



United Behavioral Health

Behavioral Clinical Policy: American Society of Addiction Medicine (ASAM) Level of Care 3.1 and 3.3 Coverage Criteria

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INTRODUCTION

Behavioral Clinical Policies are a set of objective and evidence-based behavioral health criteria used by medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®¹.

INSTRUCTIONS FOR USE

This guideline is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This guideline is provided for informational purposes. It does not constitute medical advice.

¹ Optum is a brand used by United Behavioral Health and its affiliates.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member-specific benefit plan document and any federal or state mandates to determine coverage and exclusions, if applicable.

COVERAGE RATIONALE

The ASAM Criteria Level 3.1 Clinically Managed Low-Intensity Residential Services and Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services, Third Edition:

- Level 3.1 services: The ASAM Criteria promotes a flexible outcome-based approach that takes into account the actual progress and dynamic needs of the unique individual. There is little data and knowledge on the dose response relationship for residential treatment and further research is needed to clarify these matters. The defining characteristics of these services are a need to provide a safe and stable living environment to stabilize and develop recovery skills (ASAM, 2013). Level 3.1 services at this time are not a covered benefit; these services are currently not licensed or accredited by most state or non-governmental agencies. Sober houses, boarding houses, halfway houses, group homes, transitional living, and other supported living environments are excluded from coverage.
- Level 3.3 services are designed specifically to treat patients with cognitive deficits, either developmental or of acute onset (e.g., traumatic brain injury, stroke), and therefore excluded from the substance use disorder residential benefit.
- There is no evidence-based research published within the past 5 years regarding ASAM level 3.1 and 3.3 residential care for substance use disorder treatment; no systematic reviews, meta-analyses, or well-designed trials could be found to demonstrate effectiveness. There is no clinical evidence to support residential care that includes sober houses, boarding houses, halfway houses, group homes, transitional living, and other supported living environments where treatment services are not provided, as a significant intervention in treating substance use disorders.

CLINICAL EVIDENCE

Clinical Trials & Studies

There are no well-designed trials or studies published within the past 5 years addressing clinically managed residential care for substance use disorder treatment.

Systematic Reviews & Meta-Analyses

There are no systematic reviews or meta-analyses published within the past 5 years addressing clinically managed residential care for substance use disorder treatment.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other clinical criteria may apply.

Procedure Codes	Description
H0018	Behavioral health; short-term residential (non-hospital residential treatment)

	program), without room and board, per diem
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H2034	Alcohol and/or drug abuse halfway house services, per diem
H0043	Supported housing, per diem
H0044	Supported housing, per month

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Revenue Codes	Description
1003	Supervised living (Not covered; Commercial plans)
1004	Halfway House (Not covered; Commercial plans)
1005	Group Home (Not covered; Commercial plans)

American Hospital Association™

REFERENCES

Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., & Miller, M.M., (eds). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013.

REVISION HISTORY

Date	Action/Description
November 18, 2019	<ul style="list-style-type: none"> • Version 1; Approved by UMC