PREMERA HMO

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MEDICAL POLICY – 10.01.532

ASAM Criteria: Services Reviewed for Medical Necessity

Effective Date:	Nov. 1, 2024	RELATED MEDICAL POLICIES:
Last Revised:	Oct. 21, 2024	None
Replaces:	N/A	

This policy only applies to Washington Individual Plans and Washington Fully-Insured Group Plans, except GAIP and ISHIP, for admissions on and after January 1, 2021.

Select a hyperlink below to be directed to that section.

Clicking this icon returns you to the hyperlinks menu above.

Introduction

The Plan uses criteria from the American Society of Addiction Medicine (ASAM) to review for residential, inpatient, and detoxification services for adults and adolescents. ASAM criteria were created to improve access to and quality of care in the treatment of substance use disorders. These criteria match individual patients with the appropriate services to help patients succeed in their recovery. This policy describes which types of substance use disorder treatment may be considered medically necessary when using ASAM criteria.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Substance Use Disorder Treatment – Adults and Adolescents	**The following services may be considered medically necessary when criteria are met using American Society of Addiction Medicine (ASAM) criteria:** • Inpatient substance use disorder rehabilitation • Residential/sub-acute detoxification • Residential substance use disorder treatment • Special populations substance use disorder residential treatment

Coding

Code	Description
Rev Code	**Service**
0118	Inpatient SUD treatment
0128	Inpatient SUD treatment
0138	Inpatient SUD treatment
0148	Inpatient SUD treatment
0158	Inpatient SUD treatment
1002	Residential SUD treatment
0116	Residential/subacute detoxification; Inpatient detoxification
0126	Residential/subacute detoxification; Inpatient detoxification
0136	Residential/subacute detoxification; Inpatient detoxification
0146	Residential/subacute detoxification; Inpatient detoxification
0156	Residential/subacute detoxification; Inpatient detoxification
HCPCS Code	**Service**
H0008	Residential/subacute detoxification
H0009	Inpatient detoxification
H0010	Residential/subacute detoxification

Code	Description
Rev Code	**Service**
H0011	Residential/subacute detoxification
ICD-10 CM Diagnosis Code	**Description**
F10.10-F16.99	Substance abuse disorder
F18.10-F19.99	Substance abuse disorder

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Benefit Application

This policy only applies to Washington fully-insured groups except GAIP and ISHIP, for admissions on and after January 1, 2021.

History

Date	Comments
12/01/20	New policy, approved Nov. 10, 2020, effective for dates of service on or after January 1, 2021, following 90-day provider notification. ASAM Criteria will be used to review for medical necessity for SUD services for adults and adolescents. This policy only applies to Washington fully-insured groups except GAIP and ISHIP, for admissions on and after January 1, 2021
01/04/21	Minor update. Corrected lising of services to remove inpatient detoxification and inpatient substance use disorder from that applied to this policy and added inpatient substance use disorder dehabilitation to align with the mandate No other changes.
08/01/21	Annual Review, approved July 9, 2021. Reviewed with no changes.
08/01/22	Annual Review, approved July 25, 2022. Guidelines reviewed; no content changes.
11/01/23	Annual Review, approved October 23, 2023. Policy reviewed; not changes to content.

Date	Comments
01/01/24	Minor clarification. Clarified further that policy applies to Washington Individual Plans and Washington Fully-Insured Group plans only, with the exception of GAIP and ISHIP, for admissions in the state of WA.
11/01/24	Annual Review, approved October 21, 2024. Policy reviewed with no changes.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.