

Intensive Outpatient Services (ASAM Level 2.1)

Last Updated: [10/19/2023]

Service Type:

0051 SPO Substance Abuse

Procedure Code:

H0015

Medical Necessity Criteria

Intensive outpatient services (ASAM Level 2.1) as defined in 12VAC30-130-5090 and 12VAC35-105-1730 to 1770 shall be provided by an interdisciplinary team of CATPs, which may include generalist physicians or physicians with experience in addiction medicine. Intensive outpatient services (ASAM Level 2.1) shall be a structured program of skilled treatment services for adults, children, and adolescents delivering a minimum of three service hours per service day for adults to achieve an average of nine to 19 hours of services per week and a minimum of two service hours per service day for children and adolescents to achieve an average of six to 19 hours of services per week. This service is provided to members who do not require the intensive level of care of inpatient, residential, or partial hospitalization services, but requires more intensive services than outpatient services.

If hours consistently exceed the standard weekly hours, then the member should be evaluated for a more appropriate level of care.

Intensive outpatient service providers shall meet the ASAM Level 2.1 service components. The following service components shall be assessed and monitored weekly and shall be provided in accordance to the ASAM Criteria, as directed by the member's ISP and based on the member's treatment needs identified in the multidimensional assessment. The provider must demonstrate the following service components in the member's ISP as medically necessary, through provision of services or through referral:

- Psychiatric and other individualized treatment planning;
- Individual, family and/or group counseling and or psychotherapy;
- Medication management;
- Health literacy counseling and psychoeducational activities;
- Skill restoration / development;
- Requests for a psychiatric or a medical consultation shall be available within 24 hours of the requested consult by telephone and preferably within 72 hours of the requested consult in person or via telemedicine. Referrals to external resources are allowed in this setting;
- Psychopharmacological consultation;

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- Addiction medication management provided on-site or through referral;
- 24-hour emergency services available seven days per week when the treatment program is not in session;
- Occupational and recreational therapies, motivational interviewing, enhancement, and engagement strategies to inspire a member's motivation to change behaviors;
- Medical, psychological, psychiatric, laboratory, and toxicology services, which are available through consultation or referral, as indicated in the member's ISP. For members who have not been screened for infectious diseases within previous 12 months, screening provided on-site or referral for screening of infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation;
- Withdrawal management services may be provided as necessary by qualified staff either on site or through referral. Providers should refer to the ASAM Criteria text for Intoxication/Withdrawal Management guidelines; and
- Ensure members with OUD or AUD admitted to the program have access to appropriate pharmacotherapy, including buprenorphine, methadone or naltrexone.