
 - Defining Required Supplemental Documentation
- Open Q&A (20 min)

Introductions



Who is here?

Telligen:

Jean McClurken, LCSW
Behavioral Health Program Manager

Mountain-Pacific Quality Health:

Michelle Lingenfelter
Customer Support Supervisor

Department of Public Health and Human Services (DPHHS):

Isaac Coy, LAC
Treatment Program Manager, Addictive and Mental Disorders Division

Melissa Higgins

Bureau Chief, Addictive and Mental Disorders Division

Jackie Jandt

Medicaid Reform Specialist

Providers:

All providers who have submitted ASAM authorization requests

- Rimrock Foundation
- Montana Chemical Dependency Center
- Gateway Community Services
- Glacier Hope Homes Western Montana Mental Health Center
- Southwest Chemical Dependency
- Eastern Montana Community Mental Health Center
- Florence Crittenton Home
- New Day, Inc.
- Alcohol/Drug Services Gallatin
- Boyd Andrew Community Services

Agenda

- Same page for documenting ASAM criteria through the Qualitrac system
- Reducing RFI/denial rates
- More efficient and transparent UM review process based on lessons learned



ASAM Background

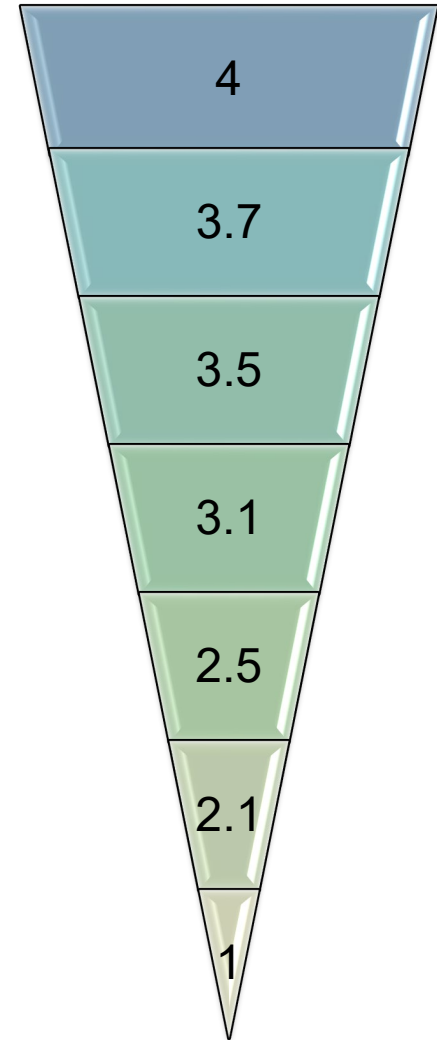
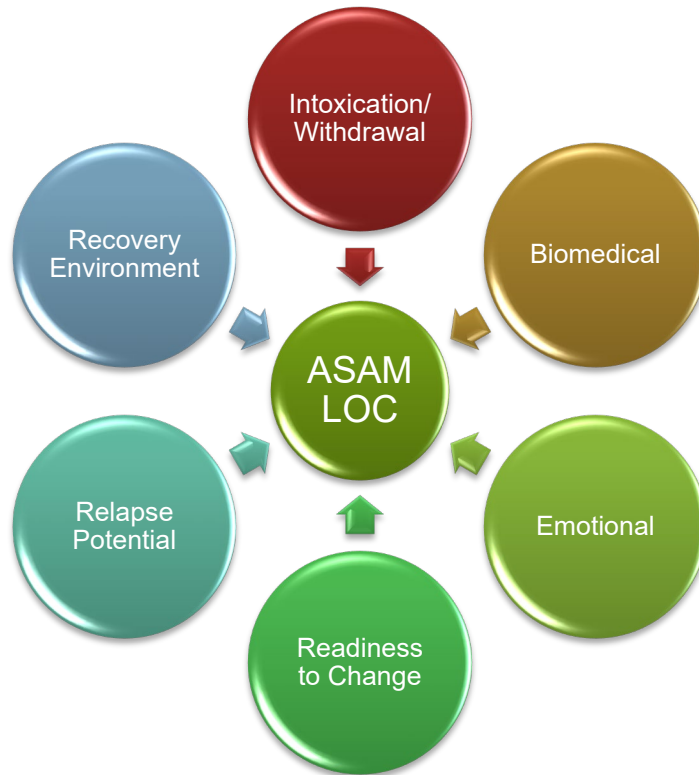


The clinical guidelines presented here today are based on criteria detailed in the most current version of ASAM criteria (3rd edition, first published in 2013)



Developed in partnership between Telligen, Mountain-Pacific and clinical staff at Montana DPHHS.

ASAM Basics



Evaluate each dimensional area independently for best fit criteria to arrive at most comprehensive, appropriate and least restrictive level of care

Combining Risk and Criteria Dimension by Dimension

RISK RATING	4	This rating would indicate issues of utmost severity. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger" concern.	HIGH ↑ MODERATE ↑ LOW
	3	This rating would indicate a serious issue or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "imminent danger."	
	2	This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills or support systems may be present.	
	1	This rating would indicate a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	
	0	This rating would indicate a non-issue or very low-risk issue. The patient would present no current risk and any chronic issues would be mostly or entirely stabilized.	

Criteria Dimensions	Levels of Service				
	Level 0.5 Early Intervention	Level I Outpatient Treatment	Level II Intensive Outpatient Treatment	Level III Medically-Monitored Intensive Inpatient Treatment	Level IV Medically-Managed Intensive Inpatient Treatment
DIMENSION 1: Acute Intoxication and/or Withdrawal Potential	No withdrawal risk	No withdrawal risk	Manifests no overt symptoms of withdrawal risk	Risk of withdrawal syndrome is present but manageable in Level III	Severe withdrawal risk
DIMENSION 2: Biomedical Conditions and Complications	None or very stable	None or very stable	None or, if present, does not distract from addiction treatment; manageable at Level II	Require medical monitoring but not intensive treatment	Requires 24-hour medical and nursing care
DIMENSION 3: Emotional/Behavioral Conditions and Complications	None or very stable	None or manageable in an outpatient structured environment	Mild severity, with the potential to distract from recovery efforts	Moderate severity; requires a 24-hour structured setting	Severe problems require 24-hour psychiatric care, with concomitant addiction treatment
DIMENSION 4: Treatment Acceptance/ Resistance	Willing to understand how current use may affect personal goals	Willing to cooperate but needs motivating and monitoring strategies	Resistance high enough to require structured program but not so high as to render outpatient treatment ineffective	Resistance high despite negative consequences; needs intensive motivating strategies in a 24-hour structured setting	Problems in this dimension do not qualify patient for Level IV treatment
DIMENSION 5: Relapse/ Continued Use Potential	Needs understanding of, or skills to change, current use patterns	Able to maintain abstinence and recovery goals with minimal support	Intensification of addiction symptoms; high likelihood of relapse without close monitoring and support	Unable to control use despite active participation in less intensive care; needs 24-hour structure	Problems in this dimension do not qualify patient for Level IV treatment
DIMENSION 6: Recovery Environment	Social support system or significant others increase risk of personal conflict about alcohol/other drug use	Supportive recovery environment and/or patient has skills to cope	Environment unsupportive but, with structure or support, patient can cope	Environment dangerous for recovery, necessitating removal from the environ- ment; logistical impediments to outpatient treatment	Problems in this dimension do not qualify patient for Level IV treatment

This overview of the Adolescent Admission Criteria is an approximate summary to illustrate the principal concepts and structure of the criteria.

USING QUALITRAC



Member Search

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID *

Date Of Birth *

Member ID

MM/DD/YYYY

Search

OR

First Name *

Last Name *

Date Of Birth *

Daffy

Duck

01/01/1980

Search

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
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Member Not Found.

Try searching again or

[Add Member](#)

Show 10 entries

Showing 0 to 0 of 0 entries

Previous Next

Add ASAM Review 1 of 2

Daffy Duck

[View Member Details](#)

Member ID: 998877665

Date of Birth: 01/01/1980

Phone Number:

Client: Montana - Mountain Pacific

Utilization Management

[View Cases](#) [+ Add](#)

Hiding canceled cases. [Show](#)

Show entries

Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
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No data available in table

Showing 0 to 0 of 0 entries

[Previous](#) [Next](#)



Add ASAM Review 2 of 2

Review Type	Place of Service	Type of Service
Behavioral Health (BH) Outpatient	Other	Addictive & Mental Disorders Division (AMDD) Intensive Outpatient Program (IOP)
BH Residential	Other	AMDD ASAM 3.5
BH Residential	Other	AMDD ASAM 3.7

Qualitrac Review Panels 1 of 2

Admission and Discharge

Admission Date *


 

Admission Type *

Admission Source

Personal Representative

+ Add

Primary	Name	Relationship	Phone	Phone Type	Address	Action
☆	Nancy Robin	Parent	(406) 568-5309		10 Hundred Acre Wood Helena, ME 59601	

Providers *

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility *					Not Supplied			+ Add
Ordering Provider *					Not Supplied			+ Add

Provider Organization Visibility

Qualitrac Review Panels 2 of 2



Diagnosis

+ Add

Seq.	Code	Description	Final Dx	POA	NOS	Action
No Diagnoses Supplied						

Procedures

+ Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES				1 day(s)			 

Documentation

+ Add

Show entries

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Showing 0 to 0 of 0 entries

Previous Next

Type of Service

Procedure Code

AMDD IOP

H0015 (High Tier) or H2036 (Low Tier)

AMDD ASAM 3.5

H0018

AMDD ASAM 3.7

H0010

MCG language for all ASAM levels of care

1. Current Intoxication and/or Imminent Withdrawal Symptoms

– Intoxication

- No current intoxication, nor demonstrating active withdrawal symptoms
- Current intoxication

– Imminent Withdrawal Risk

- Imminent risk of mild to moderate withdrawal symptoms
- Imminent risk of moderate to severe withdrawal symptoms
- Severe risk of withdrawal, requires full resources of a licensed hospital
- No imminent withdrawal risk identified

– Withdrawal Symptoms

- Stable to moderate withdrawal symptoms present
- Moderate to severe withdrawal symptoms present
- Severe risk withdrawal symptoms present
- No withdrawal symptoms currently present

MCG language for all ASAM levels of care - 2

2. Physical Health or Medical Diagnoses

- No physical health concerns or medical diagnoses of concern for Substance use disorder (SUD) treatment, or if so, they do not represent a distraction to SUD treatment
- Physical health concerns and/or medical diagnoses of concern for SUD treatment are present, but very stable, or is receiving concurrent medical monitoring
- Physical health concerns and/or medical diagnoses of concern for SUD treatment are present and require 24-hour medical monitoring but not intensive treatment
- Physical health concerns and/or medical diagnoses of concern for SUD treatment are present and require 24-hour medical and nursing care and the full resources of a licensed hospital

MCG language for all ASAM levels of care - 3

3. Emotional Health and Psychological Diagnoses

- No emotional health concerns or psychological diagnoses of concern for SUD treatment
- Emotional health concerns and/or psychological diagnoses of concern for SUD treatment are present, but very stable, or is receiving concurrent mental health monitoring
- Mild to moderate severity of emotional health concerns or psychological diagnoses with the potential to distract from recovery; needs monitoring
- Moderate to severe signs/symptoms of emotional health concerns or psychological diagnoses, actively distracting from recovery, requiring 24-hour setting to monitor for symptom improvement
- Unstable and dangerous signs/symptoms of emotional health concerns or psychological diagnoses require stabilization in 24-hour setting before recovery can be a treatment focus
- Erratic and dangerous behavior which threatens imminent harm to self or others

MCG language for all ASAM levels of care - 4

4. Motivation for Change to Pattern of Use/Behavior

- Patient identifies as ready for change but needs motivating and monitoring strategies to support
- Patient openly desires change, but needs structured environment to maintain progress
- Patient demonstrates as ambivalent regarding engagement in treatment and with a lack of awareness of the substance use or mental health problem and requires a structured program to support
- Has marked difficulty with, or opposition to, treatment with dangerous consequences resulting from continued use/behavior
- Not interested in treatment and poor impulse control despite negative consequences; needs motivating strategies only safely available in a 24-hr structured setting

MCG language for all ASAM levels of care - 5

5. Likelihood of Relapse to Previous Patterns of Use/Behavior

- Able to maintain sobriety or control use and/or addictive behaviors to engage in treatment with minimal support
- Recent escalation of pattern of use, or increase in addictive behaviors, or intensification of mental health symptoms indicating a high likelihood of relapse to previous patterns of use/behavior without close monitoring and support several times a week
- Understands relapse and potential triggers but needs structure to apply coping skills to successfully prevent relapse to previous patterns of use/behavior
- Patient does not demonstrate an understanding of skills needed to prevent continued use, despite active participation in less intensive levels of care
- Unable to control use with imminently dangerous consequences, despite active participation in less intensive levels of care

MCG language for all ASAM levels of care - 6

6. Social Supports and Community Resources to Support Recovery

- Social supports and community resources are present to support recovery
- Social supports and community resources are either not present or can only minimally support recovery, but with structure, the patient can engage in treatment
- Current living environment is detrimental to recovery, but potential to create social supports and community resources is present
- Current surroundings are dangerous, and patient does not have the social supports or community resources to pursue recovery outside of a highly structured 24-hour setting

In addition to SUD and ASAM criteria

To comply with existing state manual, our review team will also need evidence of:

- Appropriately licensed staff completing assessment
- Results of the initial lab results at admission will be required for the continued stay review
- Need for three or more core services must be documented

Understanding the Qualitrac RFIs

RFI could be sent by the review team for the following reasons:

- Difficulty locating an element of criteria in the supporting documentation
- More updated/current documentation is being requested

Our review team will endeavor to use the following format when requesting an RFI:

- Unable to find evidence of the following criteria: (1) <list specific criteria> (2) etc.
- Unable to find more recent date in clinical than X business days prior to the requested start date of the service you have submitted the review for, and the timeliness requirements for requesting this service were set at no early than X business days
- (*) Please either provide us with additional clinical documentation or let us know where in the documentation you already uploaded this criteria can be found.

RFIs have 5 business days before the case will technically deny

- Cases with a technical denial should be reopened when new clinical is available to appropriately respond to the original RFI.

QUALITRAC DEMO

QUESTIONS?

