

Medically Monitored Intensive Inpatient Services (Adult) and Medically Monitored High Intensity Inpatient Services (Adolescent) (ASAM Level 3.7)

Service Type:

0051 SPO Substance Abuse

Procedure Code:

H2036 HB (Adult) and HA (Adolescent)

Last Updated: 10/19/2023

Medically Monitored intensive inpatient services (adult) and medically monitored high intensity inpatient services (adolescent) (ASAM Level 3.7) as defined in 12VAC30-130-5140 and 12VAC35-105-1480 to 1520, shall meet the following service components through service provision or through referral:

- Clinical staff shall be able to provide a planned regimen of 24 hour professionally directed evaluation, care and treatment including the administration of prescribed medications.
- Addiction-credentialed physician or physician with experience in addiction medicine shall oversee the treatment process and assure quality of care. Licensed physicians or physician extenders shall perform physical examinations for all members who are admitted; except in cases where a member is admitted to Level 3.7 as a step-down from Level 4.0 within the same facility, in which case the physician/physician extender shall review the physical exam that was performed within the previous seven days. Staff shall supervise addiction pharmacotherapy, integrated with psychosocial therapies. The professional may be a physician or psychiatrist, or physician extender as defined in 12VAC30-130-5020 if knowledgeable about addiction treatment. Physician monitoring, nursing care and observation shall be available. A physician shall assess the member in person within 24 hours of admission and thereafter as medically necessary.
- A registered nurse (RN) under direction of a Physician Medical Director, shall conduct an alcohol or other drug focused nursing assessment upon admission. The RN shall have the competencies and experience in conducting an alcohol or other drug focused nursing assessment. The RN performing the alcohol or other drug focused nursing assessment shall report the results to the attending physician, who then directs initiation of the medical-monitored protocol based on the results of the focused assessment. An RN or licensed practical nurse (LPN) shall be responsible for monitoring the member's progress and for medication administration duties.
- Daily clinical services provided by an interdisciplinary team to involve appropriate medical and nursing services, as well as individual, group and family therapy services. Activities may include pharmacological, withdrawal management, cognitive-behavioral, and other therapies administered on an individual or group basis and modified to meet the member's level of understanding and assist in the member's recovery.
- Planned clinical activities to enhance understanding of SUDSUDs. Planned clinical program activities to stabilize acute addictive or psychiatric symptoms. Activities may include pharmacological, cognitive-behavioral, and other therapies administered on an individual or group basis and adapted to the member's level of comprehension.
- Psychotherapy, SUD counseling and clinical monitoring to facilitate re-involvement in regular productive daily activities and successful re-integration into family living if applicable. Counseling and clinical monitoring to promote re-involvement in or skill building in regular productive daily activities such as work or school and successful re-integration into family living if applicable.
- Random drug screens to monitor use and strengthen recovery and treatment gains.

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- Regular medication monitoring.
- Health education associated with the course of addiction and other potential health related risk factors including Tuberculosis, HIV, Hepatitis B and C, and other sexually transmitted infections.
- Evidence based practices such as motivational interviewing to address the members readiness to change, designed to facilitate understanding of the relationship between SUD and life impacts.
- Daily treatments to manage acute biomedical symptoms of substance use or mental illness.
- Services to family and significant others as appropriate to advance the member's treatment goals and objectives identified in the ISP.
- Additional medical specialty consultation, psychological, laboratory and toxicology services shall be available on site, either through consultation or referral. For members who have not been screened for infectious diseases within the 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.
- Coordination of necessary services shall be available on-site or through referral to a closely coordinated off-site provider to transition the member to lower levels of care.
- Psychiatric services are available onsite, through consultation or referral when a presenting problem could be attended to at a later time. Such services are available within eight hours by telephone and 24 hours in-person.
- Psychoeducation along with medication education and management shall be offered.