

- Category:** Utilization Management
- Code:** UM 2.0 Attach D Outpatient CH
- Subject:** Outpatient Chemical Health (CH) Level of Care Guidelines
- Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for outpatient CH treatment services.
- Policy:** BHP Care Management (CM) staff use the following level of care guidelines for outpatient CH services when completing medical necessity determinations.

**Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.**

*Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.*

#### **DEFINITIONS:**

**DSM:**

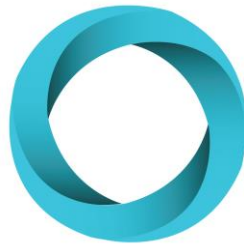
The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders

**ICD:**

The most current edition of the International Statistical Classification of diseases and related health problems

#### **ADMISSION CRITERIA**

1. The patient has completed a comprehensive chemical health evaluation, such as a Rule 25 assessment.
2. The patient meets DSM or ICD diagnostic criteria for a substance use disorder, such as chemical dependency or abuse.
3. The patient is assessed as not being a danger to self or others.
4. The patient is not in need of immediate medical intervention to secure safety for chemical intoxication or withdrawal.
5. When clinically indicated, the provider has offered referrals for adjunctive services, such as co-occurring medical and mental health evaluation or treatment.



## CONTINUED STAY CRITERIA

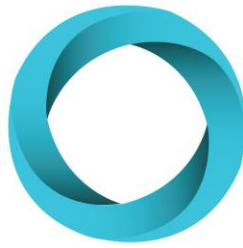
1. The provider and patient have developed a treatment plan that includes A-D:
  - A. Measurement of current symptoms based on ASAM or MN DHS six dimensional guidelines.
  - B. Clear and, when possible, measurable treatment goals with specific treatment interventions.
  - C. Continued assessment of co-occurring medical and mental health conditions that may be a barrier to treatment progress and/or participation.
  - D. The treatment plan includes discharge goals and plans for continued support and recovery upon discharge.
2. The patient is documented to have continuing significant risk factors for continued chemical abuse or dependency.
3. The treatment plan is updated every 10 days or more often if the patient's treatment needs change significantly.
4. Coordination of care with other providers is documented, as therapeutically indicated.
5. Any risk factors are monitored carefully, with ongoing assessment of whether a higher level of care is therapeutically required.

## DISCHARGE CRITERIA

1. The patient's primary treatment goals have been completed and the patient, and in the case of children and adolescents the parents or caretakers, agree in consultation with provider that discharge would be appropriate.
2. The patient has consistently not participated in treatment after reasonable efforts to engage the patient and to address any barriers to adequate participation.
3. The patient's symptoms, impairments or risk factors have worsened, requiring referral to a higher level of care.

### **Regulatory / External References: NCQA UM 2.0, Chapter 62M**

1. Mee-Lee, David. (2013). The ASAM Patient Placement Criteria, Third Edition
2. MN Rule 31 statutes: 9530.6425 (Individual Treatment Plan) and 9530.6430 (Treatment Services)
3. 'Minnesota Matrix' from MN DHS; DHS document DHS-5204B-ENG 3-08. Retrieved from: [DHS-5204B-2-7-14 \(hennepinhealth.org\)](https://www.hennepinhealth.org/2-7-14)



**Internal References:** Richard Sethre PsyD LP, Quinn McBreen LADC

**Source:** PreferredOne, BHP

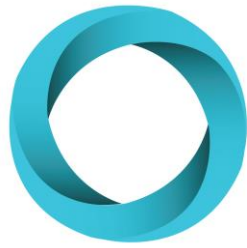
**Date Effective:** 03/01/2014

**Date Revised:** 03/01/2014

**Date Evaluated by Clinical Team:** April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021

**Revision Tracking**

<u>Date Revised</u>	<u>Revision Type</u> List all applicable: <ul style="list-style-type: none"><li>- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).</li><li>- Change in process/procedure</li><li>- Change in requirements</li><li>- New attachments or forms added</li><li>- Updated documentation to clarify policy</li><li>- Other</li></ul>	<u>Details of Revision Made</u>



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