CRITERIA FOR ESTABLISHING MEDICAL NECESSITY
CLINICAL RECORD DOCUMENTATION – SUBSTANCE USE DISORDER (SUD)

Medical Necessity: Providing the Rationale for SUD Services

Drug Medi-Cal requires substantiation of the need for substance use treatment services in order for those services to qualify for reimbursement. This is known as establishing Medical Necessity (MN). (C

Medical Necessity: Justification for Continuing Services

The Justification for Continuing Services requires the determination that the client continuities to meet medical necessity for SUD treatment services.

Relevance of Medical Necessity for Documentation

- Initial assessment documentation establishes Medical Necessity (MN).*
- Initial client plans are based on the Initial Assessment.
- Client plans serve as progress reports and support ongoing MN**.
- Progress Notes must contain evidence that the services claimed for reimbursement meet Medical Necessity described in Client plans. Claim submission is attestation that this requirement is met.

A general definition of medical necessity is:

1. Services requested are needed to identify or treat an illness that has been diagnosed or suspected and has a primary diagnosis based on the Diagnostic Statistical Manual (DSM).

    a) The basis for the diagnosis is documented in the client's individual client record.
    b) Identification of the DSM diagnostic criteria is documented for each diagnosis that is a focus of treatment.

2. As a result of the included diagnosis, it must be documented that the client meets at least one of the following criteria:

    a) A significant impairment in an important area(s) of life functioning.
    b) A probability of significant deterioration in an important area of life functions and recovery is unlikely without this level of care and client support.
    c) For beneficiaries under the age of 21 years, a condition as a result of the diagnosis that SUD treatment services can correct or ameliorate.

3. Identify how the proposed service intervention(s) meet the following criteria:
    a) The focus of the proposed intervention(s) is to address the condition identified in No. 2. (a-c) above.
    b) The expectation that the proposed intervention(s) will do at least one of the following:
        - Significantly diminish the impairment and/or improve the client's condition/functioning.
        - Prevent significant deterioration in an important specified area of life.
    c) Treatment service required are for other than convenience.

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Summary:

The Proposed intervention is focused on addressing the impairment resulting from the covered SUD diagnosis with the expectation that the proposed intervention will significantly diminish the impairment, and/or prevent significant deterioration in an important areas of life functioning. In addition, the beneficiary's condition would not be responsive to physical health care based treatment.

The included diagnosis documents that the client meets at least one of the following criteria:

	Impairment Criteria must have one of the following:	**AND**	**Intervention Criteria - proposed INTERVENTION will…**
☐	A. Significant impairment in an important area of life function.	**AND**	A. Significantly diminish impairment.
☐	B. Probability of significant deterioration in an important area of functioning.	**AND**	B. Prevent significant deterioration in an important area of life functioning.
☐	C. None of the above.	**AND**	C. None of the above.

Three Types of Impairments:

1. **Behavioral-**attendance, performance, arguing/fighting, DUI, risky situations, paranoid/secretive or suspicious, sleep or eating habit changes, attitude or personality change, mood swings, anxious or agitated, low motivation.
2. **Physical-** bloodshot eyes, dilated pupils, weight gain or loss, physical appearance deterioration, body smells-breath/clothing/personal hygiene, tremors, slurred speak impaired coordination.
3. **Social-**change in friends/ hangouts/interests, legal problems, money problems, relationship problems

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RELATIONSHIP OF SYMPTOMS TO IMPAIRMENT
What measurable action steps can be taken to support the Client's achievement of their time sensitive goals?

TREATMENT PLANS

The following is a list of Substance Use Disorders (SUD) with descriptions of the most common SUD and their symptoms / impairments in the United States.
Last Updated: 10/27/2015 SAMSHA: **http://www.samhsa.gov/disorders/substance-use**

Alcohol Use Disorder (AUD)

Excessive alcohol use can increase a person's risk of developing serious health problems in addition to those issues associated with intoxication behaviors and alcohol withdrawal symptoms. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use causes 88,000 deaths a year.
Data from the National Survey on Drug Use and Health (NSDUH) — 2014 (PDF | 3.4 MB) show that in 2014, slightly more than half (52.7%) of Americans ages 12 and up reported being current drinkers of alcohol. Most people drink alcohol in moderation. However, of those 176.6 million alcohol users, an estimated 17 million have an AUD.
Many Americans begin drinking at an early age. In 2012, about 24% of eighth graders and 64% of twelfth graders used alcohol in the past year.
The definitions for the different levels of drinking include the following:

- Moderate Drinking—According to the Dietary Guidelines for Americans, moderate drinking is up to 1 drink per day for women and up to 2 drinks per day for men.
- Binge Drinking—SAMHSA defines binge drinking as drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that produces blood alcohol concentrations (BAC) of greater than 0.08 g/dL. This usually occurs after 4 drinks for women and 5 drinks for men over a 2 hour period.
- Heavy Drinking—SAMHSA defines heavy drinking as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Excessive drinking can put you at risk of developing an alcohol use disorder in addition to other health and safety problems. Genetics have also been shown to be a risk factor for the development of an AUD.
To be diagnosed with an AUD, individuals must meet certain diagnostic criteria. Some of these criteria include:

- problems controlling intake of alcohol,
- continued use of alcohol despite problems resulting from drinking,
- development of a tolerance,
- drinking that leads to risky situations, or
- the development of withdrawal symptoms.

The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met.
Learn more about alcohol from the Alcohol, Tobacco, and Other Drugs topic. Learn more about the treatments for AUD. Find more information at the NIAAA website.

Cannabis Use Disorder

Marijuana is the most-used drug after alcohol and tobacco in the United States. According to SAMHSA data:

- In 2014, about 22.2 million people ages 12 and up reported using marijuana during the past month.
- Also in 2014, there were 2.6 million people in that age range who had used marijuana for the first time within the past 12 months. People between the ages of 12 and 49 report first using the drug at an average age of 18.5.

In the past year, 4.2 million people ages 12 and up met criteria for a substance use disorder based on marijuana use.

Marijuana's immediate effects include distorted perception, difficulty with thinking and problem solving, and loss of motor coordination. Long-term use of the drug can contribute to respiratory infection, impaired memory, and exposure to cancer-causing compounds. Heavy marijuana use in youth has also been linked to increased risk for developing mental illness and poorer cognitive functioning.

Some symptoms of cannabis use disorder include:

- disruptions in functioning due to cannabis use,
- the development of tolerance,
- cravings for cannabis, and
- the development of withdrawal symptoms, such as the inability to sleep, restlessness, nervousness, anger, or depression within a week of ceasing heavy use.

Learn more about cannabis from the Alcohol, Tobacco, and Other Drugs topic. For information about the treatment of cannabis use disorder, visit SAMHSA's Treatments for Substance Use Disorders page.

Stimulant Use Disorder

Stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration. They include a wide range of drugs that have historically been used to treat conditions, such as obesity, attention deficit hyperactivity disorder and, occasionally, depression. Like other prescription medications, stimulants can be diverted for illegal use. The most commonly abused stimulants are amphetamines, methamphetamine, and cocaine. Stimulants can be synthetic (such as amphetamines) or can be plant-derived (such as cocaine). They are usually taken orally, snorted, or intravenously.

In 2014, an estimated 913,000 people ages 12 and older had a stimulant use disorder because of cocaine use, and an estimated 476,000 people had a stimulant use disorder as a result of using other stimulants besides methamphetamines. In 2014, almost 569,000 people in the United States ages 12 and up reported using methamphetamines in the past month.

Symptoms of stimulant use disorders include:

- Craving for stimulants,
- Failure to control use when attempted,
- Continued use despite interference with major obligations or social functioning,
- Use of larger amounts over time,
- Development of tolerance,
- Spending a great deal of time to obtain and use stimulants, and

- Withdrawal symptoms that occur after stopping or reducing use, including fatigue, vivid and unpleasant dreams, sleep problems, increased appetite, or irregular problems in controlling movement.

Learn more about stimulants from the Alcohol, Tobacco, and Other Drugs topic. For information about the treatment of stimulant use disorder, visit SAMHSA's Treatments for Substance Use Disorders page.

Hallucinogen Use Disorder

Hallucinogens can be chemically synthesized (as with lysergic acid diethylamide or LSD) or may occur naturally (as with psilocybin mushrooms, peyote). These drugs can produce visual and auditory hallucinations, feelings of detachment from one's environment and oneself, and distortions in time and perception.

In 2014, approximately 246,000 Americans had a hallucinogen use disorder.

Symptoms of hallucinogen use disorder include:

- Craving for hallucinogens,
- Failure to control use when attempted,
- Continued use despite interference with major obligations or social functioning,
- Use of larger amounts over time,
- Use in risky situations like driving,
- Development of tolerance, and
- Spending a great deal of time to obtain and use hallucinogens.

Learn more about hallucinogens from the Alcohol, Tobacco, and Other Drugs topic.

Opioid Use Disorder

Opioids reduce the perception of pain but can also produce drowsiness, mental confusion, euphoria, nausea, constipation, and, depending upon the amount of drug taken, can depress respiration. Illegal opioid drugs, such as heroin and legally available pain relievers such as oxycodone and hydrocodone can cause serious health effects in those who misuse them. Some people experience a euphoric response to opioid medications, and it is common that people misusing opioids try to intensify their experience by snorting or injecting them. These methods increase their risk for serious medical complications, including overdose. Other users have switched from prescription opiates to heroin as a result of availability and lower price. Because of variable purity and other chemicals and drugs mixed with heroin on the black market, this also increases risk of overdose. Overdoses with opioid pharmaceuticals led to almost 17,000 deaths in 2011. Since 1999, opiate overdose deaths have increased 265% among men and 400% among women.

In 2014, an estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use.
Symptoms of opioid use disorders include:

- Strong desire for opioids,
- Inability to control or reduce use,
- Continued use despite interference with major obligations or social functioning,
- Use of larger amounts over time, development of tolerance,
- Spending a great deal of time to obtain and use opioids, and
- Withdrawal symptoms that occur after stopping or reducing use, such as negative mood, nausea or vomiting, muscle aches, diarrhea, fever, and insomnia.

Learn more about opioids from the Alcohol, Tobacco, and Other Drugs topic. For information about the treatment of opioid use disorder, visit SAMHSA's Treatments for Substance Use Disorders page.

Tobacco Use Disorder

According to the CDC, more than 480,000 deaths each year are caused by cigarette smoking. Tobacco use and smoking do damage to nearly every organ in the human body, often leading to lung cancer, respiratory disorders, heart disease, stroke, and other illnesses.

In 2014, an estimated 66.9 million Americans aged 12 or older were current users of a tobacco product (25.2%). Young adults aged 18 to 25 had the highest rate of current use of a tobacco product (35%), followed by adults aged 26 or older (25.8%), and by youths aged 12 to 17 (7%). In 2014, the prevalence of current use of a tobacco product was 37.8% for American Indians or Alaska Natives, 27.6% for whites, 26.6% for blacks, 30.6% for Native Hawaiians or other Pacific Islanders, 18.8% for Hispanics, and 10.2% for Asians.

For information and strategies to help you or a loved one stop smoking or using tobacco, visit SAMHSA's Treatments for Substance Use Disorders page. To find out more about smoking and tobacco, visit the CDC website.

Co-occurring Disorders

The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders.

Co-occurring disorders were previously referred to as dual diagnoses. According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) (PDF | 3.4 MB), approximately 7.9 million adults in the United States had co-occurring disorders in 2014.

People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because both mental and substance use disorders can have biological, psychological, and social components. Other reasons may be inadequate provider training or screening, an overlap of symptoms, or that other health issues need to be addressed first. In any case, the consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.

People with co-occurring disorders are best served through integrated treatment. With integrated treatment, practitioners can address mental and substance use disorders at the same time, often lowering costs and creating better outcomes. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Early detection and treatment can improve treatment outcomes and the quality of life for those who need these services.
Learn more about treatment for co-occurring mental and substance use disorders.