

Status **Active** PolicyStat ID **12906895**



Origination 07/2017
Last 02/2023
Approved
Effective 02/2023
Last Revised 03/2022
Next Review 02/2024

Owner Leigh Wayna: UM Director
Policy Area Utilization Management
References 1915(b)(c) Waiver Program FY 20 P7.7.1.1, NCQA UM 2, UM 5, UM 6

UM Review Procedure for Substance Use Disorders

PROCEDURE PURPOSE

To provide procedural and operational guidance to all staff responsible for processing SUD Authorizations.

EXPECTED OUTCOME

Enrollees/members will receive cost-effective, clinically appropriate, efficient services in the least restrictive setting that meets their needs. All SUD authorized services will meet medical necessity criteria utilizing the American Society of Addiction Medicine (ASAM) level of care guidelines and medical necessity criteria that validates the level of care.

PROCEDURE

1. All initial requests for Substance Use Disorder (SUD) Services will be authorized through Access/Call Center staff or Crisis Service Vendor staff. Both entities are available 24 hours x 7 days a week to conduct a thorough clinical screening that includes the ASAM criteria and assessment of dimensions of care to objectively determine the appropriate level of care.
2. The Medical Necessity of Substance Use Disorder services will be assessed based on the extent and severity of the six multi-dimensional assessment areas of the ASAM criteria. (NCQA UM 2)
3. The ASAM and clinical screening assist in determining the needed level of care and intensity of services:
 - a. Dimension 1: Acute Intoxication and/or Withdrawal Potential

- b. Dimension 2: Biomedical Conditions and Complications
 - c. Dimension 3: Emotional/Behavioral Conditions and Complications
 - d. Dimension 4: Treatment/Acceptance/Resistance
 - e. Dimension 5: Relapse/Continued Use Potential
 - f. Dimension 6: Recovery Environment
4. The MDHHS Treatment and SUD policies are based on the most recent ASAM Criteria (Third Edition, 2013) and reflect a continuum of care to assist in determining broad levels of care as defined below:
- a. Early Intervention- Level 0.5
 - b. Outpatient - Level 1
 - c. Intensive Outpatient/Partial Hospitalization Services - Level 2
 - d. Intensive Outpatient -Level 2.1
 - e. Partial Hospital Level 2.5
 - f. Residential/Inpatient Services - Level 3
 - g. Clinically Managed Low Intensity Residential Services Level 3.1
 - h. Clinically Managed Population Specific High Intensity Residential Level (Adult) Level 3.3
 - i. Clinically Managed High Intensity Residential Services (Adult) Level 3.5
 - j. Clinically Managed Medium Intensity Residential Services (Adolescent) Level 3.5
 - k. Medically Monitored Intensive Inpatient (Adult) Level 3.7
 - l. Medically Monitored Intensive Inpatient (Adolescent) Level 3.7
 - m. Medically Managed Intensive Inpatient Services Level 4
 - n. Opioid Treatment Services (OTS)
5. The ASAM Criteria matches a patient's severity of illness among Dimension 1 (Acute Intoxication and/or Withdrawal Potential) with five intensities of withdrawal management service as follows:
- a. Level 1 WM Ambulatory Withdrawal Management without Extended on-Site Monitoring
 - b. Level 2 WM Ambulatory Withdrawal Management with Extended on-Site Monitoring
 - c. Level 3 WM Residential/Inpatient Withdrawal Management
 - d. Level 3.2 WM Clinically Managed Residential Withdrawal Management
 - e. Level 3.7 WM Medically Monitored Inpatient Withdrawal Management
 - f. Level 4 WM Medically Managed Intensive Inpatient Withdrawal Management
6. To be eligible for admission to a particular level of care, a person must meet the Diagnostic Admission Criteria required for a Substance Use Disorder Diagnosis as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric

Association as well as the Dimensional Admission Criteria as defined within the ASAM Criteria.

7. Initial Authorizations/Access/Call Center- If an enrollee/member is determined eligible for services, the Access Center completes a treatment referral to an SUD provider and authorizes an initial bundle of services based on the assigned level of care. An ASAM Continuum, an electronic assessment tool s completed at the provider level and subsequent authorizations are requested by the provider based on the individual's needs and treatment plan. DWIHN SUD UM staff review and render dispositions on the authorizations requested.
8. Crisis Service Vendor- If an enrollee/member presents with co-occurring disorders at the emergency room, or crisis screening center or a request for service results in an SUD disposition such as Withdrawal Management and/or SUD Residential, the Crisis Services Vendor will secure an accepting provider and enter an appointment into MH-WIN. The SUD provider must enter and submit the initial authorization for UM approval. If an enrollee/member is determined to require a lower level of care such as Outpatient, Intensive Outpatient or Recovery Services, he/she is referred to the Access/Call Center.
9. Upon receipt of a request for re-authorization from an SUD provider, the DWIHN reviewers will at a minimum review the following information (NCQA UM 6):
 - a. Service Requested and Associated CPT Code; and
 - b. Effective Date of Authorization and Requested Date; and
 - c. ASAM Continuum and/or ASAM assessment within the SUD Authorization and
 - d. SUD Benefit Grid and UM Authorization Guidelines; and
 - e. Treatment Plan; and/or Treatment Plan Review; within the SUD UM Authorization; and
 - f. Progress towards treatment; and
 - g. Provider Notes; and
 - h. Urine Drug Screens; and
 - i. Planning for My Future Recovery Plan(for Recovery Services)(if applicable); and
 - j. Opioid Health Home(OHH) Care Plan(if applicable) and
 - k. Clinical Institute Withdrawal Assessment for Alcohol (CIWA) or Clinical Opiate Withdrawal Scale (COWS) (if applicable); and
 - l. Medication Automated Prescribing System (MAPS); if applicable, and
 - m. Medical Marijuana Card(if applicable).
10. All contracted DWIHN SUD Service Providers and Crisis Services vendor(s) receive training and technical assistance on the process for entering assessments, screenings and authorizations in MHWIN. All SUD services require prior authorization. An authorization request does not guarantee approval. Provider staff must adhere to the following time frames for submission of authorizations:
 - a. The general rule is that the effective date of an authorization cannot precede the authorization request date as these would be considered backdated authorizations and administratively denied. Example: Effective date of an authorization is 5/24, the request needs to be submitted on or prior to 5/24. The system will not allow

authorization submission with an effective start date later than 96 hours from date of submission. Users will receive an error message that "Prior Authorization is Required" . If necessary, you must submit with a current start date, and in Provider Note section indicate the requested start and end date of authorization and reason it is submitted late, eg. technical issue, etc..

- b. Re-Authorizations for Withdrawal Management must be submitted with 96 hours of admission to the organization.
- c. Re-Authorizations for Residential, Medication Assisted Treatment, Outpatient Services, Recovery Services can be submitted up to 5 days before expiration of current authorization. Medication Assisted Treatment providers can submit authorizations up to 30 days in advance of expiration of authorization.
- d. Authorizations pended back (i.e. returned to requestor) with a request for additional information or necessary corrections must be resubmitted within 2 business days. An authorization request can be pended back to the provider only once. If the provider does not respond within the 2 business days, the UM reviewer will render a disposition on the authorization with the available information or administratively deny the request due to lack of response/incomplete information.
- e. UM staff must adhere to the timeliness of authorizations based on the National Committee for Quality Assurance (NCQA) guidelines(NCQA UM 5)
 - Urgent Concurrent Decisions - Within 72 hours of receipt
 - Urgent Preservice Decisions -Within 72 hours of receipt
 - Non-urgent Preservice Decisions - Within 14 calendar days of receipt
 - Post-Service Decisions - Within 30 days of receipt
- f. All contracted DWIHN SUD Service Providers, Access/Call Center staff and Crisis Services Vendors can access the SUD Guidelines contained within the Benefit Policy and the SUD Rate Sheet as posted on the DWIHN website. The Managed Specialty Supports and Services Concurrent 1915 (b) (c) Waiver Program, Healthy Michigan Program and Substance Abuse Disorder Community Grant Program Contract and the MDHHS Medicaid Provider Manual further defines all administrative and treatment requirements for all contractors providing SUD services.
- g. The MDHHS PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes further defines Reporting Units and coverage for SUD services, detailing the specific services, units, frequency, and maximum thresholds for billing various funding sources.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Clinical Specialist, UM or Designee
Department:	Utilization Management
Frequency of monitoring:	Quarterly
Reporting provided to:	Director of Utilization Management
Regulatory Requirements:	UM 2, UM 5, UM 6

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 20
Attachment P7.7.1.1 , Michigan Department of Health and Human Services
Substance Use Disorder (SUD) Services Policies and Technical Advisories
This procedure is attached to the [Behavioral Health Medical Necessity Policy](#)

MONITORING STEPS

1. The Clinical Specialist will generate a Timeliness of Utilization Management Substance Use Disorder Report each month for compliance and monitoring.
2. Timeliness reports will be submitted to the UM Director, and reported at the Utilization Management Committee.
3. This procedure is attached to the BH Medical Necessity policy.

Approval Signatures

Step Description	Approver	Date
Policy Admin Approval	Allison Smith: Project Manager, PMP	02/2023