Policy and Procedure

DEPARTMENT: Trillium Behavioral Health	**DOCUMENT NAME**: Residential Substance Use Disorders Treatment Services
PAGE: 1 of 9	**REPLACES:** NA
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PRODUCT TYPE: Medicare, Medicaid and OHP	**REFERENCE NUMBER:** NA

A. Purpose

Trillium Behavioral Health (TBH) has written Utilization Management (UM) decision making clinical criteria to assist licensed UM staff make American Society of Addiction Medicine (ASAM) Level of Care (LOC) determinations for residential substance use disorders (SUDS) treatment services and to describe the pre-service authorization process.

B. Policy

1. Clinical criteria for residential SUDS treatment services include:

1.1. A Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) covered substance use disorders diagnosis supported by an ASAM PPC-2R compliant behavioral health assessment to make:

1.1.1. ASAM LOC determination based on symptomology consistent with:

1.1.1.1. ASAM diagnostic categories including:

1.1.1.1.1. Dimension 1: Acute Intoxication and/or Withdrawal Potential.

1.1.1.1.2. Dimension 2: Biomedical Conditions and Complications.

1.1.1.1.3. Dimension 3: Emotional, Behavioral, Cognitive Conditions or Complications.

1.1.1.1.4. Dimension 4: Readiness to Change.

1.1.1.1.5. Dimension 5: Relapse, Continued Use or Continued Problem Potential.

1.1.1.1.6. Dimension 6: Recovery Environment.

1.1.1.2. Degree of impairment,

1.1.1.3. Current symptoms,

1.1.1.4. Community supports, and

1.1.1.5. Medical appropriateness to support DSM and ICD covered diagnosis.

1.2. Appropriate available clinical treatment environment characterized by:

1.2.1. The most normative,

1.2.2. Least restrictive,

1.2.3. Least intrusive,

1.2.4. Culturally and linguistically appropriate,

1.2.5. Evidenced-based, and/or evidence informed, and

1.2.6. Extent of family and community supports.

1.3. Covered LOCs include ASAM Level IV Detoxification and ASAM Level III Residential services.

C. Procedure

1. Referrals:

1.1. Referred member must be enrolled in Trillium Community Health Plan (Trillium).

1.2. Trillium members are able to access outpatient (OP) behavioral health assessments with an in-network provider without a referral.

1.3. If member is at immediate risk of acute medical care without intervention member is directed to medical services.

2. For services not requiring a prior authorization (PA) based on Authorization Required Qualifiers (ARQ), participating provider is able to submit claims.

3. Non-participating detox provider services always require a PA based on ARQ prior to the first date of service. Residential and inpatient rehabilitation services always require a PA prior to the first date of service.

3.1. When a PA is needed for residential, inpatient rehabilitation, and/or detox services, PA required from the first date of service within two (2) business days of admit.

4. For initial residential or inpatient rehabilitation services authorization request, provider must submit:

4.1. PA request,

4.2. ASAM assessment information or addendum completed within the previous two (2) weeks, including:

4.2.1. DSM and ICD diagnosis,

4.2.2. Current substance use/dependence and symptom description with impact upon functioning,

4.2.3. Summary of active, potential, or controlled withdrawal symptoms,

4.2.4. Overview of recovery environment or support system, and

4.2.5. Evidence member can be safely treated in a residential or inpatient rehabilitation LOC with summary of level of structure and supervision needed.

4.3. Clinical justification for services requested, including:

4.3.1. How the member would benefit from requested LOC,

4.3.2. Why alternate services or LOC have been ruled out by provider/treatment team, and

4.3.3. Continued care planning.

4.4. When medical risks or comorbidities are present, include pertinent medical documentation within previous thirty (30) days evidencing medical stability.

5. For concurrent residential or inpatient rehabilitation requests, provider must submit concurrent authorization request with summary of:

5.1. Diagnostic, medical stability, or medication changes since last review,

5.2. Recent services/interventions within previous five-seven (5-7) days, including:

5.2.1. Member/family participation in services,

5.2.2. Frequency of services,

5.2.3. Response to treatment,

5.2.4. Safety concerns,

5.2.5. Barriers to treatment progress, and

5.2.6. Areas of progress.

5.3. Clinical justification for services requested, including:

5.3.1. Current substance use/dependence and symptom description within previous five-seven (5-7) days with impact upon functioning, and

5.3.2. Why alternate services or LOC have been ruled out by provider/treatment team.

5.4. Discharge/transition planning information specific to remaining treatment goals.

6. For ASAM Level III Residential and Inpatient Rehabilitation services, TBH Licensed UM staff:

6.1. Review ASAM PPC 2-R behavioral health assessment information and accompanying justification,

6.2. Ensure DSM and/or ICD supported diagnosis covered by Trillium benefits,

6.3. Ensure appropriateness of requested ASAM LOC determination is supported by ASAM Criteria.

6.4. When residential request is approved, as determined by InterQual Criteria Review:

6.4.1. Initially authorized for up to thirty (30) calendar days maximum,

6.4.2. Concurrent authorization for longer than thirty (30) calendar days authorized for up to an additional thirty (30) days at a time, based on additional clinical justification, received from clinical staff, justifying:

6.4.2.1. The recipient continues to meet all basic elements of medical appropriateness, including at least one (1) of the following:

6.4.2.1.1. Documentation that the treatment provided is resulting in measurable clinical outcomes, but that the recipient is not sufficiently stabilized or yet developed the skills necessary to support transition to a less restrictive LOC, or

6.4.2.1.2. The recipient has developed new or worsening symptoms or behaviors that require continued stay in the current LOC.

6.4.2.2. Requested length of stay.

6.5. When inpatient rehabilitation services request is approved, as determined by InterQual Criteria Review:

6.5.1. Initially authorized for up to fifteen (15) calendar days maximum.

6.5.2. Concurrent authorization for continued stay authorized for up to an additional 15 days at a time, based on additional clinical justification, received from clinical staff, justifying:

6.5.2.1. The recipient continues to meet all basic elements of medical appropriateness, including at least one (1) of the following:

6.5.2.1.1. Documentation that the treatment provided is resulting in measurable clinical outcomes but that the recipient is not sufficiently stabilized or yet developed the skills necessary to support transition to a less restrictive LOC, or

6.5.2.1.2. The recipient has developed new or worsening symptoms or behaviors that require continued stay in the current LOC.

6.5.2.2. Requested length of stay.

6.6. Participating and non-participating provider measureable expected service outcomes include:

6.6.1. Improvement/stabilization of substance use symptoms,

6.6.2. Improvement/stabilization of daily functioning,

6.6.3. Abstinence from substances of abuse at discharge,

6.6.4. Prevention of inpatient hospitalization, and

6.6.5. Prevention of acute inpatient hospitalization.

7. For detox services authorization request, provider must submit:

7.1. PA request.

7.2. Clinical information including:

7.2.1. ASAM assessment,

7.2.2. Current symptom presentation,

7.2.3. Summary of active, potential, or controlled withdrawal symptoms including withdrawal severity information per standardized scales as applicable, and

7.2.4. Evidence of:

7.2.4.1. Medical history, physical examination, and medication reconciliation initiated within twenty-four (24) hours of admission,

7.2.4.2. Psychiatric evaluation prior to or within twenty-four (24) hours of admission,

7.2.4.3. Psychosocial evaluation within forty-eight (48) hours of admission,

7.2.4.4. Substance evaluation and toxicology screen within eight (8) hours of admission, and

7.2.4.5. Discharge plan initiated within twenty-four (24) hours of admission.

7.2.5. Clinical justification for requested services, and

7.2.6. Continuing-care planning.

8. For ASAM Level IV Detoxification, TBH Licensed UM staff:

8.1. Review ASAM PPC 2-R behavioral health assessment information and accompanying justification,

8.2. Ensure DSM and ICD-supported diagnosis covered by Trillium benefits,

8.3. Ensure appropriateness of requested ASAM LOC determination is supported by ASAM Criteria.

8.4. When detox request is approved:

8.4.1. Initial PA (Certification) authorized for appropriate length of stay as determined by InterQual Criteria Review.

8.4.2. Concurrent (Recertification) authorization for continued stay based on additional clinical justification as determined by InterQual Criteria Review, justifying:

8.4.2.1. Ongoing risk of imminent danger to self or others, and/or

8.4.2.2. Ongoing risk of symptom escalation, and

8.4.2.3. Requested length of stay.

8.5. Participating and non-participating provider measureable expected service outcomes include:

8.5.1. Improvement/stabilization of substance use symptoms,

8.5.2. Improvement/stabilization of daily functioning, and

8.5.3. Abstinence from substances of abuse at discharge.

8.6. For all ASAM levels, TBH Licensed UM staff:

8.6.1. Refer to TBH Care Coordination (CC), Care Management (CM), or Complex Care Management (CCM) staff, when necessary, to:

8.6.1.1. Ensure the provision of CC, treatment engagement, preventative services, community-based services, and follow-up services for all members' health conditions.

9. Residential, inpatient rehabilitation, or detox PA requests are determined within the seventy-two (72) hour urgent pre-service timeline if request is received prior to member admission to facility. Residential or detox authorization requests are determined within the twenty-four (24) hour concurrent timeline if request is received after member admission to facility.

10. When request is denied:

10.1. If the initial (Certification) or concurrent (Recertification) review of the authorization request is determined not to meet criteria, practitioner is notified within determination timelines by TBH UM staff.

10.2. When the decision is to deny request, an expedited appeal may be requested if provider disagrees with the determination.

11. When request is returned to sender:

11.1. Upon review, the authorization is determined to be incomplete due to missing one or more of the following required components:

11.1.1. Member identifying information,

11.1.2. Requesting and Servicing Provider information (i.e. Tax ID number, National Provider Identifier (NPI) number), including:

11.1.2.1. Medicaid Provider/DMAP number for non-par outpatient service requests.

11.1.3. Start date and end date for services,

11.1.4. ICD diagnostic code(s),

11.1.5. Billing code(s), and

11.1.6. Number of units/visits/days for each billing code.

11.2. Upon review, no authorization is required per the ARQ for par providers.

11.3. Upon review, the member is ineligible for Trillium coverage for all dates of service requested.

11.4. Upon review, the request does not meet one of the following exceptions for acceptance of a retroactive request:

11.4.1. Catastrophic event that substantially interferes with normal business operations or a provider, or damage or destruction of the provider's business office or records by a natural disaster,

11.4.2. Mechanical or administrative delays or errors by the Contractor or State Office, or

11.4.3. Provider was unaware that the member was eligible for services at the time that services were rendered and the following conditions are met:

11.4.3.1. The provider's records document that the member refused or was physically unable to provide the Recipient Identification Number,

11.4.3.2. The provider can substantiate continual pursuit of reimbursement from the patient until eligibility was discovered,

11.4.3.3. The provider submitted the request for authorization within sixty (60) days of the date the eligibility was discovered (excluding retro-eligibility).

11.5. Upon review, the member has Third Party Liability or other primary insurance. Via return to sender, provider is notified Trillium coverage is payer of last resort and no authorization is required to submit claims for dates of service also covered by primary insurance. If primary insurance denies service, Trillium authorization can be initiated with inclusion of evidence of primary insurance denial.

11.6. Prior to returning the request, two attempts will be made to obtain the missing information for Trillium Medicaid member requests and three attempts will be made to obtain the missing information for Medicare member requests**.**

D. Definitions

Word / Term	Definition
ARQ	Authorization Required Qualifier.
ASAM	American Society of Addiction Medicine
ASAM PPC-2R	ASAM Patient Placement Criteria 2nd Edition Revised
Care Coordination (CC)	For members with primarily psychosocial issues such as housing, financial, etc. with need for referrals to community resources or assistance with accessing health care services. Typically non-clinical activities with assistance from clinical staff if minor medical or behavioral health concerns arise. Services include outreach to member, appointment scheduling assistance, securing authorizations assistance and follow up to ensure compliance.
Care Coordination (CC) Staff	Non-licensed UM staff.
Clinical Criteria	Written decision rules, medical protocols, or guidelines used as an element in evaluation of medical necessity and appropriateness of requested medical and behavioral health care services.

Word / Term	Definition
Contingent Prior Authorization	A blank ARQ alerting billing system an authorization could be required depends on whether member and category of service are covered by member's benefit plan.
Day Treatment	20 or more hours of service/week for multidimensional instability not requiring 24 hour care.
Detoxification	Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances. Level 4 detoxification services may occur within an acute care, psychiatric, or substance use disorder inpatient unit.
Diagnostic and Statistical Manual of Mental Disorders (DSM)	Standard classification of mental disorders used by mental health professionals in the United States, consisting of three major components: 1) Diagnostic classification; 2) Diagnostic criteria sets; 3) Descriptive text.
ICD	The International Classification of Diseases.
Level of Care (LOC)	The type, frequency, and duration of medically appropriate services provided to a recipient of behavioral health services.
Level of Care Determination	The standardized process implemented to establish the type, frequency, and duration of medically appropriate services required to treat a diagnosed behavioral health condition.
Licensed UM Staff	Licensed Behavioral Health UM staff are: • Behavioral Health Care Coordinators (QMHPs), Doctoral-level clinical psychologists, and psychiatrists.
Non-Participating Provider	A provider that does not have a contractual relationship with Trillium and is not on their panel of providers.
Participating Provider	A physician, hospital or other licensed healthcare facility or licensed healthcare professional duly licensed in the State of Oregon, credentialed in accordance with Trillium's policies and procedures, who has entered into an agreement with Trillium to provide covered services to members.
Post Service Decision	Assessing appropriateness of behavioral health services on a case-by-case or aggregate basis after services were provided. Retro authorization and claims payment requests are post service decisions.
Pre-service Decision	Assessing appropriateness of behavioral health services on a case-by-case or aggregate basis after services were provided. Retro authorization and claims payment requests are post service decisions.
Residential Treatment	A facility or a discrete part of a facility that provides a 24-hour therapeutically planned and professionally staffed group living and learning environment to live-in residents who require psychiatric care or substance abuse treatment, but do not require acute medical care.
SUDS	Substance Use Disorders.
Utilization Management (UM)	Evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed clinical assistance to patient, in cooperation with other parties, to ensure appropriate use of resources.
Utilization Management (UM) Staff	Licensed or Non-licensed UM staff.

E. Regulatory or Administrative Citations

Name	Citation Reference
CCO and OHP 2018 Contract	Provision of Covered Service
	B.2.2.c.(1-6)d.
	Substance Use Disorders:
	B.2.4.p.(1)(2)

	B.2.4.m.(1)(2)
	Covered Services
	B.2.4.a.3.
	Authorization or Denial of Covered Services
	B.2.3.b.c.e
	Integration and Care Coordination
	B.4.1
	Delivery System and Provider Capacity
	B.4.3.a.3
	Mental Health Parity
	E.23.
Code of Federal Regulations	422.566
Current NCQA Health Plan Standards and Guidelines	UM 2: C Clinical Criteria for UM Decisions
	UM 4: A, B, D, F, G Appropriate Professionals
	UM 5: C, D Timeliness of UM Decisions
	UM 6: B Relevant Information for Behavioral Health Decisions
	UM 7: D, E, F Denial Notices
	UM 5: C, D Timeliness of UM Decisions
	UM 6: B Relevant Information for Behavioral Health Decisions
Medicare Managed Care Manual	Chapter 13 (40.1)
Oregon Administrative Rules	410-120-1295
	410-172-0600
	410-172-0670
	410-172-0720
	415-050-0025
	415-050-0030
	415-050-0035

F. Related Material

Name	Location
Detoxification and Substance Abuse Treatment Protocol	TIP 45
TBH Return to Sender Process	TBH Database
InterQual Criteria 2017	TBH Database

G. Revision Log

Type	Date
Merged policy and procedure into one document.	11-30-17
Added Return to Sender Language	2-5-18
Added CCO and CAK Contract Citations	2-5-18

Updated OARS	12-17-18
Updated Return to Sender Language	12-17-18
Updated Related Material Section	12-27-18
Updated Definitions	12-27-18
Added Inpatient Rehabilitation Language to Procedure	1-18-19