

Partial Hospitalization Services (ASAM Level 2.5)

Last Updated: 10/19/2023

Service Type:

0051 SPO Substance Abuse

Procedure Code:

S0201

Substance use partial hospitalization services (ASAM Level 2.5) shall be provided by an interdisciplinary team comprised of CATPs, CSAC and CSAC-supervisees. Substance use disorder partial hospitalization services, as defined in 12VAC30-130-5100 and 12VAC35-105-1680 to 1720, are structured programs of skilled treatment services for adults, children and adolescents delivering the minimum number of service hours per week of 20 hours with at least five service hours per service day of skilled treatment services.

Partial hospitalization (ASAM Level 2.5) service components shall include the following provided at least once weekly or as directed by the ISP and based on the member's treatment needs identified in the multidimensional assessment:

- Individualized treatment planning;
- Withdrawal management services may be provided as necessary. Providers should refer to the ASAM Criteria text for Intoxication/Withdrawal Management guidelines;
- Daily individual, group and family therapies involving family members, guardians, or significant other in the assessment, treatment, and continuing care of the member;
- Motivational interviewing, enhancement, and engagement strategies;
- Health literacy counseling and psychoeducational activities;
- Skill restoration / development;
- Medical, psychological, psychiatric, laboratory, and toxicology services, which are available by consult or referral;
- 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;
- Psychiatric and medical formal agreements to provide medical consult within 8 hours of the requested consult by telephone, or within 48 hours in person or via telemedicine. Referrals to external resources are allowed in this setting;
- Emergency services available 24-hours a day and seven days a week;
- Close coordination through referrals to higher and lower levels of care and supportive housing services such as in a Clinically Managed Low Intensity Residential Services (ASAM Level 3.1); and
- Ensure members with OUD or AUD admitted to the program have access to appropriate pharmacotherapy, including buprenorphine, methadone or naltrexone.

The following service components shall be provided a minimum of once each day the member is in attendance or more as the treatment needs identified in the multidimensional assessment require:

- Skilled treatment services with a planned format including member and group psychotherapy;
- Medication management;
- Education groups; and
- Occupational, recreational therapy, and/or other therapies.

Co-Occurring Enhanced Programs

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In addition to the above, Partial Hospitalization Services (ASAM Level 2.5) co-occurring enhanced programs shall offer the following:

- Therapies and support systems as described above to members with co-occurring addictive and psychiatric disorders who are able to tolerate and benefit from a full program of therapies. Other members who are not able to benefit from a full program of therapies (who are severely or chronically mentally ill) will be offered/referred/linked to enhanced program services to constitute intensity of hours in Level 2.5, including substance use case management, intensive community treatment, medication management, and psychotherapy.
- Psychiatric services as appropriate to meet the member's mental health condition. Services may be available by telephone and on site, or closely coordinated off site, or via telemedicine.
- Clinical leadership and oversight and, at a minimum, capacity to consult with an addiction psychiatrist via telephone, telemedicine, or in person.
- CATPs with experience assessing and treating co-occurring mental illness.
- Ensure members with OUD or AUD admitted to the program have access to appropriate pharmacotherapy, including buprenorphine, methadone or naltrexone.

Service Units and Limitations

- Partial Hospitalization services require service authorization. The MCOs and the DMAS FFS contractor will respond within 72 hours to the service authorization request. If approved, the MCOs and the DMAS FFS contractor may reimburse providers retroactively for this service to allow members to immediately enter treatment.
- Members shall be discharged from this service when other less intensive services may achieve stabilization, the member requests discharge, the member ceases to participate, or the member demonstrates a need for a higher level of care. Discharge planning shall document realistic plans for the continuity of MOUD services with an in-network Medicaid provider.
- Partial Hospitalization Services may not be authorized concurrently with ASAM Level 2.1, 3.3, 3.5, 3.7 or 4.0; Mental Health Services including Mental Health Intensive Outpatient Services, Mental Health Partial Hospitalization Programs, Psychosocial Rehabilitation, Therapeutic Day Treatment, Intensive In-Home Services, Therapeutic Group Home, Community Stabilization, Residential Crisis Stabilization Unit (RCSU), Assertive Community Treatment, Multisystemic Therapy, Functional Family Therapy, Psychiatric Residential Treatment or inpatient admission. A seven day overlap with any outpatient or community based behavioral health service may be allowed for care coordination and continuity of care.
- Partial Hospitalization services may be provided concurrently with the pharmacotherapy component of Preferred OBAT or OTP services for access to MOUD. Counseling is part of the ASAM Level 2.5 per diem. Collaboration between the Partial Hospitalization provider and the prescriber is required and shall be documented.
- Preferred OBAT and OTP services including physician visits and medications, labs, and urine drug screens may be billed separately. For more information, please see the Preferred Office-Based

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Addiction Treatment (OBAT) and Opioid Treatment Program (OTP) Supplement to this Provider Manual.

- Staff travel time is excluded and therefore not reimbursable.
- One unit of service is equivalent to one day. The minimum number of service hours per week is 20 hours with at least five service hours per service day of skilled treatment services, with regards to the first and last week of treatment. In cases that a member does not complete the minimum of five clinical service hours per service day, the provider should document any deviation from the ISP in the member's medical record and reason for the deviation and notify the MCO or the DMAS FFS contractor (depending on the member's benefit) weekly when the minimum sessions have not been provided. If the member consistently deviates from the required services in the ISP, the provider should work with the MCO or the DMAS FFS contractor ARTS Care Coordinator to reassess for another ASAM Level of Care or model to better meet the member's needs. Medicaid allows as a transition step down in intensity for 1 to 2 weeks prior to transitioning to Level 2.1 or 1 to avoid relapse. The transition step down needs to be approved by the MCO or the DMAS FFS contractor (depending on the member's benefit) and documented and supported by the member's ISP.
- Group substance use counseling by CATPs, CSACs and CSAC-supervisees shall have a maximum limit of 12 individuals in the group or less depending on the clinical model. Group size may exceed this limit based on the determination of the CATP. Such counseling shall focus on the needs of the members served.
- CSACs by scope of practice are able to perform group substance use counseling, thus could provide counseling and psychoeducational services in this level of care.
- Time not spent in skilled, clinically intensive treatment is not billable.
- There are no maximum annual limits.