



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

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Department:	Medical Management	Policy Number:	A-LA 7100.48
Subsection:	Prior Authorization	Effective Date:	11/08/2022
Applies to:	Aetna Better Health of Louisiana		

PURPOSE:

The purpose of this policy is to define Aetna Better Health’s clinical requirements for the prior authorization of Substance Use Disorder Intensive Outpatient and Residential Treatment.

STATEMENT OF OBJECTIVE:

Objectives of the Substance Use Disorder Intensive Outpatient and Residential Treatment prior authorization process are to:

- Define Substance Use Disorder Intensive Outpatient and Residential Treatment services
- Ensure the hierarchy of medical necessity criteria for Substance Use Disorder Intensive Outpatient and Residential Treatment is utilized appropriately
- Establish procedures for reviewing and rendering determinations for Substance Use Disorder Intensive Outpatient and Residential Treatment prior authorization requests

FOCUS/DISPOSITION:

The goals of substance use disorders prevention and treatment services for adolescents and adults are to acquire a responsive system of service delivery designed to respond to the needs of individuals by utilizing evidence-based models of care and provide the full continuum of care to meet the treatment needs of individuals within the community. The expected outcomes of receiving treatment are to return people to productive levels of functioning within their family, workplace, and community.

Prior Authorization of Substance Use Disorder Intensive Outpatient and Residential Treatment

Substance Use Disorder Intensive Outpatient and Residential Treatment (with the exception of ASAM Level 3.1- Clinically Managed Low-intensity Residential Treatment) requires prior authorization. A comprehensive bio-psychosocial assessment and ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. The evaluation must be reviewed and signed by an LMHP. The comprehensive biopsychosocial evaluation shall contain the following:

- Circumstances leading to admission;
- Past and present behavioral health concerns;



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- Past and present psychiatric and addictive disorders treatment;
- Significant medical history and current health status;
- Family and social history;
- Current living situation;
- Relationships with family of origin, nuclear;
- Family and significant others;
- Education and vocational training;
- Employment history and current status;
- Military service history and current status;
- Legal history and current legal status;
- Emotional state and behavioral functioning, past and present; and
- Strengths, weaknesses, and needs.

There shall be evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. SUD providers, when clinically appropriate, shall:

- Educate members on the proven effectiveness, benefits and risks of Food and Drug Administration approved MAT options for their SUD;
- Provide on-site MAT or refer to MAT offsite; and
- Document member education, access to MAT and member response in the progress notes.

Residential SUD providers shall provide MAT onsite or facilitate access to MAT offsite which includes coordinating with Aetna Better Health for referring to available MAT provider and arranging Medicaid non-emergency medical transportation if other transportation is not available for the patient.

A physical examination or appropriate referral should occur within 72 hours if indicated by the physician, nursing assessment or screening process. A drug screening is conducted when the member's history is inconclusive or unreliable. An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made. For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to



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prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.

Treatment plans shall be based on the evaluations to include person-centered goals and objectives. The treatment plan shall be developed within 72 hours within residential facilities with active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of rehabilitative services. The treatment plan shall identify the medical or remedial services intended to reduce the identified condition, as well as the anticipated outcomes of the individual. The treatment plan shall include a referral to self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA). The treatment plan must specify the frequency, amount and duration of services. The treatment plan must be signed by the LMHP or physician responsible for developing the plan.

Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All substance use treatment services shall offer the family component. Adolescent substance use programs shall include family involvement, parent education and family therapy.

For adults, independent lab work is not part of the capitated rate. However, routine drug screens that are part of residential, outpatient and inpatient services are covered under the rate paid to the provider.

Level 2 SUD Services

Level 2 SUD services include ASAM 2.1 (Intensive Outpatient Treatment) and ASAM 2-WM (Ambulatory Withdrawal Management with Extended Onsite Monitoring). ASAM 2.1 and 2-WM S are professionally directed assessment, diagnosis, treatment, withdrawal management and recovery services provided in an organized non-residential treatment setting. Level 2 services are organized activities which may be delivered in any appropriate community setting that meets State licensure.



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ASAM 2.1 services include, but are not limited to, individual, group, family counseling and psychoeducation on recovery, as well as monitoring of drug use, medication management, medical and psychiatric examinations, crisis intervention coverage and orientation to community-based support groups. Intensive outpatient program services shall include evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing, multidimensional-family therapy and Medication for Opioid Use Disorder (MOUD). The treatment plan is reviewed/updated in collaboration with the member, as needed, or at minimum of every 30 days or more frequently if indicated by the member's needs and documented accordingly

Adult IOP group must consist of a minimum of 3 hours per day, for a minimum of 3 days per calendar week (9 contact hours) and a maximum of 5 days per calendar week. Youth IOP group must consist of a minimum of 3 hours per day, for a minimum of 2 days per calendar week (6 contact hours) and a maximum of 5 days per calendar week. For both youth and adults receiving SUD IOP, a minimum of 1 session of individual therapy must be provided within each 30-day service period, with a maximum of 4 sessions per 30-day service period. The maximum number of SUD IOP treatment hours for adolescents and adults is 19 hours per week.

ASAM 2-WM is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility by trained clinicians, who provide medically supervised evaluation, withdrawal management and referral services. These services are designed to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the individual's entry into ongoing treatment and recovery. Withdrawal management is conducted on an outpatient basis. It is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe. Counseling services may be available through the withdrawal management program or may be accessed through affiliation with entities providing outpatient services. Ambulatory withdrawal management is provided in conjunction with ASAM level 2.1 intensive outpatient treatment services.



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Level 3 SUD Services

Level 3 residential 3 residential SUD Services (ASAM Levels 3.1, 3.2WM, 3.3, 3.5, 3.7, and 3.7WM), are professionally directed assessment, diagnosis, treatment, withdrawal management and recovery services provided in an organized residential setting.

ASAM Level 3.1- Clinically Managed Low Intensity Residential Treatment programs offer at least five hours per week of a combination of low-intensity clinical and recovery-focused services directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life.

Level 3.2WM- Clinically Managed Residential Social Withdrawal Management programs are provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Social withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, nonmedical alternative to inpatient withdrawal management.

ASAM Level 3.3- Clinically Managed Medium Intensity Residential Treatment residential programs offer at least 20 hours per week of a combination of medium intensity clinical and recovery-focused services and provide a structured recovery environment in combination with medium-intensity clinical services to support recovery from substance-related disorders.

ASAM Level 3.5- Clinically Managed High Intensity Residential Treatment is designed to treat persons who have significant social and psychological problems. Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in members' lifestyles, attitudes, and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning, and disaffiliation from mainstream values (Example: therapeutic community or residential treatment center).



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ASAM Level 3.7- Medically Monitored Intensive Inpatient Treatment co-occurring disorder (COD) residential treatment provides 24-hour care including psychiatric and substance use assessments, diagnosis, treatment, habilitative and rehabilitation services to individuals with co-occurring psychiatric and substance disorders, whose disorders are of sufficient severity to require a residential level of care. It also features professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in a residential setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures, and clinical protocols. Appropriate for patients whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require co-occurring capable or enhanced residential treatment, but who do not need the full resources of an acute care general hospital.

Level 3.7WM- Medically Monitored Inpatient Withdrawal Management is an organized service delivered by medical and nursing professionals, which provide for 24-hour medically supervised evaluation under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. There must be daily assessment of the member's progress, which shall be documented accordingly. Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families¹.

Medical Necessity Criteria

The medical necessity for substance use disorder services must be determined by and recommended by an LMHP or physician and under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level. In addition to the LDH Behavioral Health Services Provider Manual, the primary medical necessity criteria used to authorize Substance Use Disorder Intensive Outpatient and Residential Treatment are the following 26th Edition MCG Guidelines: Substance-Related Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Adult, ORG: B-903-IOP (BHG); Substance-Related Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Child or

¹ LDH Behavioral Health Services Provider Manual, Section 2.4, Addiction Services, pages 1-58



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Adolescent ORG: B-907-IOP (BHG); Substance-Related Disorders, Residential Behavioral Health Level of Care, Adult, ORG: B-903-RES (BHG); Substance-Related Disorders, Residential Behavioral Health Level of Care, Child or Adolescent, ORG: B-907-RES (BHG). The secondary medical necessity criteria used to authorize Substance Use Disorder Intensive Outpatient and Residential Treatment is the ASAM Criteria, 3rd edition. All medical necessity criteria must be met for admission to the requested level of care.

Aetna Better Health requires that the member’s situation and expectations are appropriate for Substance Use Disorder Intensive Outpatient and Residential Treatment as indicated by all of the following:

- Substance-related disorder with active symptoms is present
- Recommended treatment is necessary, appropriate, and not feasible at lower level of care
- Patient is willing to participate in treatment voluntarily
- Patient has sufficient ability to respond as planned to individual and group therapeutic interventions
- Biopsychosocial stressors potentially contributing to clinical presentation (eg, comorbidities, illness history, environment, social network, ability to cope, and level of engagement) have been assessed and are absent or manageable at proposed level of care.

DEFINITIONS:

American Society of Addiction Medicine (ASAM) Criteria, 3rd Edition	The ASAM Criteria; Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Change Companies®; 2013.
MCG®	MCG, including Chronic Care Guidelines, are evidence-based clinical guidelines that are updated annually. They support prospective, concurrent, and retrospective reviews; proactive care management; discharge planning; patient education, and quality initiatives.

LEGAL/CONTRACT REFERENCE:

[2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract](#)



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Applicable federal and state laws, regulations, and directives

[Louisiana Department of Health \(LDH\) Behavioral Health Services Provider Manual](#)

Review/Revision History	
11/08/2022	New Policy
11/2023	Annual review. Updated CEO and CMO signatory lines.