

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Prevention			
<p>Level 0.5 Early Intervention/ Prevention</p>	<p>1. Screening services recommended by the U.S. Preventive Services Task Force;</p> <ul style="list-style-type: none"> a. Depression screening in adults and adolescents b. Alcohol screening in adults, including pregnant women c. Tobacco use counseling and interventions for pregnant women 	<p>a. DEPRESSION SCREENING</p> <p><u>Adults:</u> Many formal screening tools are available, including instruments designed specifically for older adults. (See Policy, page 4) Asking 2 simple questions about mood and anhedonia ("Over the past 2 weeks, have you felt down, depressed, or hopeless?" and "Over the past 2 weeks, have you felt little interest or pleasure in doing things?") may be as effective as using more formal instruments (2). There is little evidence to recommend 1 screening method over another; therefore, clinicians may choose the method most consistent with their personal preference, the patient population being served, and the practice setting.</p> <p>All positive screening tests should trigger full diagnostic interviews that use standard diagnostic criteria (that is, those from the updated <i>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition</i>) to determine the presence or absence of specific depressive disorders, such as MDD or dysthymia. The severity of depression and comorbid psychological problems (for example, anxiety, panic attacks, or substance abuse) should be addressed.</p> <p><u>Adolescents:</u> Instruments developed for primary care (Patient Health Questionnaire for Adolescents [PHQ-A] and the Beck Depression Inventory-Primary Care Version [BDI-PC]) have been used successfully in adolescents. There are limited data describing the accuracy of using MDD screening instruments in younger children (7-11 years of age).</p> <p>b. ALCOHOL SCREENING</p> <p><u>Adults/Pregnant Women:</u> The USPSTF considers 3 tools as the instruments of choice for screening for alcohol misuse in the primary care setting: the</p>	<p>No prior authorization required.</p> <p>Limited to 1 screen per 90 days per disorder.</p>

		<p>Alcohol Use Disorders Identification Test (AUDIT), the abbreviated AUDIT-Consumption (AUDIT-C), and single-question screening (for example, the NIAAA recommends asking, "How many times in the past year have you had 5 [for men] or 4 [for women and all adults older than 65 years] or more drinks in a day?").</p> <p>Of available screening tools, AUDIT is the most widely studied for detecting alcohol misuse in primary care settings; both AUDIT and the abbreviated AUDIT-C have good sensitivity and specificity for detecting the full spectrum of alcohol misuse across multiple populations. AUDIT comprises 10 questions and requires approximately 2 to 5 minutes to administer; AUDIT-C comprises 3 questions and takes 1 to 2 minutes to complete. Single-question screening also has adequate sensitivity and specificity across the alcohol-misuse spectrum and requires less than 1 minute to administer.</p> <p>c. TOBACCO</p> <p><u>Pregnant Women</u></p> <p>Various primary care clinicians may deliver effective interventions. There is a dose-response relationship between quit rates and the intensity of counseling (that is, more or longer sessions improve quit rates). Quit rates seem to plateau after 90 minutes of total counseling contact time.¹ Helpful components of counseling include problem-solving guidance for smokers (to help them develop a plan to quit and overcome common barriers to quitting) and the provision of social support as part of treatment. Complementary practices that improve cessation rates include motivational interviewing, assessing readiness to change, offering more intensive counseling or referrals, and using telephone "quit lines."¹</p>	
--	--	--	--

Outpatient Services			
Level I Outpatient Services	<ol style="list-style-type: none"> 1. Medication management 2. Behavioral Health/Substance Abuse Covered Screens 3. Comprehensive biopsychosocial Assessment 4. Individual and group counseling 5. Individual, group, family psychotherapy 6. Peer Support Services 	<p>A clinic model that meets the certification requirement NAC458.103 for alcohol and drug abuse programs.</p> <p>The entity will provide medical, psychiatric, psychological, services, which are available onsite or through consultation or referral. Medical and psychiatric consultation are available within 24 hours by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation. Emergency services available by telephone 24 hours a day, 7 days a week. Recovery and self-help groups are a part of the overall milieu. All other services are individually billed.</p>	Prior Authorization Required

DRAFT

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Level II II.1 Intensive Outpatient Treatment	An evidenced-based/best practice model providing a minimum amount of skilled structured programming hours per week. During the day, before or after work setting, evening, and/or weekend. Provides a milieu “real world” environment. The milieu is a combination of skilled treatment services. <ol style="list-style-type: none"> 1. Medical and psychiatric consultation 2. Psychopharmacological consultation 3. Medication management 4. 24 hour crisis management 5. Comprehensive biopsychosocial assessments 6. Behavioral Health/Substance Abuse Covered Screens 7. Individual and group counseling 8. Individual, group, family psychotherapy 9. Self-help/recovery groups 	Frequencies and intensity are appropriate to the objectives of the treatment plan. Requires a comprehensive interdisciplinary program team approach of appropriately credentialed addiction treatment professionals, including addiction –credentialed physicians who assess and treat substance-related disorders. Some staff are cross trained to understand the signs and symptoms of mental disorders and to understand and explain the uses of psychotropic medications and interactions with substance-related disorders.	Prior authorization required
II.5 Partial Hospitalization	<ol style="list-style-type: none"> 1. Outpatient hospital setting. 2. All level II.1 services in addition need the direct access to psychiatric, medical and/or laboratory services. 	Same as above, in addition psychiatric and medical management. Intensity of service required is higher than can be provided in Intensive Outpatient Treatment.	Prior Authorization Required

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Level III Residential III.3-.5 Managed Residential	<p>Medical, psychiatric, psychological, services, which are available onsite or through consultation or referral. Medical and psychiatric consultation are available within 24 hours by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation</p> <ol style="list-style-type: none"> 1. 24 hour crisis management 2. Medication management 3. Emergency services available by telephone 24 hours a day, 7 days a week 4. Behavioral Health/Substance Abuse Covered Screens 5. Comprehensive biopsychosocial Assessment 6. Individual and group counseling 7. Individual, group, family psychotherapy 8. Self-help/recovery groups 	<p>A clinic model that meets the certification requirement NAC458.103 for alcohol and drug abuse programs. Room and board is not a reimbursable service through Division of Health Care Financing and Policy outpatient program.</p> <p>The entity will provide medical, psychiatric, psychological, services, which are available onsite or through consultation or referral. Medical and psychiatric consultation are available within 24 hours by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation. Emergency services available by telephone 24 hours a day, 7 days a week. Recovery and self-help groups are a part of the overall milieu. All other services are individually billed.</p>	<p>Prior authorization</p> <p>Intensity of service is dependent upon individual and presenting symptoms</p>



Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Detoxification Services			
Inpatient Services			
Level IV Medically Managed Intensive Inpatient and Detoxification Services	Inpatient substance abuse services are those services delivered in freestanding substance abuse treatment hospitals or general hospitals with a specialized substance abuse treatment unit which includes a secure, structured environment, 24-hour observation and supervision by mental health substance abuse professionals and a structured multidisciplinary clinical approach to treatment. These hospitals provide medical detoxification and treatment services for individuals suffering from acute alcohol and substance abuse conditions. Services provided in; <ol style="list-style-type: none"> 1. An acute care general hospital with a psychiatric unit, 2. A free standing psychiatric (patients 22-64 are non-covered), and 3. A licensed chemical dependency specialty hospital with acute care medical and nursing staff. 	Reference 403.10	Prior Authorization required. Reference Inpatient section 403.10