NEW JERSEY HUMAN SERVICES

Substance Use Disorder Prior Authorization (PA) Guidance and Medical Necessity Training

NJ FamilyCare Behavioral Health Integration

SEPTEMBER 26, 2025

Housekeeping

All attendees will enter the meeting on **mute**

This **meeting will be recorded** to act as an ongoing resource

You can **enable closed captions** at the bottom of the screen

Submit your **questions using the "Q&A" function** – direct them to State or specific MCO

(Note: we will aim to respond to all questions directly during or after the meeting. Responses to broadly-applicable questions may be shared publicly)

Materials and recording will be published and available on DMAHS website

NEW JERSEY HUMAN SERVICES

Agenda

Welcome and Phase 1 updates Shanique McGowan Power, BH Program Manager, DMAHS	1:30–1:40
Managed care PA review process Geralyn Molinari, Director, Managed Provider Relations, DMAHS	1:40–1:45
Overview of ASAM criteria and NJSAMS Vicki Fresolone, Manager of Integrated Services, DMHAS	1:45–1:50
Completing SUD PA administrative information Vicki Fresolone, Manager of Integrated Services, DMHAS	1:50–1:55
Completing SUD PA clinical information Vicki Fresolone, Manager of Integrated Services, DMHAS	1:55–2:25
ASAM criteria and sample PAs for Phase 1 SUD services Steve Tunney, Director of Behavioral Health, DMAHS Aetna, Fidelis Care, Horizon, UnitedHealthcare, Wellpoint	2:25–2:45
Next steps Shanique McGowan, BH Program Manager, DMAHS	2:45–2:50
State and MCO Q&A DMHAS, DMAHS Aetna, Fidelis Care, Horizon, UnitedHealthcare, Wellpoint	2:50–3:00

NEW JERSEY HUMAN SERVICES

Phase 1 of BH Integration went live January 1, 2025 and is taking a phased approach to integrating BH services into managed care

Jan 1, 2025

Phase 1

Outpatient BH Services (for both adults and children)

- MH outpatient counseling / psychotherapy
- MH partial hospitalization
- MH partial care in outpatient clinic
- MH outpatient hospital or clinic services
- SUD outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinic
  - Ambulatory withdrawal management
  - Peer support services
  - SUD care management
- SUD partial care

TBD[1]

Phase 2

Residential & Opioid Treatment Programs

- Adult mental health rehab (AMHR) / MH supervised residential
- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 2 of BH Integration will be delayed to go-live after January 2026

TBD[1]

Phase 3

Additional BH services TBD

- Opioid Overdose Recovery Programs (OORPs)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes (BHHs)
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Targeted case management (TCM):
  - Program of Assertive Community Treatment (PACT)
  - Children's System of Care (CSOC)
  - Intensive Case Management Services (ICMS)

1. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live based on additional analysis and stakeholder input

DMAHS extended the transition period for all MCOs until at least October 31, 2025

In response to provider concerns and to minimize any risk of disruption of access to care, DMAHS **temporarily extended some transition period flexibilities**. These modified transition period policies will be in effect **until at least October 31, 2025**.

As of July 1, 2025:
• Providers must submit prior authorization (PA) requests   • However, **PAs must be automatically approved and will not be denied for medical necessity** • Claims for PA-required services will be denied if no PA is on file

• MCOs have chosen to continue to pay out-of-network providers using Medicaid FFS rates until October 31st
• These claims must:
  • Be submitted with **no errors**
  • Have a **PA on file for a PA-required services** (*out-of-network PA requirements vary by MCO*)

During this time, DMAHS is **monitoring each MCO's readiness** to determine an **end date for their transition period policies**

NEW JERSEY HUMAN SERVICES

This time before the end of the transition period presents a key opportunity to ensure post-transition readiness

Provider benefits

By submitting PAs to learn MCO systems and expectations now, providers can:

- **Minimize PA and claims denials** in the post-transition period
- **Ensure more rapid processing** of PAs
- **Reduce administrative burden** on staff

Key Dates

- **Oct 22nd:** Providers notified about which MCOs will continue transition period policies
- **Oct / Nov:** In-person provider Office Hours *(date to be confirmed)*
- **Oct 31st:** Final day of transition policies for MCOs deemed 'ready'
- **Nov 1st:** Transition policies lifted for MCOs deemed 'ready'

NEW JERSEY HUMAN SERVICES

Learning goals for today

By the end of today's training, you will:

- Understand the **PA review process** after a PA is submitted to an MCO
- Know how to **complete administrative and clinical PA fields** for Phase 1 SUD services
- Understand **ASAM medical necessity criteria** which MCOs use to review PAs for Phase 1 SUD services
- Identify **examples of approval and denial PA cases** for each Phase 1 SUD service
- Identify **key contacts and resources** for ongoing support and information

PA process | A PA request goes through 3 different types of review once submitted to the MCO

	1 Administrative review	2 Clinical review part 1: Completeness	3 Clinical review part 2: Medical necessity
What is checked?	• Completion of **administrative info** (e.g., member/provider IDs) • Verify member **eligibility**	• Completeness of **clinical info**	• **Clinical appropriateness** and evidence of medical necessity
Who conducts the review?	• MCO **utilization management (UM)** staff	• Licensed **UM** staff (LCSW, RN, LCADC, etc.)	• Licensed **UM** staff or UM **medical director (MD)**

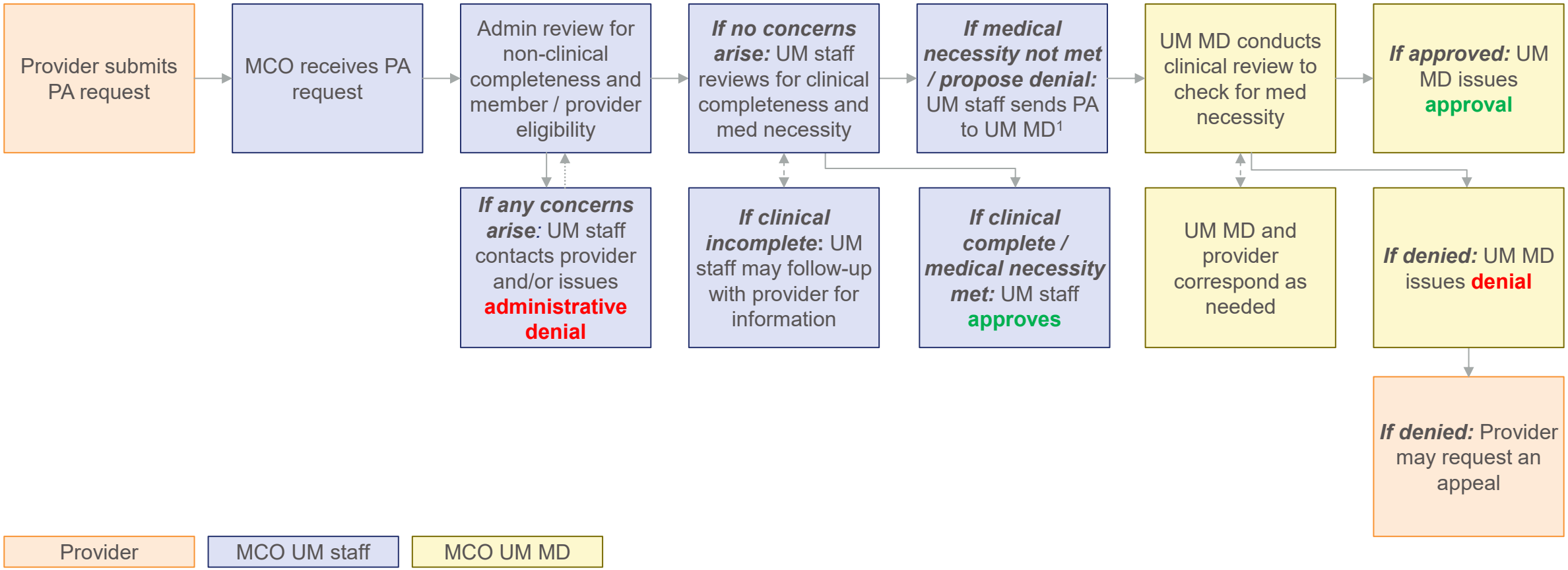
Potential outcomes	• If member is ineligible: **PA is automatically rejected**
	• If admin info is incomplete and member is eligible, MCOs may:
	  - **Administrative denial**[1]
	  - **Follow up with provider for more information**
	  - **Proceed to clinical review**
	• If admin info is complete and member is eligible: **Proceed to clinical review**
		• If clinical information is incomplete: **MCO may follow up with provider for more information**
		• If clinical information is complete: **Proceed to medical necessity review**
			• If medical necessity met: **Approval**
			• If medical necessity not met: **Denial**[1]
			  - *All medical necessity denials must be confirmed by medical director*

This training is designed to help providers submit substance use disorder (SUD) PAs that pass each review step

1. During the BH Integration Phase 1 transition period (January 1, 2025 to at least October 31, 2025), MCOs are required to automatically approve all prior authorization requests for Phase 1 services if administrative information is completed and the member is eligible in the MCO

Detail | PA review typically includes non-clinical and clinical reviews by UM staff followed by a clinical review by UM medical director if needed

MCO process for reviewing PA requests under normal operations (i.e., no auto-approvals)



1. Medical necessity reviews are typically needed when the requested services involve complex clinical scenarios requiring MD judgement (e.g., SUD partial care), UM staff is uncertain if requested level of care matches clinical standards (e.g., MH partial care), and UM staff is concerned that requested service might be unnecessary/inappropriate

NEW JERSEY HUMAN SERVICES

MCOs must use ASAM criteria to evaluate medical necessity for SUD services

Methodology and goal of ASAM criteria

- A member is evaluated across the **6 ASAM dimensions** to determine which level of care is medically necessary
- The **6 dimensions** are…
  - Acute intoxication / withdrawal potential
  - Biomedical conditions and complications
  - Emotional, behavioral, or cognitive conditions and complications
  - Readiness to change
  - Relapse, continued use, or continued problem potential
  - Recovery environment
- The goal of the assessment is to **place the member in the least intensive, but safest treatment**

MCO requirements for ASAM[1]

- MCOs are **required to only use 3rd edition ASAM criteria** to review PAs for SUD services
- All members of **each MCO's UM staff must receive annual training on how to use ASAM** criteria to place a member in a level of care
- MCO UM staff must also **undergo inter-rater reliability testing to ensure consistent application** of criteria across the UM team

1. State-MCO contract section 4.4.4C

NEW JERSEY HUMAN SERVICES

3 NJSAMS modules are sent to the MCOs to constitute a SUD PA request:

1. **DSM-5**, to cover the member's diagnoses
2. **LOCI-3**, to cover full clinical assessment across ASAM dimensions and recommendations for level of care
3. **Admission**, to cover member demographic and contextual information

Providers complete the modules in the following order….

DSM-5 → LOCI-3 → Admission

MCOs will typically review the PA in the following order….

Admission → DSM-5 → LOCI-3

to first review the contextual information to build a PA case and then the clinical information to determine medical necessity

DMAHS will structure the presentation in the order that MCOs review the modules

NEW JERSEY HUMAN SERVICES

For SUD PAs to pass administrative review, information must be entered on the member and provider across the Admission, DSM-5, and LOCI-3 modules

Admission

Member information:

- Demographic information (e.g., name, DOB, SSN, address)
- Household and living situation
- Education and employment
- Legal and veteran status
- Insurance information
- Admission and level of care details

Provider information:

- Agency name
- Medicaid ID
- Facility / agency NPI
- Referral source

DSM-5

Provider information

- Counselor Name
- Counselor Credentials
- Supervisor Name
- Supervisor Credentials

LOCI-3

Provider information

- Counselor Name
- Supervisor Name
- Counselor / Supervisor contact information (e.g., phone number, email, fax number)
- Supervisor credentials

Completing clinical information in Admission module

Providers should specify the member's clinical information at the point of admission in this module

Clinical multiple choice and short answer fields

- Providers are prompted to answer questions on the following clinical information
  - Current substance use
  - Recovery support programs
  - Current treatment and medication
  - Chronic health conditions and diagnoses

Admission comments field

- Providers should specify the member's medication history and any additional clinical information as required by the MCO
- *Located at end of Admission module*

MCO content requirements for this field to follow

Please note: This field is not required for PAs submitted to the IME; however, providers must complete it when submitting PAs to MCOs.

Guidance for completing Admission comments section

Specifying member medication history

- List of current and past medications used
- For each medication, include
  - Name
  - Indication / reason
  - Start date
  - Adherence
  - Specialty and name of prescribing provider *(if reported by patient)*
- Indicate if member is currently on medication-assisted treatment (MAT)
  - If so, include frequency of MAT and member response to treatment

Additional information to include in comments

- ☆ Requested start date of service
- Requested end date of service
- ☆ Requested number of units of service
- Anticipated full length of stay at requested level of service (including continued stays)
- ☆ Provider tax ID number

Starred fields will be added to NJSAMS in an upcoming update early next year. Until then, providers should use this field to include the information

Completing clinical information in the DSM-5 module

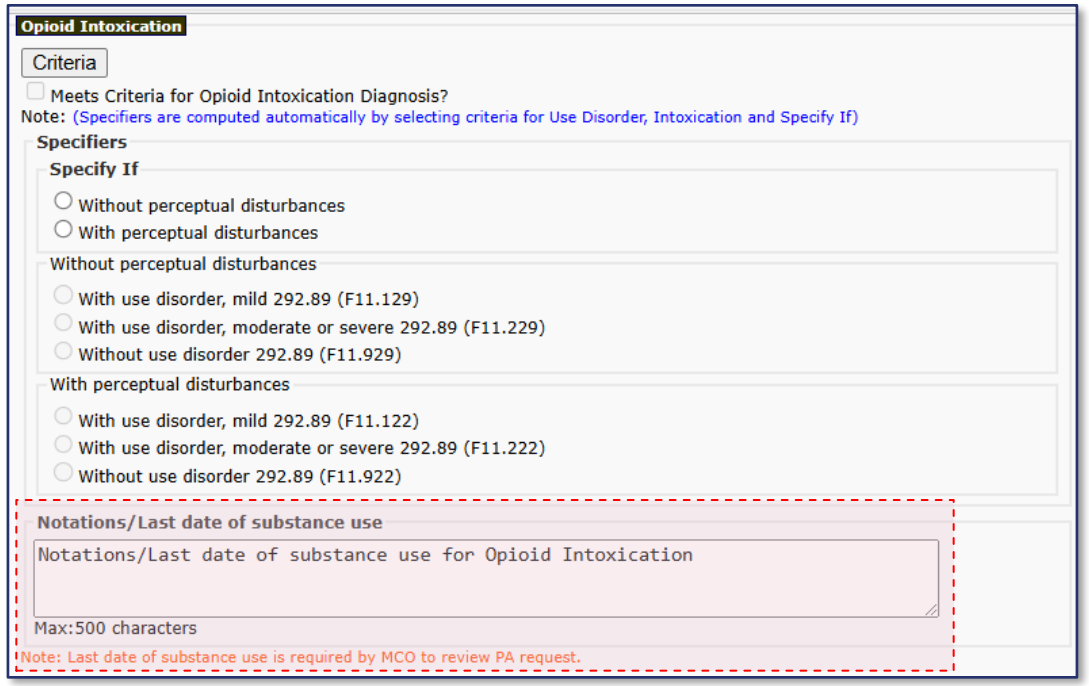
The DSM-5 module evaluates a member across a series of SUD diagnoses

Clinical information to specify in DSM-5

- Module requires providers to assess members across 12 diagnoses
- For each diagnosis, providers are requested:
  - Check off whether member exhibits diagnosis criteria
  - Indicate whether member meets any additional specifications
  - Complete the notations / last date of substance use field to specify additional clinical information

MCO content requirements for this field to follow

For each diagnosis, providers should use the comments box to denote last dates of substance use and additional important information



DSM notation boxes should include…

- Substances used by member
- For each substance, include the following:
  - Amount and frequency of substance used
  - Age of first use
  - Date of last use
  - Any past treatment for that substance (e.g., medication-assisted treatment, outpatient services, inpatient services)

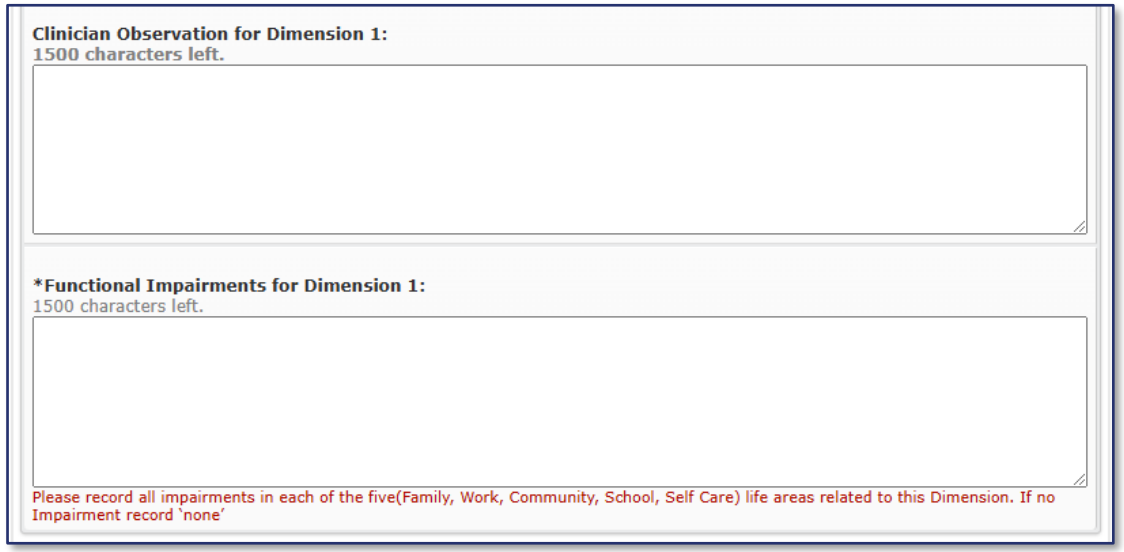
Completing clinical information the LOCI-3 module

The LOCI module includes 6 sections where the provider assesses the appropriate level of care for the member across the ASAM dimensions

6 LOCI Dimensions

- Providers **evaluate member across the 6 ASAM dimensions**

- Each dimension includes:
  - Clinical criteria checkboxes to assess the member's condition
  - Free response field to specify **clinical observations**
  - Free response field to specify **functional impairments**



MCO content requirements for these free response fields to follow

Please note: Each LOCI submitted should be **specific to the member at that point in time**. The LOCI module must be **updated for any extension requests**

Dimension 1: Acute Intoxication / Withdrawal Potential

Guiding questions for documenting clinical observations in Dimension 1

- What risk is associated with the patient's current level of acute intoxication?
- Is there significant risk of severe withdrawal symptoms based on…
  - the patient's previous withdrawal history?
  - the patient's current pattern of use?
- What is the patient's last date of use?
- What are the current physical and objective signs of withdrawal (e.g., tremors, sweating)?
- Are there any post-acute withdrawal symptoms (PAWS)?
- Does the patient have supports to assist in ambulatory detoxification, if medically safe?
- Has the patient been using multiple substances in the same drug class?
- What are the patient's withdrawal scale score (e.g., CIWA-Ar, COWS)?
- *(Only for ambulatory withdrawal management)* What are the patient's vital signs?

Examples of how to specify functional impairments

- Risk of medical complications or harm related to withdrawal
- Need for monitoring or medical intervention
- Lack of access to emergency medical care or monitoring

Dimension 2: Biomedical conditions and complications

Guiding questions for documenting clinical observations in Dimension 2

- Are there any current and / or chronic physical illnesses, aside from withdrawal, that could complicate treatment?
  - If so, do these conditions require ongoing medical attention?
  - Is the patient currently receiving medical care for these conditions?
- Is the member taking prescribed medications for medical conditions?
  - How would you describe the member's medication adherence?
  - What are the side effects of the medication?
- Does the patient have any pain conditions that need ongoing management?
- If applicable, what accommodations does the member need for mobility issues and / or sensory impairments?
- How does their substance use affect their physical health conditions and / or treatment?

Examples of how to specify functional impairments

- Limitations in physical functioning
- Need for coordination with primary care specialists
- Barriers to treatment participation due to health issues

Dimension 3: Emotional, behavioral, or cognitive conditions and complications

Guiding questions for documenting clinical observations in Dimension 3

- What are the emotional, behavioral, or cognitive conditions that need to be addressed because they complicate treatment *(include problems expected as a part of the addictive disorder and those that appear to be autonomous)*
- If applicable, what is the patient's history of psychiatric hospitalization and / or treatment?
- What is the relationship between patient's addictive disorder and any emotional, behavioral, or cognitive conditions?
- Is the patient receiving prescribed psychotropic medication for emotional, behavioral, or cognitive problems?
  - If so, what are the medications, and what were they prescribed to address?
  - How is the member's adherence to the medication?
- What is the patient's mood, affect, and orientation?
- What is the patient's suicidal and homicidal risk?

Examples of how to specify functional impairments

- Difficulty engaging in treatment or managing emotions
- Disruption in relationships, work, or daily functioning
- Need for behavioral health support or stabilization

Dimension 4: Readiness to change

Guiding questions for documenting clinical observations in Dimension 4

- What is the individual's emotional and cognitive awareness of the need to change?
  - Are there emotional, cognitive, or environmental barriers that interfere with readiness?
- What is the individual's level of commitment to and readiness for change?
- How engaged has the individual been in past treatment activities, and have they cooperated or followed through with treatment recommendations?
- How aware is the individual of the relationship between alcohol or drug use and negative consequences?
  - Do they understand the consequences of continued substance use?
- What is motivating the individual to seek treatment now?

Examples of how to specify functional impairments

- Inconsistent participation in treatment
- Difficulty setting or following through on recovery goals
- Need for motivational enhancement strategies

Dimension 5: Relapse, continued use, continued problem

Guiding questions for documenting clinical observations in Dimension 5

- Is the patient in immediate danger of continued alcohol or drug use?
- What are the patient's past attempts at abstinence and historical pattern of relapse?
- How aware is the patient of their ability (or lack thereof) to cope with problems and further distress?
- If reported, what are the patient's strategies to cope with…
  - Cravings to use substances related to their addictive disorder?
  - Problems related to their mental disorder or behavioral, emotional, or cognitive conditions?
  - Other life problems and further distress?
- How aware is the patient of their relapse triggers? If reported, what are they?
- How severe are the patient's problems and distress that may continue or reappear if the patient is not successfully engaged in treatment at this time?
- Have addiction or psychotropic medications assisted in recovery before?

Examples of how to specify functional impairments

- Consequences of relapse related to functioning
- Inability to manage cravings or stress
- High-risk behaviors or environments
- Need for structured relapse prevention

Dimension 6: Recovery Environment

Guiding questions for documenting clinical observations in Dimension 6

- Do any family members, significant others, living situations, or school or work situations pose a threat to the patient's safety or engagement in treatment?
  - What is the patient's current exposure to substance use or violence?
- How supportive and stable are the patient's relationships (e.g., family, friends), living situation, financial resources, educational/vocational resources, or community resources?
  - How can they rely on these elements of their recovery environment to increase the likelihood of successful treatment?
- What transportation, childcare, housing, or employment issues need to be clarified / addressed and how?
- If applicable, what support or recovery programs is the member engaged in?
- What are any legal, vocational, social service agency, or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?

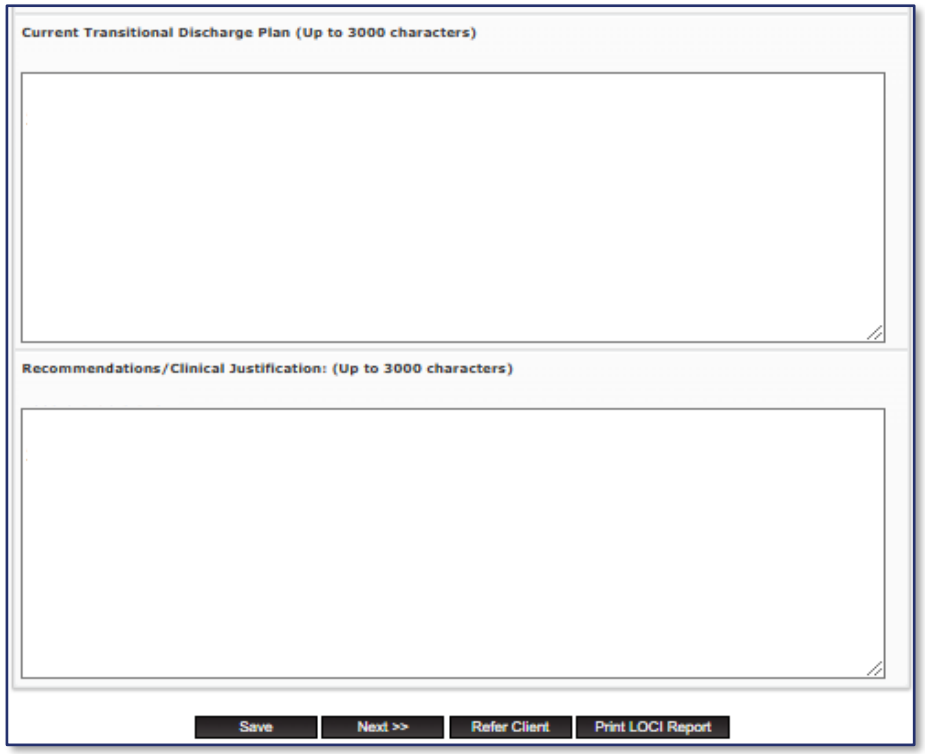
Examples of how to specify functional impairments

- Environmental barriers to treatment engagement
- Lack of transportation, food, or safety
- Unsafe living environment
- Need for case management or housing support

The LOCI summary summarizes clinical information submitted in the dimensions and where the provider recommends the level of care

LOCI Summary of Findings

- Section is automatically populated with summary of clinical information included in each LOCI dimension
- Additional fields include:
  - Level of care indicated in LOCI
  - Level of care recommended / received
  - Free response field for **current transitional discharge plan**
  - Free response field for **recommendations / clinical justifications**



MCO-specific content requirements for these free response fields to follow

Providers should begin discharge planning early…

Tips for effective discharge planning

- Discharge planning should begin **as early as possible**, ideally at the time of intake or admission
- Include **input** from the entire **care team**, the **patient**, **family members, and community supports**
- Ensure the plan **reflects the patient's preferences**, anticipated **challenges**, and desired **outcomes**

…and use the current transitional discharge plan field in NJSAMS

Required components of the transitional discharge plan

- Preliminary discharge recommendations
  - Where the member would discharge to
  - How the member will demonstrate readiness for discharge
- Safety and crisis plan
- Preliminary coordination of care
  - Linkages to continuing care and supports (e.g., community resources, family engagement)
  - Any BH and / or PCP visits *(should be scheduled within 7 days post-discharge)*

Examples follow

Example of complete transitional discharge plan for SUD intensive outpatient (IOP)

DMAHS has outlined a sample transitional discharge plan for SUD IOP. Submissions to this field will look similar for SUD partial care, except members often discharge to IOP services

- **Preliminary discharge recommendations:** Member will transition to standard outpatient therapy and ongoing recovery supports following successful completion of IOP.
- **Readiness for discharge:** Member will be expected to demonstrate consistent attendance, adherence to medications, engagement in group and individual sessions, and application of relapse prevention and copings skills.
- **Safety and crisis plan:** A crisis and safety plan was developed at intake, including triggers, warning signs, coping strategies, emergency contacts, and referral to crisis lines if needed.
- **Preliminary coordination of care:**
  - Referral placed for outpatient psychotherapy and medication management with Jane Doe Medical Center
  - Recovery supports (e.g., NA / AA or community-based peer groups) identified for continuation
  - Treatment team will coordinate with sober living environment staff to ensure structured housing support continues through and after discharge

Example of complete transitional discharge plan for Ambulatory Withdrawal Management (AWM)

Discharge plans for AWM should specify clearly how withdrawal symptoms and cravings will be managed after AWM is completed.

- **Preliminary discharge recommendations:** Member will transition to IOP, including medication management
- **Readiness for discharge:** Member will be expected to demonstrate stable vital signs, resolution of acute withdrawal symptoms, adherence to prescribed withdrawal medications, and ability to participate safely in structured group and individual treatment at the IOP level.
- **Safety and crisis plan:** A crisis and safety plan was completed at intake, including identification of triggers, emergency contacts, relapse prevention strategies, and linkage to 24/7 crisis resources.
  - At discharge, treatment team will explain and include information for the member on the increased risk of overdose given decreased tolerance following detoxification
- **Preliminary coordination of care:**
  - IOP intake scheduled with Smith Medical Center on 9/12/2025
  - Housing plan confirmed with sober living environment to provide structure and accountability after day programming
  - Parents will remain engaged with member during IOP treatment

Guidance for completing the recommendations / clinical justifications field

Clinical justifications should establish medical necessity by…

- Demonstrating appropriateness of care, including…
  - Why the treatment is necessary now
  - Why the member needs this level of care
- Using clinical documentation to justify decisions
  - Address ASAM criteria across all six dimensions
  - Use DSM-5 diagnostic criteria and link diagnoses to clinical observations and functional impairments
- *(For extension requests)* Indicating progress made, clinical issues not yet resolved, and how continued care will resolve / address those issues

Examples of complete submissions

SUD Intensive Outpatient

Member meets DSM-5 criteria for Alcohol Use Disorder, with daily use causing **major occupational, social, and functional impairments**. He is **medically stable** post-withdrawal (Dim. 1) with no acute biomedical needs (Dim. 2); however, he demonstrates **ambivalence to treatment** (Dim. 3)**, limited coping, and motivational challenges** (Dim. 4), while also living in an **unstable recovery environment** (Dim.6). These problems have led to frequent relapse (Dim. 5). IOP services are medically necessary to provide **structured therapy, relapse prevention, and coordinated support** beyond what outpatient care can deliver.

SUD Partial Care

Member meets DSM-5 criteria for Opioid Use Disorder, with **daily fentanyl use, multiple recent relapses, and failed attempts at lower levels of care**. Though medically stable (Dim. 1-2), his **anxiety, panic attacks, and impaired functioning complicate recovery** (Dim. 3-4), and he faces **high relapse potential** with minimal supports in an **unstable environment** (Dim. 5-6). Partial Care is medically necessary to provide **intensive daily structure, relapse prevention, medication monitoring**, **and therapeutic support** beyond the outpatient level.

Ambulatory Withdrawal Management

Member meets DSM-5 criteria for Alcohol Use Disorder and **presents with recent relapse, moderate withdrawal symptoms** (CIWA 10), and **history of functional decline** during abstinence (Dim. 1). He is medically stable without acute biomedical complications requiring inpatient care (Dim. 2), but **co-occurring anxiety and bipolar** can complicate recovery (Dim. 3). He expresses **limited readiness to change** and a **high relapse potential** given recent burdensome life events (Dim. 4-5). Given **moderate withdrawal symptoms**, AWM is medically necessary to provide **daily monitoring, medication management, and motivational intervention** to maintain functioning.

ASAM medical necessity criteria for SUD Intensive Outpatient

Average full length of stay:
8-12 weeks

To meet **ASAM medical necessity criteria for SUD Intensive Outpatient**, a member must demonstrate the following:

Dimension 1:
- Minimal risk of severe withdrawal

Dimension 2:
- No biomedical conditions, or
- Biomedical conditions are manageable and not sufficient to distract from treatment

Dimension 3:
- Mild severity of co-occurring mental health, with potential to distract from recovery
- Needs monitoring

Dimension 4:
- Has variable engagement in treatment, ambivalence, or a lack of awareness of the problem
- Requires structured programming several times a week to promote progress through the stages of change

Dimension 5:
- Intensification of addiction or symptoms indicate high likelihood of relapse or continued use or continued problems without close monitoring or support

Dimension 6:
- Member's recovery environment is not supportive
- With structure and support, member can cope

Source: American Society of Addiction Medicine 3rd edition criteria

Example approval case for SUD Intensive Outpatient (I/III)

Clinical information submitted[1] in Admission

- Member is 25-year-old female
- Completed 12th grade; never attended college; unemployed
- Diagnoses:
  - F11.21 Opioid Use Disorder, In remission
  - F10.20 Alcohol Dependence, Severe
- Prescribed suboxone (4 mg twice a day) by OBAT; opioid use is stable on medication
- Client now lacks coping skills and impulse control for alcohol use
- Admission date: 6/20/2025 for alcohol use

Clinical information submitted[1] in DSM-5

- Opioid Use Disorder
  - Amount and frequency of substance: No current use
  - Age of first use: 20 years old
  - Date of last use: 1/15/2025
  - Any past treatment for substance: Visited OBAT in January 2025; use is now stable with suboxone
- Alcohol Dependence
  - Amount and frequency of substance: 8-10 shots of vodka 3-4 times per week; with decreased opioid use from suboxone, alcohol use has increased
  - Age of first use: 16 years old
  - Date of last use: 6/16/2025
  - Any past treatment for substance: Ambulatory withdrawal management treatment for alcohol in March 2025

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

NEW JERSEY HUMAN SERVICES

Example approval case for SUD Intensive Outpatient (II/III)

Clinical information submitted[1] in LOCI-3

Dimension 1 – Withdrawal Potential
- Has no serious alcohol withdrawal symptoms (CIWA score: 2)
- Has no opioid withdrawal symptoms due to suboxone medication (COWS score: 0)
- Stable vitals; does not require 24-hour medical monitoring

Dimension 2 – Biomedical Conditions
- Member has high cholesterol, which is being treated by PCP

Dimension 3 – Emotional/Behavioral Conditions
- Mild anxiety was noted in last mental status exam with difficulty falling asleep
  - PCP prescribed Seroquel 50 mg at bedtime to assist

Dimension 4 – Readiness to Change
- Member is in contemplative stage of change for alcohol use
- Is seeking help because parents strongly encourage it and have told member they will cut their financial support if use continues

Dimension 5 – Relapse/Continued Use Potential
- No reported periods of alcohol sobriety prior to recent withdrawal management treatment
- After discharge from withdrawal management on 03/10/25, member was sober from alcohol for three weeks
- Increased use of alcohol in past two months since relapse
- Reports that only coping skill is to stay away from friends who also drink
- Has little to no opioid use; stable

Dimension 6 – Recovery Environment
- Member misses friends who she drinks with and is struggling to let go of those relationships
- Attends a 12-step program, but has no sponsor
- Kicked out by parents; member is currently living with friend from high school who uses fentanyl sometimes
  - When roommate gets high, member reports getting jealous and resorting to alcohol because she wants to "feel something as well"

Medical necessity outcome: Approved for provider recommendation of **ASAM Level 2.1: Intensive Outpatient Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

Example approval case for SUD Intensive Outpatient (III/III)

Medical necessity against **ASAM criteria for SUD Intensive Outpatient**

Dimension 1 – Withdrawal Potential

- ✓ Demonstrates minimal risk of severe withdrawal

Dimension 2 – Biomedical Conditions

- ✓ High cholesterol is manageable and not sufficient to distract from treatment

Dimension 3 – Emotional/Behavioral Conditions

- ✓ Anxiety is mild severity and currently being managed / monitored by PCP

Dimension 4 – Readiness to Change

- ✓ Has variable ambivalence to change, evidenced by:
  - Main source of motivation is external / parental pressure
  - No indication of strong internal motivation
- ✓ Requires structured programming to progress through stages of change, as evidenced by:
  - Currently in contemplative stage (stage 2)

Dimension 5 – Relapse/Continued Use Potential

- ✓ Increase in alcohol use in past two months
- ✓ Indicates high likelihood of continued use without support, evidenced by:
  - Limited coping skills; reporting only strategy is avoiding friends who also drink
  - Increased use after only 3 weeks of sobriety since discharge from treatment

Dimension 6 – Recovery Environment

- ✓ Has an unsupportive living situation, evidenced by:
  - Being kicked out by parents
  - Staying with friend who uses fentanyl
  - Present environmental triggers
  - Lack of sponsor and sober supports

Example denial case for SUD Intensive Outpatient (I/III)

Clinical information submitted[1] in Admission

- Member is 27-year-old female
- Attended and graduated college
- Is currently working, but mostly financially supported by parents
  - No comments on diminished work performance
- Diagnoses:
  - F11.20 Opioid Use Disorder, Moderate
- Percocet is substance of choice
- No medications prescribed
- Admission date: 6/25/2025

Clinical information submitted[1] in DSM-5

- Opioid Use Disorder
  - Amount and frequency of substance: 1-2 times per week of Percocet
  - Age of first use: 25 years old
  - Date of last use: 6/20/25
  - Any past treatment for substance: None

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

NEW JERSEY HUMAN SERVICES

Example denial case for SUD Intensive Outpatient (II/III)

Clinical information submitted[1] in LOCI-3

Dimension 1 – Withdrawal Potential
- Member has no withdrawal symptoms (COWS score: 0)

Dimension 2 – Biomedical Conditions
- Has no known biomedical conditions

Dimension 3 – Emotional/Behavioral Conditions
- Has Generalized Anxiety Disorder, but condition is stable
- Member reports anxiety does not interfere with daily life or work, except for sometimes "keeping me up at night"

Dimension 4 – Readiness to Change
- Member demonstrates insight into the necessity of change
- Understands the relationship between substance use and adverse consequences
- Exhibits a high level of readiness for treatment and acknowledges its positive outcomes
- Expresses strong commitment to recovery

Dimension 5 – Relapse/Continued Use Potential
- Member's frequency of use has not changed in the past month
- Has had some sober periods this year, which have lasted at most one month with limited withdrawal symptoms; demonstrates some ability to maintain abstinence and control
- Main trigger is when breaking up with on-again-off-again boyfriend, who lives an hour away

Dimension 6 – Recovery Environment
- Member presents with positive support networks and resources, including
  - Supportive friendships from high school and college
  - Financial stability due to work and support from parents
- Parents are threatening to withdraw financial support if member does not go to treatment

Medical necessity outcome: Denied for provider recommendation of **ASAM Level 2.1: Intensive Outpatient Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

Example denial case for SUD Intensive Outpatient (III/III)

Medical necessity against **ASAM criteria for SUD Intensive Outpatient**

Dimension 1 – Withdrawal Potential
- ✓ Demonstrates minimal risk of severe withdrawal

Dimension 2 – Biomedical Conditions
- ✓ Has no known biomedical conditions

Dimension 3 – Emotional/Behavioral Conditions
- ✓ Co-occurring anxiety disorder is stable and does not interfere with daily functioning

Dimension 4 – Readiness to Change
- ✗ Exhibits strong awareness to her problem with substance abuse, evidenced by:
  - Understanding the relationship use and adverse consequences
- ✗ Demonstrates significant internal motivation to change and strong commitment to recovery

Dimension 5 – Relapse/Continued Use Potential
- ✗ No recent increase in substance use
- ✗ Indicates moderate (not high) risk of continued use as main trigger is frequent, ongoing relationship issues, but member has shown ability to achieve and sustain short sober periods with some level of control

Dimension 6 – Recovery Environment
- ✗ Has supportive and positive recovery environment through family and friends

ASAM medical necessity criteria for SUD Partial Care

Average full length of stay:
4-6 weeks

To meet **ASAM medical necessity criteria for SUD Partial Care**, a member must demonstrate the following:

Dimension 1:
- Moderate risk of withdrawal, but it is manageable at an outpatient level of care

Dimension 2:
- No biomedical conditions, or
- Biomedical conditions are not sufficient to distract from treatment or are manageable

Dimension 3:
- Mild to moderate severity of co-occurring mental health, with potential to distract from recovery
- Needs stabilization

Dimension 4:
- Poor engagement in treatment, significant ambivalence, or a lack of awareness of the problem
- Daily structured programming or intensive engagement services is required to promote progress through the stages of change

Dimension 5:
- Intensification of addiction or mental health problems despite participation in outpatient or intensive outpatient program
- High likelihood of relapse or continued use without near daily monitoring or support

Dimension 6:
- Member's recovery environment is not supportive
- With structure, support, and relief from the home environment, member can cope

Source: American Society of Addiction Medicine 3rd edition criteria

Example approval case for SUD Partial Care (I/III)

Clinical information submitted[1] in Admission

- Member is 36-year-old male
- Employed as a part-time barista, with reports of performance issues
- Arrested for DUI in December 2024; pending sentencing later this year
- Diagnoses:
  - F10.20 Alcohol Use Disorder, Severe
  - F41.1 Generalized Anxiety Disorder, Moderate
- Referred from emergency department after intoxication-related fall in apartment lobby, resulting in head injury
- Admission Date: 3/10/2025

Clinical information submitted[1] in DSM-5

- Alcohol Use Disorder
  - Amount and frequency of substance: 12-pack of beer, daily
  - Age of first use: 17 years old
  - Date of last use: 3/5/2025
  - Any past treatment for substance: Member is a step-down from withdrawal management; also, has attended outpatient and IOP treatment in the past year

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

NEW JERSEY HUMAN SERVICES

Example approval case for SUD Partial Care (II/III)

Clinical information submitted[1] in LOCI-3

Dimension 1 – Withdrawal Potential

- Has no current withdrawal symptoms (CIWA score: 0), but history of withdrawal, including tremors and sweats with abrupt cessation
- Has stable vitals; does not require 24-hour medical monitoring

Dimension 2 – Biomedical Conditions

- Member has a history of hypertension; managed with PCP-prescribed medication
- Has no acute medical complications

Dimension 3 – Emotional/Behavioral Conditions

- Member is diagnosed with Generalized Anxiety Disorder, which affects work performance; symptoms include
  - Frequent panic attacks
  - Sleep disturbances from ruminating, anxious thoughts
  - Difficulty concentrating
  - Irritability and muscle tension
- Requires daily therapeutic support to manage symptoms

Dimension 4 – Readiness to Change

- Member expresses ambivalence about sobriety; describes alcohol as "the only thing that chills me out"
- Has attended multiple outpatient and IOP programs without sustained progress due to lack of motivation and difficulty sustaining coping skills outside of treatment
- Expressed feeling "trapped" in cycle of drinking despite awareness of negative consequences

Dimension 5 – Relapse/Continued Use Potential

- Member has had multiple relapses in the past 6 months
- Main triggers include social isolation and stress from anxiety
- Needs intensive relapse prevention and development of effective coping strategies

Dimension 6 – Recovery Environment

- Basic needs (e.g., transportation, housing) are met
- Lives alone in apartment, which contributes to alcohol use
- Has no exposure to peers actively using alcohol, but lacks any people or accountability measures to discourage drinking

Medical necessity outcome: Approved for provider recommendation of **ASAM Level 2.5: Partial Hospitalization Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

Example approval case for SUD Partial Care (III/III)

Medical necessity against **ASAM criteria for SUD Partial Care**

Dimension 1 – Withdrawal Potential

- Has moderate risk of withdrawal given history of symptoms

Dimension 2 – Biomedical Conditions

- Hypertension is manageable and not sufficient to distract from treatment

Dimension 3 – Emotional/Behavioral Conditions

- Generalized Anxiety Disorder is moderate
- Anxiety may interfere with recovery due to impacts on daily functioning, evidenced by
  - Panic attacks
  - Sleep disturbances
  - Difficulty concentrating
  - Irritability
- Requires daily stabilization of anxiety symptoms through therapeutic support

Dimension 4 – Readiness to Change

- Demonstrates significant ambivalence to change as alcohol is primary coping mechanism
- Requires intensive motivational intervention strategies to break cycle of feeling "trapped"

Dimension 5 – Relapse/Continued Use Potential

- Has had multiple relapses despite attending numerous lower levels of care
- Use will remain high without near-daily monitoring due to isolation (living alone) and anxiety as ongoing main triggers

Dimension 6 – Recovery Environment

- Has an unsupportive environment, evidenced by:
  - Lack of accountability measures
  - Limited social support, which increases use
- With treatment, member can cope by stepping away from main triggers

Example denial case for SUD Partial Care (I/III)

Clinical information submitted[1] in Admission

- Member is 21-year-old male
- Unemployed; enrolled in university but currently on leave
- Lives with parents and younger siblings
- Primary diagnosis:
  - F12.20 Cannabis Dependence, Uncomplicated
- No current medications prescribed
- Uses cannabis daily and lacks coping skills
- Admission date: 6/30/2025

Clinical information submitted[1] in DSM-5

- F10.20 Cannabis Dependence, Uncomplicated
  - Amount and frequency of substance: Vapes an unspecified amount of "hits" daily
  - Age of first use: 14 years old
  - Date of last use: 6/29/2025
  - Any past treatment for substance: None
- F10.10 Alcohol Abuse, Uncomplicated
  - Amount and frequency of substance: Uses "enough to get drunk" every 2 weeks
  - Age of first use: 16 years old
  - Date of last use: One week ago
- F40.10 Social Phobia, Unspecified

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

NEW JERSEY HUMAN SERVICES

Example denial case for SUD Partial Care (II/III)

Clinical information submitted[1] in LOCI-3

Dimension 1 – Withdrawal Potential
- Member has no current withdrawal symptoms

Dimension 2 – Biomedical Conditions
- Has no known biomedical conditions

Dimension 3 – Emotional/Behavioral Conditions
- Member reports feeling "sad and stressed" due to multiple social and academic pressures, including
  - Conflict with peers on campus
  - Academic struggles despite effort
  - Guilt about being poor example to younger siblings
- Reports he now fears social issues due to drama and fallouts with friends; vapes or drinks to get through them
- Uses cannabis to help with sleeping difficulties
- No medications prescribed for stress or sleep disturbance

Dimension 4 – Readiness to Change
- Member is in contemplative stage of change
- Recently suspended from school for vaping in dorm; completion of a treatment program is required before he can return to school
- Externally motivated to finish recommended treatment and return to school due to parents' and siblings' disappointment

Dimension 5 – Relapse/Continued Use Potential
- No increased use in the past month, and member denies cravings beyond baseline use
- Struggles coping with stress without substances

Dimension 6 – Recovery Environment
- Currently lives with parents maintain a sober lifestyle
- Financially supported by parents
- Has some friends from campus who check in daily, encourage recovery, and wish to see him back at school

Medical necessity outcome: Denied for provider recommendation of **ASAM Level 2.5: Partial Hospitalization Program**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

Example denial case for SUD Partial Care (II/III)

Medical necessity against **ASAM criteria for SUD Partial Care**

Dimension 1 – Withdrawal Potential

- ✗ Has no current withdrawal symptoms

Dimension 2 – Biomedical Conditions

- ✓ Has no biomedical conditions

Dimension 3 – Emotional/Behavioral Conditions

- ✓ Emotional symptoms (i.e., stress, sadness, social anxiety) are mild to moderate severity
- ✗ Conditions will not distract from recovery or require need for daily stabilization

Dimension 4 – Readiness to Change

- ✓ Needs to progress through stages of change, as evidenced by:
  - Currently being in contemplative stage (stage 2)
  - Main sources of motivation are external (e.g., school, family)
- ✗ No evidence of poor engagement in treatment, significant ambivalence, or lack of awareness

Dimension 5 – Relapse/Continued Use Potential

- ✗ No recent increase in substance use or cravings
- ✓ Indicates risk of continued use due to poor coping skills

Dimension 6 – Recovery Environment

- ✗ Has a supportive environment, evidenced by:
  - Living with parents who have a sober lifestyle
  - Financial support
  - Positive friendship network

Example appropriate intake case for Ambulatory Withdrawal Management (I/II)

All MCOs are required to automatically approve all initial PAs requesting ambulatory withdrawal management for at least 5 days

Clinical information submitted[1] in Admission

- Member is 25-year-old male
- College-educated and employed; no legal concerns
- Diagnoses:
  - F10.20 Alcohol Use Disorder, Moderate
  - F31.9 Bipolar Disorder, Unspecified
- Had a period of sobriety for 2 years, but relapsed two months ago
  - Member stopped use one day ago after girlfriend discovered and threw out all alcohol from apartment
- Smokes cigarettes and uses vapes daily
- Admission date: 5/30/2025

Clinical information submitted[1] in DSM-5

- Alcohol Use Disorder
  - Amount and frequency of substance: 8-10 shots of whiskey daily during early afternoon, with heavier use on weekends
  - Age of first use: 17 years old
  - Date of last use: 5/29/2025
  - Any past treatment for substance: Received level 3.2-WM over two years ago, with maintenance therapy for one year after discharge

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

NEW JERSEY HUMAN SERVICES

Example appropriate intake case for Ambulatory Withdrawal Management (II/II)

Clinical information submitted[1] in LOCI-3

Dimension 1 – Withdrawal Potential

- Last alcohol use: 1 day ago
- Currently experiencing moderate withdrawal symptoms (CIWA score: 10), including:
  - Nausea and vomiting
  - Increased agitation
  - Tremors
- History of functional decline after cessation, including inability to maintain self-care

Dimension 2 – Biomedical Conditions

- Has no known medical conditions

Dimension 3 – Emotional/Behavioral Conditions

- History of bipolar decompensation during periods of abstinence, including:
  - Neglect of hygiene and nutrition
  - Pressured, dysregulated speech (e.g., verbal outbursts toward girlfriend)

Dimension 4 – Readiness to Change

- Member is in the precontemplation stage of change
  - Frames relapse as "normal part of the sobriety journey"
  - Does not think he would continue use for much longer
- Learned about addiction cycle from past treatment; however, does not believe he is still addicted given 2-year sobriety
- Primary motivation for treatment is external (to ensure girlfriend does not leave him), rather than internal readiness for change

Dimension 5 – Relapse/Continued Use Potential

- Relapse was triggered by death of a close cousin; reports drinking whenever he "remembers and feels sad"
- In past two months, member admits to spending a great deal of time going to the store and obtaining alcohol

Dimension 6 – Recovery Environment

- Girlfriend provides consistent support and plans to remain engaged throughout treatment process
- Housing and basic needs are stable

Medical necessity outcome: Appropriate for **ASAM Level 2-WM: Ambulatory, with extended on-site monitoring**

1. Clinical information is SUMMARIZED. Please refer to previous section on "Clinical Review part 1: Completeness" to ensure you are specifying clinical information comprehensively

ASAM medical necessity criteria to justify continuing Ambulatory Withdrawal Management

Average full length of stay:
5-7 days

After the first intake, all MCOs except Horizon NJ Health will **review AWM extensions requests for medical necessity**.

To meet **ASAM medical necessity criteria for AWM**, a member must…

- Demonstrate signs and symptoms of withdrawal or withdrawal must be imminent[1]
- Be at moderate risk of withdrawal syndrome if outside of the program setting
- Be free of severe psychiatric complications and would safely respond to several hours of monitoring, medication, and treatment

1. Providers should assess a member across the following domains to determine if withdrawal is imminent: history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and emotional, behavioral, or cognitive condition
Source: American Society of Addiction Medicine 3rd edition criteria

Need help? Visit the state's BH Integration Stakeholder website or contact the member's MCO; if you cannot reach a resolution, outreach DMAHS

BH Integration Stakeholder Information website[1]

The **Provider Resources webpage**[2] of the BH stakeholder website has the following materials on PAs for providers:

- Prior Authorization Refresher Training materials
- Prior Authorization Training materials
- NJSAMS Training materials
- NJSAMS, IME, and MCO contact information
- Provider guidance packet

Member's Managed Care Organization

For specific member inquiries and MCO-related questions, please contact the member's MCO:

Aetna **Fidelis Care** **Horizon NJ Health**

UnitedHealthcare **Wellpoint**

*Find more MCO-specific PA resources in the **appendix***

DMAHS – Office of Managed Health Care

If your issue is related to **contracting & credentialing**, **claims & reimbursement**, **appeals,** or **prior authorizations**, then contact **OMHC**:

mahs.provider-inquiries@dhs.nj.gov

- Include specific details regarding your claims
- If multiple claims are impacted, the information should be summarized using an Excel file
- All Protected Health Information (PHI) must be sent securely

DMAHS Behavioral Health Unit

If your issue is related to **policies & guidelines**, **access to services**, or **general questions**, then contact DMAHS **BH Unit**:

dmahs.behavioralhealth@dhs.nj.gov

1-609-281-8028

1. https://www.nj.gov/humanservices/dmhas/information/stakeholder/ 2. https://www.nj.gov/humanservices/dmhas/information/stakeholder/providerresources.html

NEW JERSEY HUMAN SERVICES

Q&A

DMAHS or MCO Prior Authorization questions


NEW JERSEY
HUMAN SERVICES

Appendix

Aetna | Additional PA resources

MH PA contact information

Option 1

Call us at:

- Aetna Better Health of NJ: 1-855-232-3596
- Aetna Assure Premier Plus (HMO D-SNP): 1-844-362-0934

Option 2

Click the Authorization form below and fax the request:

- Aetna Better Health of NJ
  - Medical Authorization Form
  - Fax: 1-844-404-3972
- Aetna Assure Premier Plus (HMO D-SNP)
  - Medical Authorization Form
  - Fax: 1-833-322-0034

Option 3

Availity Provider portal. Click below to register.

- Aetna Better Health of NJ: Provider Portal
- Aetna Assure Premier Plus (HMO D-SNP): Provider Portal

Additional PA resources

- PA / MCO Portal
- MCO Provider Manual
- MCO Quick Reference Guide
- New Provider Orientation
- [Links of where to register for PA OH / trainings]

Fidelis Care | Additional PA resources

PA contact information

For more information on PAs, please contact:

Enola Joefield-Haney, LMHC, LCMHC, Manager, Utilization Management Behavioral Health
813-206-3367
Enola.d.Joefieldhaney@centene.com

Additional PA resources

- PA / MCO Portal
- MCO Provider Manual
- MCO Quick Reference Guide
- New Provider Orientation and PA Office Hours Training

Horizon NJ Health | Additional PA resources

PA contact information

For more information on PAs, please contact:

Provider Services

Phone: (800) 682-9091

Email: BHMedicaid_@horizonblue.com

Additional PA resources

- Credentialing Application Link
- HNJH Provider Manual
- HNJH Quick Reference Guide
- New Provider Orientation
- DMAHS BHI Stakeholder Information

UnitedHealthcare | Additional PA resources

PA contact information

For more information on PAs, please contact:

- Provider Service Line- 1-888-362-3368

Links of where to register for PA Office Hours:

- Tuesday, Sept. 23 10-11:30
- Tuesday October 14 12-1:30

Additional PA resources

Provider Express PA Portal

Provider Manual

Quick Reference Guide

New Provider Orientation

Wellpoint | Additional PA resources

PA contact information

Where to submit MH PA requests:

Call or Fax:

- **Inpatient Medicaid, PHP, IOP, and all Urgent Services:** 844-451-2794 *(fax)*
- **Inpatient Medicare, PHP, IOP, and all Urgent Services:** 844-430-1702 *(fax)*
- **Access Fax Forms Here:**
  - Forms | Wellpoint New Jersey, Inc.
- **Call:** 833-731-2149

Where to submit SUD PA requests:

- Submitted through **NJSAMS**
- Decisions communicated to provider via fax or phone call

Ann Basil, LCSW, Director of Behavioral Health
Ann.Basil@Wellpoint.com

Additional PA resources

Links:

- Availity Portal (access here)
- Wellpoint Provider Manual
- Wellpoint ProviderQRG.pdf
- New BH Provider Orientation