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# American Society of Addiction Medicine (ASAM) Services Refresher Training

April 2024

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# Introductions

# Who is here?

Telligen:
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Providers:
Provider Notice sent to all S.U.D. State approved providers.

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# Objectives

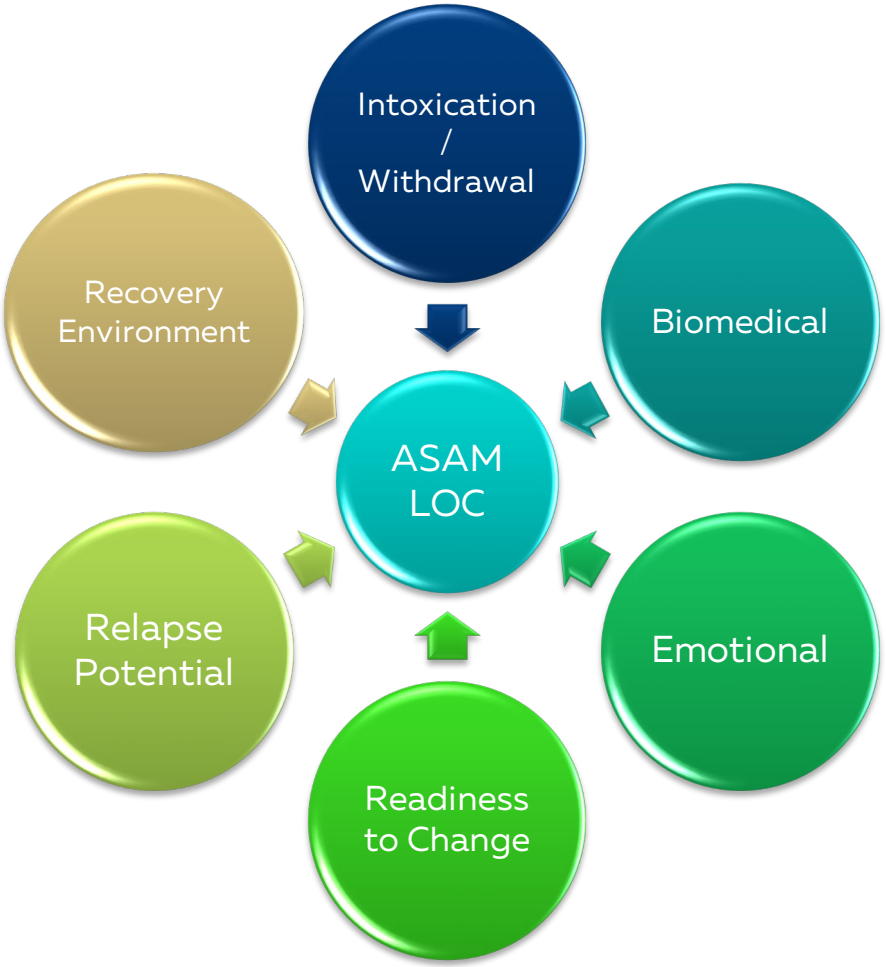
- General overview of ASAM services, definitions and timings
- Review of required documents, ASAM criteria and common submission errors
- Reduce request for information (RFI)/denial rates
- More efficient and transparent utilization management (UM) review process based on lessons learned
- Discuss recent process changes and updates
- Open question and answer (20 minutes)

# Understanding ASAM

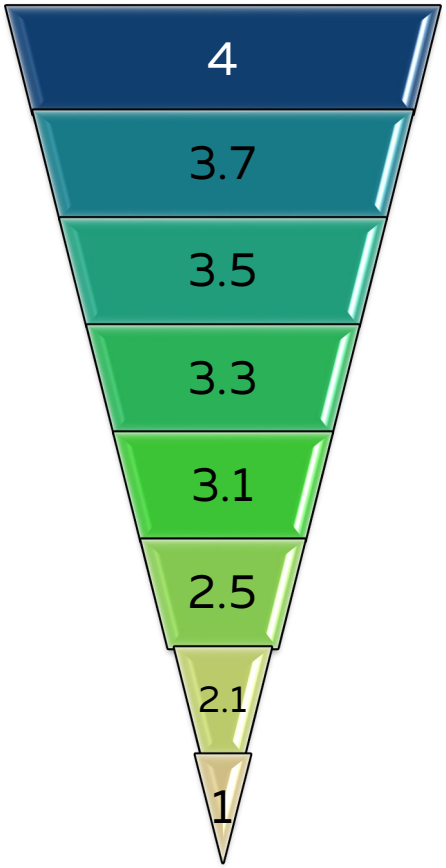
https://www.asam.org/asam-criteria/asam-criteria-3rd-edition

# Six-Dimensional Analysis

- Current intoxication and/or imminent withdrawal symptoms
- Physical health or medical diagnoses
- Emotional health and psychological diagnoses
- Motivation for change to pattern of use/behavior
- Likelihood of relapse to previous patterns of use/behavior
- Social supports and community resources to support recovery



# ASAM Basics: Level of Care Placement




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

# ASAM Crosswalk

| Adult Levels of Care | **DIMENSION 1:** Acute Intoxication and/or Withdrawal Potential | **DIMENSION 2:** Biomedical Conditions and Complications | **DIMENSION 3:** Emotional, Behavioral, or Cognitive Conditions and Complications | **DIMENSION 4:** Readiness to Change | **DIMENSION 5:** Relapse, Continued Use, or Continued Problem Potential | **DIMENSION 6:** Recovery/Living Environment |
|---|---|---|---|---|---|---|
| **LEVEL 0.5** Early Intervention | No withdrawal risk | None or very stable | None or very stable | Willing to explore how current alcohol, tobacco, other drug, or medication use, and/or high-risk behaviors may affect personal goals | Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns, and/or high risk behavior | Social support system or significant others increase the risk of personal conflict about alcohol, tobacco, and/or other drug use |
| **OTP – LEVEL 1** Opioid Treatment Program | Physiologically dependent on opioids and requires OTP to prevent withdrawal | None or manageable with outpatient medical monitoring | None or manageable in an outpatient structured environment | Ready to change the negative effects of opioid use, but is not ready for total abstinence from illicit prescription or non-prescription drug use | At high risk of relapse or continued use without OTP and structured therapy to promote treatment progress | Recovery environment is supportive and/or the patient has skills to cope |
| **LEVEL 1** Outpatient Services | Not experiencing significant withdrawal, or at minimal risk of severe withdrawal. Manageable at Level 1-WM (See withdrawal management criteria) | None or very stable, or is receiving concurrent medical monitoring | None or very stable, or is receiving concurrent mental health monitoring | Ready for recovery but needs motivating and monitoring strategies to strengthen readiness. Or needs ongoing monitoring and disease management. Or high severity in this dimension but not in other dimensions. Needs Level 1 motivational enhancement strategies | Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support | Recovery environment is supportive and/or the patient has skills to cope |
| **LEVEL 2.1** Intensive Outpatient Services | Minimal risk of severe withdrawal, manageable at Level 2-WM (See withdrawal management criteria) | None or not a distraction from treatment. Such problems are manageable at Level 2.1 | Mild severity, with potential to distract from recovery; needs monitoring | Has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change | Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week | Recovery environment is not supportive, but with structure and support, the patient can cope |
| **LEVEL 2.5** Partial Hospitalization Services | Moderate risk of severe withdrawal manageable at Level 2-WM (See withdrawal management criteria) | None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5 | Mild to moderate severity, with potential to distract from recovery; needs stabilization | Has poor engagement in treatment, significant ambivalence, or a lack of awareness of substance use or mental health problems, requiring intensive engagement services to promote progress through the stages of change | Intensification of addiction or mental health symptoms, despite active participate in a Level 1 or 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support | Recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope |
| **LEVEL 3.1** Clinically Managed Low-Intensity Residential Services | No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level 1-WM (minimal) or Level 2-WM (moderate) services (See withdrawal management criteria) | None or stable, or receiving concurrent medical monitoring | None or minimal; not distracting to recovery. If stable, a co-occurring enhanced program is required | Open to recovery, but needs a structured environment to maintain therapeutic gains | Understands relapse but needs structure to maintain therapeutic gains | Environment is dangerous, but recovery is achievable if Level 3.1 24-hour structure is available |
| **LEVEL 3.3** Clinically Managed Population –Specific High-Intensity Residential Services | At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria) | None or stable, or receiving concurrent medical monitoring | Mild to moderate severity; needs structure to focus on recovery. Treatment should be designed to address significant cognitive deficits. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required. | Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1 | Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction | Environment is dangerous and patient needs 24-hour structure to learn to cope |
| **LEVEL 3.5** Clinically Managed High-Intensity Residential Services | At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria) | None or stable, or receiving concurrent medical monitoring | Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization. Other functional deficits require stabilization and a 24-hour setting to prepare for community integration and continuing care. A co-occurring enhanced setting is required for those with severe and chronic mental illness | Has marked difficulty with, or opposition to, treatment, with dangerous consequences. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1 | Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences | Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24-hour setting |
| **LEVEL 3.7** Medically Monitored Intensive Inpatient Services | At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital (See withdrawal management criteria) | Requires 24-hour medical monitoring but not intensive treatment | Moderate severity; needs a 24-hour structured setting. If the patient has a co-occurring mental disorder, requires concurrent mental health services in a medically monitored setting | Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies only safely available in a 24-hour structured setting. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1 | Unable to control use, with imminently dangerous consequences, despite active participation at less intensive levels of care | Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24-hour setting |
| **LEVEL 4** Medically Managed Intensive Inpatient Services | At high risk of withdrawal and requires Level 4-WM and the full resources of a licensed hospital (See withdrawal management criteria) | Requires 24-hour medical and nursing care and the full resources of a licensed hospital | Because of severe and unstable problems, requires 24-hour psychiatric care with concomitant addiction treatment (co-occurring enhanced) | Problems in this dimension do not qualify the patient for Level 4 services. If the patient's only severity is in Dimension 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then the patient does not qualify for Level 4 | Problems in this dimension do not qualify the patient for Level 4 services. See further explanation in Dimension 4 | Problems in this dimension do not qualify the patient for Level 4 services. See further explanation in Dimension 4 |

Source: https://www.mtpca.org/wp-content/uploads/ASAM-Adult_Criteria_Crosswalk.pdf

# Case Types and Codes

## Behavioral Health and Developmental Disabilities (BHDD) ASAM Case Types and ASAM Case Types and Healthcare Common Procedure Coding System (HCPCS) Codes

**3.7 (H0010)-** Intensive Inpatient Program

**3.5 (H0018)-** High Intensity Residential Program

**3.3 (H0019)-** High Intensity Population Specific Residential Program

**3.1 (H2034)-** Low Intensity Residential Program

**2.1 (H0015)-** Intensive Outpatient Program

# Clinical Documentation

## Examples of Clinical Documentation to Support Prior Authorization (PA)/Continued Stay Review (CSR) Criteria


Clinical from Prior Admissions or Treatments


History and Physical


Biopsychosocial


Progress Notes


Medication Lists


Labs and Drug Screen Results


Therapy and Physician Notes

- Critical incidents and interventions used
- Treatment plan
- Transition/Discharge plan with projected transition/discharge date
- Any other documentation that would provide explanation of any changes and justification of level of care (LOC)

# Resources

- BHDD Medicaid Services Provider Manual for SUD and Adult Mental Health
- Behavioral Health Provider User Guide

**Section 5 - Medicaid SUD Disorders**

- Always refer to the Behavioral Health and Developmental Disabilities Division Manual for Provider Requirements, Service Requirements, and Utilization Management Criteria.
- The user guide is intended to supplement Montana State Medicaid-approved provider manuals and Qualitrac (QT) provider training materials.
- https://dphhs.mt.gov/bhdd/SubstanceAbuse/BHDDMedicaidServicesProviderMay2023
- https://www.mpqhf.org/corporate/wp-content/uploads/2024/01/Qualitrac-BH-Provider-User-Guide_revised-11.27.23-508Compliant.pdf

# Level of Care BHDD Provider Manual References

3.7- Policy 545: SUD Medically Monitored Intensive Inpatient Services

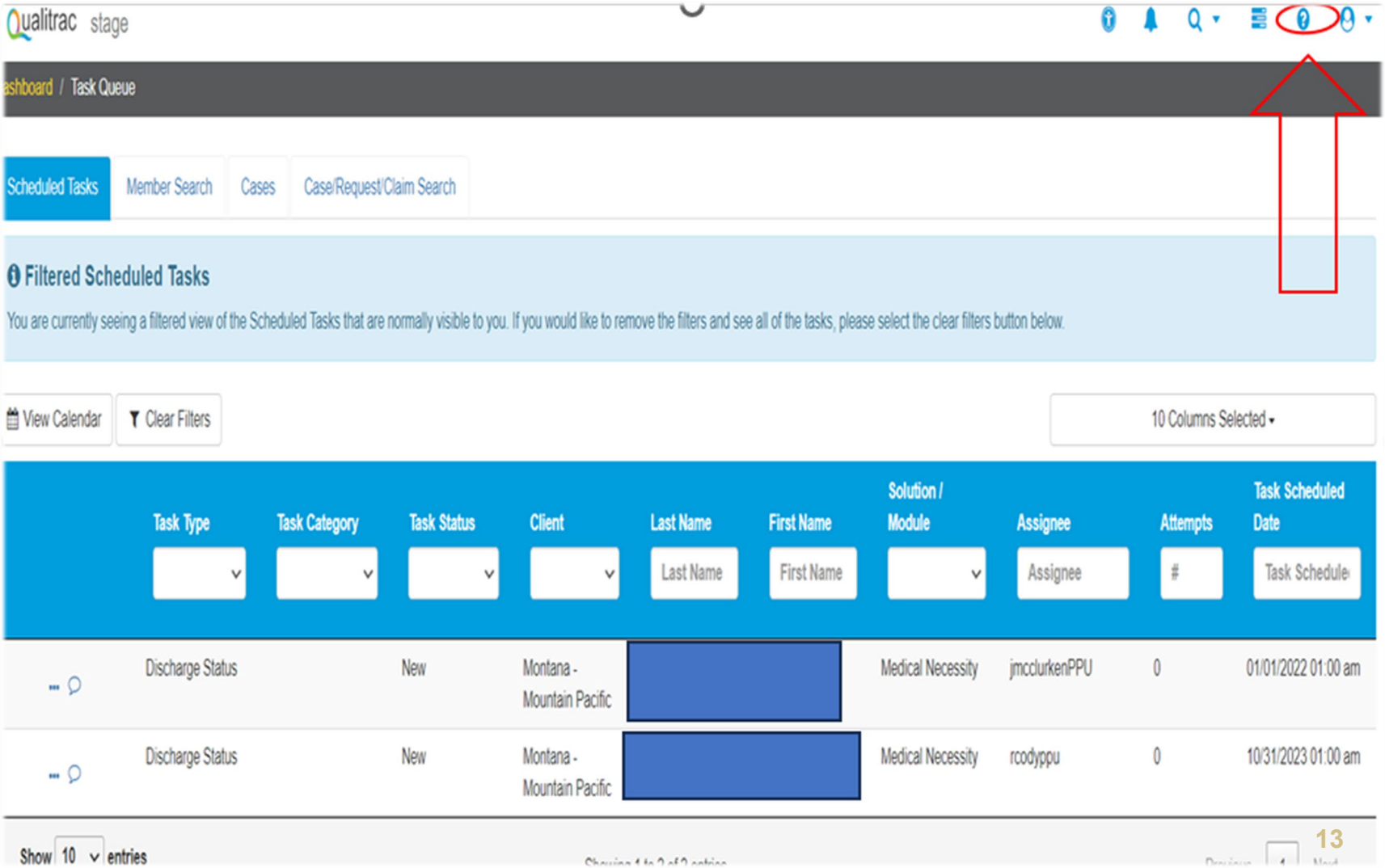
3.5- Policy 540: SUD High Intensity Residential

3.3-Policy 537: SUD Population Specific Residential

3.1- Policy 535: SUD Low Intensity Residential

2.1- Policy 525: SUD Intensive Outpatient (IOP)

# Qualitrac UM Provider Portal User Guide



# Timeframes for Submissions

## Initial submissions and continued stay reviews (CSR):

- 3.7= Initial- three days, CSR- three days
- 3.5= Initial- 21 days, CSR- five days
- 3.3=Initial- 60 days, CSR- 30 days
- 3.1= Initial- 90 days, CSR- 30 days
- 2.1= Initial- 17 units/120 days, CSR- four units/30days (whichever comes first)
- * Timeframes may be shortened to approve only through projected transition/discharge date

# Timing Definition

**Retrospective-** Case is submitted AFTER service date has passed (usually due to Medicaid retro eligibility)

**Prospective-** Member has not began services yet, admission is anticipated

**Concurrent-** Member has already began services

**Continued Stay Review (CSR)-** Request for ongoing treatment authorization

# Frequent Submission Errors

- Projected transition/discharge date is absent from documentation
- Biopsychosocial assessment is not current, or does not meet requirements outlined in Policy 115 of BHDD Manual
- Incomplete dimensional analysis
- Assessment recommendation does not match case type
- Filing outside of submission timeframes
- Procedure code is not changed from the automatic 99233 code

# Understanding RFIs

- Reasons for RFIs
- Verbiage
- Timeframe before technical denial
- Technical denials
  - Reopen the technically denied case within 30 days of denial, OR
  - Submit a new case needed if technical denial is greater than 30 days
- Technically denied cases will **not** be backdated
  - Reviewed from date the case was reopened

# Helpful Tips


- Adolescents: 13 to 21 years old, Adults: 21 and over
- ASAM's CANNOT be submitted any earlier than five days before the date of service.
- Untimely Filing: Cases will be reviewed for medical necessity from date of submission moving forward.
- Submit reasoning for untimely submissions.
- Include "Last Use" date
- Mountain Pacific Help Desk: **1-800-219-7035**
- Montana Provider Relations: **(800) 624-3958** or **(406) 442-1837;** MTPRHelpdesk@conduent.com

# Questions?