



## MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS

### Residential Substance Abuse Treatment

In order to meet the needs of members who are covered under employer groups that include residential substance abuse coverage, Capital Health Plan (CHP) has developed the following criteria to assist in the appropriate access to such services. Services must be provided by a contracted or designated provider of CHP.

Residential Substance Abuse Treatment will be considered medically necessary for members who meet the following criteria:

- The member has a benefit for residential substance abuse treatment AND
- The member has an applicable diagnosis (alcoholic psychoses or drug psychoses or substance use disorder) AND
- The member has completed an Intensive Outpatient Program (IOP) or a Partial Hospitalization Program (PHP) within the past 12 months AND
- The member has requested residential substance abuse treatment from a Network facility through a referral from their PCP, AND
- The member's therapist or PCP submits documentation of substance abuse treatment, and the reason residential treatment would be more beneficial than continued outpatient counseling, Intensive Outpatient therapy, or Partial Hospitalization Program for substance abuse treatment.

The length of stay in a residential treatment facility will be authorized for one week. After review of clinical records, another week will be authorized if all criteria are met. Continuation of treatment days can be extended, if applicable, based on concurrent reviews every 7 days.

#### MEDICARE ADVANTAGE PRODUCTS:

National Coverage Determination (NCD): Treatment of Drug Abuse (Chemical Dependency) (N130.6)

National Coverage Determination (NCD): Inpatient Hospital Stays for Treatment of Alcoholism (N130.1)

MLN Matters: Article SE1604, Medicare Coverage of Substance Abuse Services

#### BILLING/CODING INFORMATION:

Code	Description
1002	Residential treatment - chemical dependency

#### DOCUMENT HISTORY:

Date of Change	Description
07/29/2004	New Clinical Criterion
10/25/2018	Added completion of an IOP as a qualifying prerequisite.

Medical Necessity Approvals to be made by:

- ☒ Medical Director
- ☒ Physician Reviewer
- ☒ Utilization Management Nurse
- ☒ Nurse Reviewer
- ☐ Authorized CCD staff when UM criteria are met

These criteria apply to the following product when determined to be included in the member's benefit package:

- ☒ Commercial

Approved by QIMT: 7/29/04, 8/4/05, 7/6/06, 9/28/06, 12/21/06, 6/7/07, 5/8/08, 4/16/09, 4/15/10, 5/12/11, 4/26/12, 4/25/13, 3/27/14, 7/17/14, 6/4/15

Approved by UMWG: 6/26/15, 5/14/18, 10/25/2018, 11/7/19, 12/10/20, 4/8/21, 12/8/22, 12/14/23, 12/12/24, 12/11/25

Approved by G&A: 11/3/16, 11/30/17

*Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.*