



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Substance Use Disorder**

- General Services
- Inpatient Services
- Intensive Outpatient Services
- Outpatient Services
- Partial Hospitalization Services
- Residential Admission & Concurrent Stay
- Sub-acute Detoxification

NOTICE: Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) provide these Clinical Review Criteria for internal use by their members and health care providers. The Clinical Review Criteria only apply to Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. Use of the Clinical Review Criteria or any Kaiser Permanente entity name, logo, trade name, trademark, or service mark for marketing or publicity purposes, including on any website, or in any press release or promotional material, is strictly prohibited.

Kaiser Permanente Clinical Review Criteria are developed to assist in administering plan benefits. These criteria neither offer medical advice nor guarantee coverage. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change any or all of these Clinical Review Criteria, at Kaiser Permanente's sole discretion, at any time, with or without notice. **Member contracts differ in health plan benefits. Always consult the patient's Evidence of Coverage or call Kaiser Permanente Member Services at 1-888-901-4636 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. to determine coverage for a specific medical service.**

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Inpatient Hospital Stays for Treatment of Alcoholism (130.1) Outpatient Hospital Services for Treatment of Alcoholism (130.2) Chemical Aversion Therapy for Treatment of Alcoholism (130.3) Excluded Service: Electrical Aversion Therapy for Treatment of Alcoholism (130.4) Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (130.5) Treatment of Drug Abuse (Chemical Dependency) (130.6) Withdrawal Treatments for Narcotic Addictions (130.7)
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
American Society of Addiction Medicine (ASAM)	Kaiser Permanente uses ASAM criteria as a supplement to the above NCDs or LCDs for medical necessity review of residential, inpatient, and detoxification treatment for Medicare members.

For Non-Medicare Members

Service	Criteria
<p>General Services</p> <p>The following services may be considered medically necessary when criteria are met using ASAM® Criteria:</p> <ul style="list-style-type: none"> • Outpatient services • Intensive Outpatient • Partial Hospitalization Services • Inpatient Detoxification • Residential Admission 	<p>Unless alternate criteria indicated for the services below, Kaiser Permanente 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.</p>

<p>& Concurrent Stay</p> <ul style="list-style-type: none"> • Sub-acute Detoxification 	
<p>Office-Based Opioid Agonist Treatment for Opioid Use Disorder</p>	<p>Admission to provider office-based treatment: ALL of the following met in order to qualify for admission to a provider for office-based treatment (e.g. buprenorphine/naloxone (Suboxone), buprenorphine (Subutex, Sublocade, Probuphine), and naltrexone (Vivitrol)):</p> <ol style="list-style-type: none"> 1. The primary use for the office-based opioid management is for treatment of the patient's Opioid Use Disorder (e.g. not as primary treatment of the patient's pain disorder). 2. The patient is assessed to be an appropriate candidate for office-based medication maintenance therapy. <p>Continued Stay Criteria: In addition to meeting criteria for admission into office-based opioid use disorder medication treatment, ALL of the following must be met in order to meet criteria for continued stay in office-based opioid use disorder medication treatment:</p> <ol style="list-style-type: none"> 1. Patient is adhering to their treatment plan, as determined by the physician. 2. Treatment is primarily for Opioid Use Disorder <p>Discharge Criteria: The patient meets discharge criteria when meeting One or more of the following:</p> <ol style="list-style-type: none"> 1. Patient is failing office-based opioid use disorder medication treatment provider treatment requirements, as defined by the individual provider. 2. Patient voluntarily discontinues office-based opioid use disorder medication treatment.
<p>Methadone Treatment (H0020) for opioid use disorder</p>	<p>Effective until March 1, 2024 Send all cases to MD for review.</p> <p>Effective March 1, 2024 No medical necessity review required. No prior authorization required for contracted providers for opioid use disorder.</p>

*The ASAM criteria are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed by our Behavioral Health department, you may request a copy of the criteria that is being used to make the coverage determination. Call the Behavioral Health Unit for more information regarding the case under review.

If requesting these services, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist
- Last 6 months of radiology if applicable

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Kaiser Permanente Mental Health and Wellness Services has adopted American Society of Addiction Medicine (ASAM) criteria to define medical necessity for substance use disorder treatment and to define substance use disorder level of care.

Evidence and Source Documents

References:

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions, Third Edition (2013)

Copies of the criteria can be obtained at www.asam.org.

Revised Code of Washington (RCW) 41.05.528

Applicable Codes

Methadone for Opioid Use Disorder

Effective March 1, 2024

Medical Necessity Review not required:

CPT® or HCPC Codes	Description
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)

Substance Use Disorder

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
No specific codes	

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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).

Date Created	Date Reviewed	Date Last Revised
01/09/2006	07/02/2013 ^{MDCRPC} , 10/01/2013 ^{MPC} , 08/05/2014 ^{MPC} , 06/02/2015 ^{MPC} , 04/05/2016 ^{MPC} , 09/06/2016 ^{MPC} , 07/11/2017 ^{MPC} , 05/01/2018 ^{MPC} , 05/07/2019 ^{MPC} , 05/05/2020 ^{MPC} , 05/04/2021 ^{MPC} , 05/03/2022 ^{MPC} , 05/02/2023 ^{MPC}	10/03/2023

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

Revision History	Description
01/05/2016	Online version of criteria has been updated with editorial changes
07/11/2017	Minor changes to criteria to note ASAM criteria, 3 rd edition
12/31/2020	Adopted ASAM Criteria for non-Medicare per mandated Washington state requirement, effective January 1,
05/26/2021	Adopted ASAM criteria for Medicare members. Requires 60-day notice, effective October 1, 2021.
09/17/2021	Updated Background and References with current information.
10/03/2023	Merged all Chemical Dependency criteria (General Services, Inpatient Services, Intensive Outpatient Services, Outpatient Services, Partial Hospitalization Services, Residential Admission & Concurrent Stay, Sub-acute Detoxification) into one document.
10/03/2023	MPC should approve updates to the criteria in order to stop requiring prior-authorization of office-based methadone treatment (H0020) for opioid use disorder. 60-day notice required, effective March 1, 2024.