



**Outpatient Substance Use Counseling Services (Adults and Adolescents)**

Description of Services: Those substance use services that are rendered in an office, clinic environment, an individual's home, or other locations appropriate to the provision of service for substance use counseling and meeting state licensure requirements if applicable. Services focus on behaviors associated with alcohol and/or drug use including lifestyle, attitudes, relapse prevention, and coping skills. These services are typically no more than 9 hours a week for adults. Active family/significant other involvement is important unless contraindicated. The goals, frequency and length of treatment will vary according to the needs of the individual and the response to. A clear treatment focus, measurable outcomes, and a discharge plan (including the identification of realistic discharge criteria) will be developed as part of the initial assessment and treatment planning process, and will be evaluated and revised as necessary as treatment proceeds. Outpatient services may be of brief duration and may be provided as a step down from a higher intensity of care or as initial treatment. Some individuals, however, may require ongoing, intermittent contact with a licensed professional (e.g. once or twice per month) to maintain the individual's optimal level of functioning, sobriety and to prevent the need for more intensive levels of care. Medical and Psychiatric consultation should be available based on clinical need. This level of care is also indicated for individuals with limited motivation for change as higher levels of care may increase resistance to change and negatively impact the therapeutic environment. Licensure and credentialing requirements specific to facilities and individual practitioners do apply and are found in our provider manual/credentialing information.

Additional information for adolescent individuals:

In general, the medical necessity for the treatment of substance use disorders for adolescents is similar to that of adults. Typically, services are no more than 6 hours a week for adolescents. However, in considering the following criteria several factors unique to the adolescent population should be taken into consideration. Among these are the cognitive and emotional developmental aspects, any neurodevelopmental issues, and family support/supervision. In addition, an important area of focus is the individual's external peer group (friends, schoolmates etc.), availability of school-based drug prevention programs and how they affect the accomplishment of a successful outcome. Also it is necessary to focus on problem solving skills, relapse prevention, social skills and academics as they relate to the individual individual's treatment. The development of a social support network that enhances the likelihood of successful treatment and maintained sobriety requires careful coordination amongst the treatment team, parents and individual. In general, coexisting medical issues requiring higher levels of care are less common in adolescents.

**Important: While level of care determinations are considered in the context of an individual's treatment history; Beacon Health Options never requires the attempt of a less intensive treatment as a criterion to authorize any service.**

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p><i>All of the following criteria are necessary for admission:</i></p> <ol style="list-style-type: none"> <li>Individual has been evaluated by a licensed clinician and meets</li> </ol>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>The individual's condition continues to meet admission criteria at this level of care.</li> </ol>	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i>The individual's documented treatment plan goals and objectives have been substantially met and continued services are not required to prevent more intensive levels of care</p>

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<p>diagnostic criteria under DSM (the most current version of the DSM) for substance use or dependence which requires and can reasonably be expected to respond to outpatient counseling Evaluation needs to include an assessment of psychiatric and medical issues.</p> <ol style="list-style-type: none"> <li>2. Substance use interferes with the individual's ability to function in at least one life area or individual requires ongoing intervention for chronic disease management.</li> <li>3. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment is necessary to maintain the current level of functioning &amp; sobriety.</li> <li>4. Withdrawal symptoms are absent or are manageable in the outpatient setting.</li> <li>5. Consultation for medical, psychiatric and laboratory services is available as clinically necessary.</li> <li>6. Drug toxicology services are available.</li> </ol> <p><i>And the following <b>may</b> apply:</i></p>	<ol style="list-style-type: none"> <li>2. The individual's treatment does not require a more intensive level of care, and no less intensive level of services would be appropriate.</li> <li>3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated. Treatment plan must include individual's own stated goals of treatment.</li> <li>4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. Expected benefit from all relevant modalities is documented.</li> <li>5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident. Or, continued outpatient services are expected to prevent the need for more intensive levels of care.</li> <li>6. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.</li> <li>7. When medically necessary, appropriate psychopharmacological intervention has been</li> </ol>	<ol style="list-style-type: none"> <li>1. The individual no longer meets admission criteria, or meets criteria for a less or more intensive level of care.</li> <li>2. Non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.</li> <li>3. The individual is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care or treatment approach.</li> <li>4. Continuing stabilization or maintenance can occur with discharge from this level of care. Medication Management and/or community supports are sufficient to meet the individual's needs.</li> </ol>
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<p>Individuals with treatment mandates (e.g. court orders) as their primary motivation for treatment; or those with limited motivation for behavioral change may be appropriate for this level of care as opposed to higher levels of care that require more motivation..</p>	<p>prescribed and/or evaluated in a timely manner.</p> <ol style="list-style-type: none"> <li>8. There is documented active discharge planning from the beginning of treatment.</li> <li>9. There is a documented active attempt at coordination of care with relevant providers and twelve step programs when appropriate. If coordination is not successful, the reason(s) are documented.</li> <li>10. Unless contraindicated, family and/or significant other are actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.</li> </ol> <p>Random screening tests for drugs of abuse should occur to monitor adherence and ongoing progress. Testing meets medical necessity criteria defined in 4.701-Substance use laboratory testing for drug and alcohol use.</p>	
<p><b>Exclusions:</b>  <b>Any of the following criteria is sufficient for exclusion:</b></p> <ol style="list-style-type: none"> <li>1. Quantitative testing or drug confirmation testing is excluded from coverage if performed for forensic or legal purposes.</li> <li>2. Quantitative testing for negative screening results is excluded without written documentation of clinical concern regarding false negative.</li> <li>3. Quantitative testing requires a positive screening test or suspected false negative test and shall be performed only for the specific drug class identified.</li> <li>4. Blood and urine screens ordered for the same drug panel on the same day will not be paid.</li> <li>5. Quantitative or qualitative drug testing is covered only for a member receiving active treatment or evaluation of a DSM or related ICD condition. Laboratory testing is expected to be conducted in the context of a therapeutic relationship, treatment plan or work-up.</li> <li>6. Routine use of test panels without discernment of clinical relevance for each member</li> <li>7. Confirmation and quantification of all presumptive positive and negative test results.</li> <li>8. Frequent drug testing without consideration of the window of detection for substance(s) in question.</li> <li>9. No documentation of rationale for testing or test results in medical record.</li> </ol> <p><b>Reference Sources:</b></p>		

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- 1) Beacon's Medical Necessity Criteria incorporates generally accepted standards of behavioral health practice documented in evidence and consensus based guidelines derived from: Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines;
- 3) National health institutes: National Institutes of Health (NIH), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements including CMS' National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs)
- 6) National industry peer organizations including managed care organizations (MCO) and behavioral health organizations (BHO);

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