Clinical Review Criteria
Chemical Dependency - General

NOTICE: Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc., 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 Review Criteria, at Kaiser Permanente's sole discretion, at any time, with or without notice. Member contracts differ in their benefits. Always consult the patient's Medical Coverage Agreement or call Kaiser Permanente Customer Service to determine coverage for a specific medical service.

Criteria
For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>None</td>
</tr>
<tr>
<td>National Coverage Determinations (NCD)</td>
<td>Inpatient Hospital Stays for Treatment of Alcoholism (130.1)</td>
</tr>
<tr>
<td></td>
<td>Outpatient Hospital Services for Treatment of Alcoholism (130.2)</td>
</tr>
<tr>
<td></td>
<td>Chemical Aversion Therapy for Treatment of Alcoholism (130.3)</td>
</tr>
<tr>
<td></td>
<td>Excluded Service: Electrical Aversion Therapy for Treatment of Alcoholism (130.4)</td>
</tr>
<tr>
<td></td>
<td>Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (130.5)</td>
</tr>
<tr>
<td></td>
<td>Treatment of Drug Abuse (Chemical Dependency) (130.6)</td>
</tr>
<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>None</td>
</tr>
<tr>
<td>Local Coverage Article</td>
<td>None</td>
</tr>
</tbody>
</table>

For Non-Medicare Members

Indications for chemical dependency services within the limits of the coverage benefit:

1. **All of the following** conditions must be met:
   A. The patient must have a current chemical dependency diagnosis and symptoms from the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V).
   B. The symptoms are significantly interfering with the individual's ability to function in at least one life area.
   C. There must also be a reasonable expectation that either the patient is capable of making changes (i.e. active treatment will improve this person's level of functioning) as a result of the treatment plan and that stabilization is possible.
   D. The proposed medical treatment must involve a level of care with appropriate resources to assess and treat the client's condition according to its severity and the consumer's health and level of functioning.
   E. All consumer decisions are reviewed and based upon the most recent edition of The American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (The ASAM Criteria, 3rd Ed.), as a clinical guide to be used in matching patients to the appropriate level of care.
   F. The following six dimensions (as defined by the ASAM Criteria, 3rd Ed.) must be evaluated in the process of making placement decisions and in the formulation of an individualized treatment plan:
      1. Acute intoxication and/or withdrawal potential;
      2. Biomedical conditions and complications;
      3. Emotional, behavioral, or cognitive conditions and complications;
      4. Readiness to change;
      5. Relapse, continued use or continued problem potential; and
   G. The proposed medical treatment must involve the least intensive level of care necessary to accomplish the treatment objectives in a clinically appropriate manner.
Background
Kaiser Permanente Behavioral Health Services (KP BHS) defines medically necessary chemical dependency services as "those services necessary to treat a chemical dependency condition that is having a clinically significant impact on an individual's emotional, social, medical, and/or occupational functioning." An adaptation by KP of the American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance-Related Disorders – 3rd Edition is used to guide placement decisions and to meet the medical necessity standard.

Evidence and Source Documents
References:
Copies of the criteria can be found at each PSD BHS Clinic, ASAM, Inc.: 301/656-3920 or www.asam.org.
American Society of Addiction Medicine (2013), the ASAM Criteria, 3rd Edition
Washington Administrative Code (WAC), and/or Revised Code of Washington (RCW).

<table>
<thead>
<tr>
<th>Date Created</th>
<th>Date Reviewed</th>
<th>Date Last Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/2006</td>
<td>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</td>
<td>07/11/2017</td>
</tr>
</tbody>
</table>

MDCRPC Medical Director Clinical Review and Policy Committee
MPC Medical Policy Committee

Revision History
- 01/05/2016: Online version of criteria has been updated with editorial changes
- 07/11/2017: Minor changes to criteria to note ASAM criteria, 3rd edition

Codes

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, KPWA 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.