



**Subject:** Acute Inpatient Treatment for Substance Use Disorders\*

**Effective Date:** September 29, 2015

**Department(s):** Utilization Management

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**Policy:** Acute inpatient treatment for substance use disorders is reimbursable under plans administered by QualCare, Inc. when medical necessity criteria delineated in this policy are met.

**Objective:** To provide proper and consistent reimbursement and to define the indications for admission to and continued treatment in acute inpatient treatment for substance use disorders.

**Procedure:** Medical documentation should support that the following services are needed: Around-the-clock intensive, psychiatric/medical, and nursing care including continuous observation and monitoring; timely assessment and medically-necessary treatment of co-existing acute medical or psychiatric problems; acute management to prevent harm or significant deterioration of functioning and to ensure the safety of the individual and/or others; daily monitoring of medication effects and side effects; a contained environment for specific treatments that could not be safely done in a non-monitored setting, as evidenced by the following admission or continued stay criteria being met:

**Criteria for Admission** to acute inpatient treatment for substance use disorders:

**All** of the following must be met:

1. The individual has a documented diagnosis of a moderate-to-severe substance use disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

All of the following must be met:

- A. Withdrawal symptoms, if present, are not life threatening and can be safely monitored.
  - B. The individual is not experiencing medical complications that would preclude active participation in treatment, AND
  - C. The individual is cognitively able to actively participate and benefit from the treatment provided,
2. **One or more** of the following criteria must be met:
    - A. The individual demonstrates a clear and reasonable danger of imminent harm to self or others that is caused by or exacerbated by the current active substance use disorder as evidenced by one of the following:
      - i) Current plan or intent to harm self with an available and lethal means, OR
      - ii) Highly lethal attempt to harm self with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for safety.
- OR
- B. Inability to care adequately for one's physical safety due to disordered, disorganized or bizarre behavior, OR
  - C. Current plan/intent to harm others with available and lethal means with inability to plan reliably for safety, OR
  - D. Violent, unpredictable, or poorly controlled behavior that represents an imminent serious harm to others, OR

- E. The individual's medical condition and continued substance use places the individual in imminent danger of serious damage to his/her physical health or to a current pregnancy. The individual requires 24 hour monitoring, but not the full resources of an acute care hospital, OR
- F. Less restrictive levels of care are unavailable for safe and effective treatment.

### **Criteria for Continued Stay**

**All** of the following must be met:

1. **At least one** of the following criteria must be met:

- A. The treatment provided is leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care, but the individual is not sufficiently stabilized so that he/she can be safely and effectively treated at a less restrictive level of care, OR
- B. If the treatment plan implemented is not leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care, there must be ongoing reassessment and, modification to the treatment plan that address specific barriers to achieving improvement, when clinically indicated, OR
- C. The individual has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

2. **All** of the following must be met:

- A. The individual and family are involved to the best of their ability in the treatment and discharge planning process, unless there is a documented clinical contraindication.
- B. Continued stay is not primarily for the purpose of providing a safe and structured environment.
- C. Continued stay is not primarily due to a lack of external supports.

Note: Acute Inpatient Substance Use Disorders Treatment may also be identified as Inpatient Rehabilitation, Mentally Ill Chemical Abuse (MICA) Treatment, or Dual Diagnosis Inpatient Treatment.

The treatment plan is not based on a pre-established programmed plan or timeframes.

A Discharge Plan that starts at the time of admission and includes:

- At least weekly assessment of progress towards goals and status of aftercare plans
- Coordination with family, outpatient providers, and community resources to allow a smooth transition to less restrictive levels of care.
- Timely and clinically appropriate aftercare appointments
- A prescription for any prescribed medications sufficient to bridge the time between discharge and the scheduled follow-up psychiatric appointment.

## References

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Redacted from Cigna Standards and Guidelines/

Medical Necessity Criteria for treatment of Behavioral Health and Substance Use Disorders 2015 and revised edition 2017  
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Approved By/Date: QM Committee, 9/29/15

Revised By/Date: MMcNeil, MD 06/05/17

Approved By/Date: QM Committee 6/20/17

\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.