



**Subject:** Intensive Outpatient Treatment for Substance Use Disorders\*

**Effective Date:** September 29, 2015

**Department(s):** Utilization Management

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**Policy:** Intensive outpatient 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 intensive outpatient treatment for substance use disorders.

**Procedure:** Medical documentation should support that the following services are needed: a coordinated, intense, ambulatory, multi-disciplinary and time limited treatment for individuals who can maintain personal safety with support systems in the community and who can maintain some ability to fulfill family, student, or work activities, as evidenced by the following admission or continued stay criteria being met:

**Criteria for Admission** to intensive outpatient treatment for substance use disorders:

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

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

2. The individual is expressing willingness to actively participate in this level of care.
3. The individual is demonstrating difficulties in functioning secondary to a substance use disorder to the extent that:
  - A. The individual is mildly to moderately impaired in his/her ability to complete routine daily social, family, school, and/or work activities, AND
  - B. The individual is able to employ sufficient coping skills to continue with most routine daily activities.
4. The individual is mentally and emotionally capable to actively engage in the treatment program
5. The individual is able to live in the community without the restrictions of a 24-hour supervised setting, except as age-appropriate for children and adolescents.
6. The individual is and the family are able to develop a safety plan with the provider that includes being able to access emergency services so that a more intensive level of care is not required.
7. The individual has a support system that includes family or significant others/guardians who are able to actively participate in treatment – OR- If the individual has no primary support system, the individual has the skills to develop supports and/or become involved in a self-help support system.
8. When there is a history of repeated relapses and/or multiple failed treatment episodes, the individual is demonstrating a commitment to actively engage in the implementation of a treatment plan that:
  - Includes clear interventions specifically addressing prior non-adherence and poor response to treatment.

- Includes clear interventions that are likely to reduce the frequency and severity of future relapse.

- Has the goal of maintaining abstinence.

9. If there are medical issues, they can be safely managed in an Intensive Outpatient Treatment level of care.

NOTE- Individuals who are at this level of care:

- Are typically in a structured treatment program 3-4 hours per day, 3-5 days per week.
- Will have the opportunity to be exposed to circumstances/stressors that may have contributed to the admission and practice their coping skills
- Live in the community without the restrictions of a 24-hour supervised setting during non-program hours.
- Are capable of safely controlling their behavior and seeking professional assistance or other support as needed.

Clinical interventions may include individual, couple, family, and group psychotherapies along with medication management.

This level of care can be the first level of care authorized, to generate new coping skills, or can follow a more intensive level of care to reinforce acquired skills that might be lost if the participant returned to a less structured outpatient setting.

**Criteria for Continued Stay-** The duration of treatment and frequency of attendance are continually evaluated and adjusted according to the individual severity of signs and symptoms.

Sections 1 and 2 below must be met:

1. One or more 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, modifications 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 ( e.g. drug-seeking , social withdrawal, multiple lapses in abstinence )that require this intensity of service for safe and effective treatment.

**AND**

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.

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:**

The Treatment Plan is not based on a pre-established programmed plan or time frames.

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

- At least weekly assessment of progress towards treatment 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

- 1) American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2014. <http://psychiatryonline.org/guidelines.aspx>
- 2) Practice Parameters, The American Academy of Child and Adolescent Psychiatry, Washington, DC, [http://www.aacap.org/cs/clinical\\_care\\_quality\\_improvement/practice\\_parameters](http://www.aacap.org/cs/clinical_care_quality_improvement/practice_parameters)
- 3) American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May, 2013.
- 4) Definition of Partial Hospitalization. The National Association of Private Psychiatric Hospitals and the American Association for Partial Hospitalization, Psychiatric Hosp. 21(2):89-90, 1990
- 5) Practice Guidelines for the Treatment of Patients with Substance Use Disorders, American Psychiatric Association Publishing, Arlington, VA, 2006.
- 6) ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (PPC-2), The American Society of Addiction Medicine, Chevy Chase, MD, 2013.
- 7) Texas Commission on Alcohol and Drug Abuse (TCADA) Guidelines, Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers, Texas Administrative Code, Title 28, Part 1, Chapter 3, Subchapter HH, 2011.
- 8) SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1993-. <http://www.ncbi.nlm.nih.gov/books/NBK82999/>
  - i) Clinical Issues in Intensive Outpatient Treatment. (Treatment Improvement Protocol (TIP) Series, No. 47). 2006. <http://www.ncbi.nlm.nih.gov/books/NBK64093/>

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- ii) Detoxification and Substance Abuse Treatment. (Treatment Improvement Protocol (TIP) Series, No. 45). 2006. <http://www.ncbi.nlm.nih.gov/books/NBK64115/>
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- iv) Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. (Treatment Improvement Protocol (TIP) Series, No. 40). 2004. <http://www.ncbi.nlm.nih.gov/books/NBK64245/>
- v) Brief Interventions and Brief Therapies for Substance Abuse. (Treatment Improvement Protocol (TIP) Series, No. 34) 1999.
- vi) <http://www.ncbi.nlm.nih.gov/books/NBK64947/>

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