

Mojave Crest Assurance Company
Medical Policy MP-247

SUBSTANCE USE DISORDER TREATMENT CRITERIA

Version 2.3

Effective Date: January 1, 2025

Supersedes: Version 2.2 (Effective January 1, 2024)

POLICY STATEMENT

This policy establishes the medical necessity criteria for substance use disorder (SUD)

treatment services under Vista Access PPO plans. Coverage is subject to the member's specific benefit design and plan limitations.

RESIDENTIAL TREATMENT LEVEL OF CARE CRITERIA

Residential substance use disorder treatment is medically necessary when ALL of the following criteria are met:

1. DIAGNOSIS

The member has a primary diagnosis of substance use disorder (DSM-5 criteria) that requires structured 24-hour treatment in a residential setting.

2. SEVERITY CRITERIA

The member demonstrates at least ONE of the following:

- History of withdrawal complications requiring medical supervision
- Co-occurring mental health disorder requiring integrated treatment
- Multiple failed attempts at outpatient or intensive outpatient treatment
- Lack of safe/stable living environment that jeopardizes recovery
- Medical conditions that require monitoring during substance use treatment

3. STEP THERAPY REQUIREMENT

The member has attempted and failed at less intensive levels of care UNLESS:

- Medical or psychiatric conditions require immediate residential placement
- The member presents with acute safety risk (suicidal ideation, severe withdrawal)
- Documented medical necessity for 24-hour supervision exists

4. TREATMENT PLAN REQUIREMENTS

The treatment plan must include:

- Specific, measurable treatment goals
- Evidence-based clinical interventions
- Discharge planning beginning at admission
- Estimated length of stay with clinical justification

5. FACILITY REQUIREMENTS

The facility must be:

- Licensed by the state as a residential SUD treatment facility
- Accredited by CARF or The Joint Commission
- Staffed by licensed addiction treatment professionals

CONTINUED STAY CRITERIA

Residential treatment continues to be medically necessary when:

1. The member continues to meet admission criteria
2. Progress toward treatment goals is documented
3. Less intensive treatment would not be appropriate at this time
4. The treatment plan is being followed and modified as needed

DISCHARGE CRITERIA

Residential treatment is no longer medically necessary when:

1. The member has achieved treatment goals and can be safely transitioned to outpatient care
2. The member has completed the maximum covered days per plan year (typically 30 days)
3. The member is not making progress and alternative treatment is indicated
4. The member leaves against medical advice
5. The member no longer meets medical necessity criteria

STEP THERAPY PROTOCOL

Standard progression for SUD treatment:

Level 1: Outpatient Services

- Individual or group counseling
- Medication-assisted treatment (MAT) when indicated
- Frequency: 1-3 sessions per week

Level 2: Intensive Outpatient Program (IOP)

- Minimum 9 hours of structured programming per week
- Group and individual therapy
- Medication management
- Duration: Typically 8-12 weeks

Level 3: Partial Hospitalization Program (PHP)

- Minimum 20 hours of structured programming per week

- Day treatment with evening/weekend home passes
- Medical monitoring as needed
- Duration: Typically 2-4 weeks

Level 4: Residential Treatment

- 24-hour structured treatment environment
- Medical monitoring available
- Daily programming
- Duration: Typically 14-30 days

EXCEPTIONS to step therapy:

- Medical necessity for immediate residential placement
- Safety concerns requiring 24-hour supervision
- Co-occurring conditions requiring residential level of care

DOCUMENTATION REQUIREMENTS

For authorization requests, the following must be provided:

1. Comprehensive assessment including:

- Substance use history
- Previous treatment attempts
- Medical history
- Mental health history
- Psychosocial assessment

2. Treatment plan with:

- Diagnosis and diagnostic criteria
- Treatment goals and objectives
- Clinical interventions
- Estimated length of stay
- Discharge criteria

3. Clinical justification for residential level of care including:

- Why less intensive treatment is not appropriate
- Specific clinical indicators requiring 24-hour care
- Risk assessment

REVIEW PROCESS

Initial Authorization: Reviewed by RN Reviewer

Concurrent Review: Reviewed by RN Reviewer or Medical Director

Appeals: Reviewed by Medical Director or Behavioral Health Medical Director

REFERENCES

American Society of Addiction Medicine (ASAM) Criteria
DSM-5 Substance Use Disorder Criteria
Nevada Revised Statutes Chapter 449 (Medical Facilities)

Document Control

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