

UTILIZATION REVIEW FOR CHEMICAL DEPENDENCY

Written Program Description. The contractor must have a written utilization management program description that includes, at a minimum, procedures to evaluate the medical necessity definition, utilization review (UR) criteria, information sources, and the process used to review and approve the provision of covered services. The contractor will submit any changes to its UR criteria within 30 days prior to implementation of such criteria.

The contractor must comply, and require its providers to comply, with the UR criteria described in Insurance Code §21.58A and rules promulgated there under, and this appendix, modified as follows:

- 1) Pregnancy and/or women with children under their care are priority populations. A diagnosis of Substance Dependence or Substance Abuse shall suffice for hospital or 24 hours residential services for the purpose of physician evaluation, stabilization, chemical dependency evaluation, and referral to a specialized program or staying at the level of care at which the evaluation takes place if the attending physician deems this necessary and it is in accordance with the patient's need. Regardless of the UR Standards listed herein pregnant women with substance abuse or dependence diagnosis shall be eligible for 3 months of residential treatment at a specialized female service network provider. Thereafter, the intensity of care shall follow the UR standards as indicated. Pregnant women who enter treatment for chemical dependency will be treated throughout the course of their pregnancy at a level of care consist with their needs.
- 2) Individuals using drugs intravenously and/or those with HIV when they coexist with the diagnosis of chemical dependence are considered reasons for placement in intensive levels of care.
- 3) Efforts must be made to ensure that youth receive comprehensive and full episodes of care when they present with chemical dependency problems.

Reporting of misuse or abuse of UR criteria. Misuse or abuse by QCCs of the UR criteria shall be reported to the appropriate credentialing entity. Misuse or abuse of this criteria by payors and treatment providers shall be reported to TDI and DSHS.