

# Medically Managed Intensive Inpatient Services (ASAM Level 4.0)

## Service Type:

0051 SPO Substance Abuse

## Procedure Code:

H0011

Last Updated: 10/19/2023

Medically managed intensive inpatient services (ASAM Level 4.0) as defined in 12VAC30-130-5150 and 12VAC35-105-1430 to 1470 may be acute care hospitals, inpatient psychiatric units of an acute care hospital or a freestanding psychiatric facility and shall be the designated setting for medically managed intensive inpatient treatment. Medically managed intensive inpatient services shall offer medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, or biomedical distress resulting from, or occurring with, a member's use of alcohol and other drugs. Such service settings shall offer medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, or biomedical distress, or all of these, resulting from, or co-occurring with, a member's use of alcohol or other drugs with the exception of tobacco-related disorders, caffeine abuse or dependence, or non-substance-related disorders.

ASAM Level 4.0 providers shall meet the service components as noted in this section.

Medically managed intensive inpatient services (ASAM Level 4.0) include:

- An evaluation or analysis of SUDs shall be provided, including the diagnosis of SUDs and the assessment of treatment needs for medically necessary services.
- Observation and monitoring the member's course of withdrawal shall be provided. This shall be conducted as frequently as deemed appropriate for the member and the level of care the member is receiving. This may include, for example, observation of the member's health status.
- Medication services including the prescription or administration related to SUD treatment services, or the assessment of the side effects or results of that medication, conducted by appropriate licensed staff who provide such services within their scope of practice or license.
- 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.

The following therapies are reimbursable based on the individual member's needs:

- Daily clinical services provided by an interdisciplinary team to stabilize acute addictive or psychiatric symptoms. Activities shall include pharmacological, cognitive-behavioral, and other psychotherapies or SUD counseling administered on an individual or group basis and modified to meet the member's level of understanding. For members with a severe biomedical disorder, physical health interventions are available to supplement addiction treatment. For the member who has less stable psychiatric symptoms, Level 4 co-occurring capable programs offer individualized treatment activities designed to monitor the member's mental health and to address the interaction of the mental health programs and SUDs.
- Health education services.
- Planned clinical interventions that are designed to enhance the member's understanding and acceptance of illness of addiction and the recovery process.

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- Services for the member's family, guardian, or significant other, as appropriate, to advance the member's treatment and recovery goals and objectives identified in the ISP.
- This level of care offers 24-hour nursing care and daily physician care for severe, unstable problems in any of the following ASAM dimensions: i) acute intoxication or withdrawal potential; ii) biomedical conditions and complications; iii) emotional, behavioral, or cognitive conditions and complications.

## *Discharge Planning*

Discharge planning should take place at the start of admission of the member and should continue throughout the member's inpatient stay the member or legally authorized representative and the ARTS Care Coordinator of the MCO or the DMAS FFS contractor shall be involved in treatment/discharge planning and shall identify the anticipated needs of the member and family upon discharge and identify the available services in the community. Prior to discharge, the inpatient services provider shall submit an active written discharge plan to the MCO or the DMAS FFS contractor depending on the member's benefit, for review. Once the MCO or the DMAS FFS contractor approves the discharge plan, the inpatient services provider shall begin collaborating with the member or legally authorized representative and the treatment team to prepare the member for referral into another level of care, post treatment returns or reentry into the community, or the linkage of the member to essential community treatment, housing, recovery, and human services. The inpatient services provider shall request written permission from the member or legally authorized representative to share treatment information with these providers and shall share information pursuant to a valid release. The inpatient services provider shall notify the MCO or the DMAS FFS contractor depending on the member's benefit within one business day of the member's discharge date from their facility.

Once a member has been discharged from ASAM levels of care 4.0, any subsequent admission to an ASAM Level 4.0 would be considered a new admission.

Medically managed intensive inpatient services (ASAM Level 4.0) co-occurring enhanced programs. These programs shall be provided by appropriately credentialed mental health professionals who assess and treat the member's co-occurring mental illness and are knowledgeable about the biological and psychosocial dimensions of psychiatric disorders and their treatment.