American Society of Addiction Medicine (ASAM) Criteria®

The guidance expands the use of The ASAM Criteria® to include managed care plan (MCP) utilization management for hospital services, as incorporated into the July 1, 2020 Managed Care and MyCare Ohio Provider Agreement.

As a new requirement to ensure clinical consistency and coverage of Medicaid services across the full ASAM continuum, MCPs must use The ASAM Criteria® in determining coverage for inpatient hospital services when the hospital provides the clinical documentation to support the review using ASAM Criteria®. MCPs must use their existing clinical guidelines for determining inpatient hospital level of care (i.e. MCG or InterQual) that take into consideration all symptoms and clinical issues (SUD, psychiatric, and other medical conditions); however, for individuals with SUD conditions, MCPs must also consider ASAM Criteria® prior to denying inpatient hospital services. When a hospital does not provide documentation to support the review using the ASAM Criteria® and the individual does not meet inpatient level of care using existing clinical guidelines, the MCP must communicate to the hospital the request for additional documentation. Inpatient hospital services must be authorized if either of the following apply:

1. The request for admission or continued stay meets inpatient level of care criteria using the MCP’s clinical guidelines for hospital services (i.e. MCG or InterQual), or:
2. The request for admission or continued stay meets ASAM level 4 criteria.

MCPs must review their utilization management policies and procedures and update as necessary no later than 90 days after date of this guidance to incorporate new ASAM Criteria® use requirements for hospital services. Policies and procedures must ensure that the multidimensional assessment, risk/severity rating, level of care placement, and service planning components as described in The ASAM Criteria® are incorporated into coverage determination policies and procedures for individuals with SUD.
at all ASAM levels of care. MCPs must also review and update Mental Health Parity and Addiction Equity Act (MHPAEA) documentation to reflect this change.

**Requests for Emergency Hospitalization in Accordance with Ohio Revised Code 5122.10**

In the case of ORC 5122.10 emergency hospitalizations, also referred to as “pink slips”, MCPs must cover initial evaluation and stabilization services for up to 96 hours based on the clinical determination and level of care deemed necessary upon examination by the receiving hospital as required under ORC 5122.10. The required coverage of the initial evaluation and stabilization period includes individuals with substance use disorders (SUDs) who are subject to emergency hospitalization under ORC 5122.10, and for whom the receiving hospital determines the requested level of care is medically necessary.

This guidance applies to both Medicaid hospital provider types: psychiatric hospitals (provider type 02) and general hospitals (provider type 01). Following the initial evaluation and stabilization period of up to 96 hours, the MCP may determine whether a continued stay is medically necessary based on the MCP’s utilization management policy for hospital services. Continued stay determinations must take into account length of stay limitations applicable to hospitals designated as institutions for mental diseases (IMDs). For individuals with SUDs, MCPs must consider ASAM Criteria® in determining medical necessity for continued stays.

MCPs must review their utilization management policies and procedures and update as necessary no later than 90 days after date of this guidance to incorporate this new guidance pertaining to emergency hospitalizations under ORC 5122.10. Policies and procedures should be updated for psychiatric hospitals, including those that are IMDs, as well as general hospitals. MCPs must also review and update MHPAEA documentation to reflect this change.