

46th Annual
Addiction Leadership
Conference



NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Welcome
NAAATP
NATIONAL2025

Implementation of ASAM 4.0 and the Criteria-Reimbursement Nexus

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May 18-20 | Seattle, WA



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WORKSHOP Session

naatp.org/conference

Implementation of ASAM 4.0 and the Criteria-Reimbursement Nexus



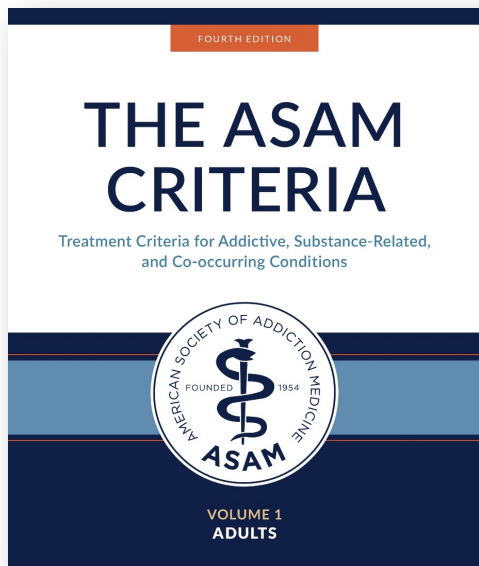
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MAJOR UPDATES FROM THE THIRD EDITION



Access to addiction medications



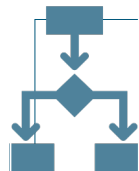
Harm reduction and recovery support



Co-occurring capabilities at all levels



Integrated withdrawal management



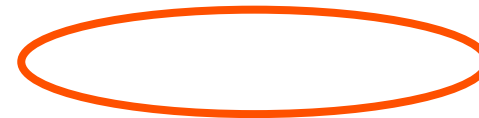
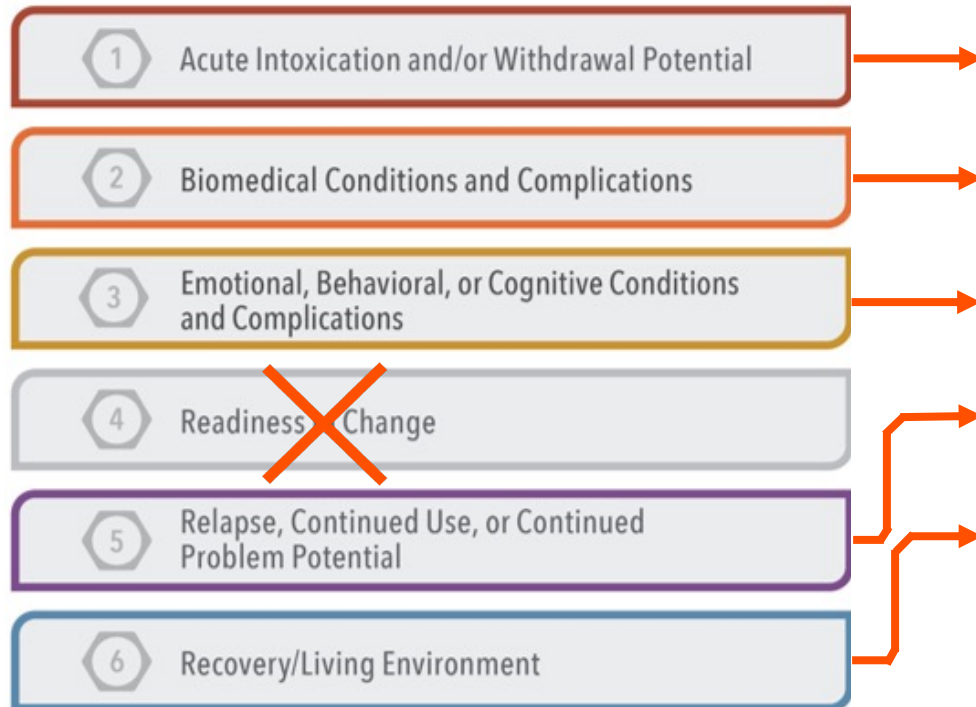
Standardized decision rules



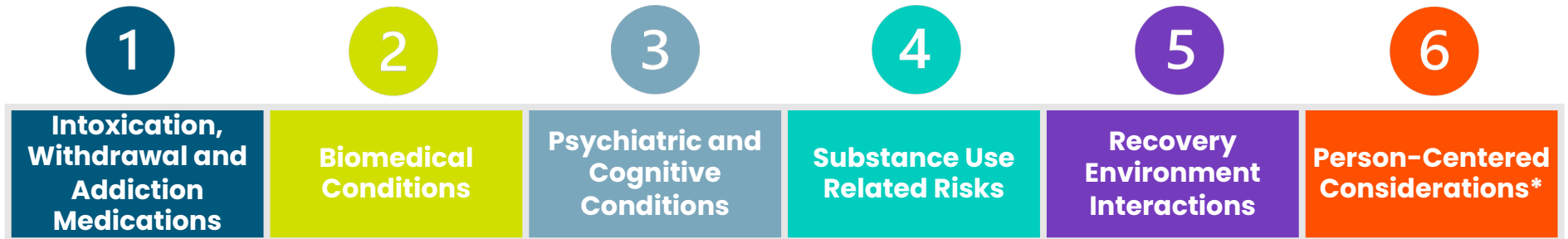
Person-centered considerations

UPDATES TO THE SIX DIMENSIONS

Third Edition



NEW CONCEPT OF SUBDIMENSIONS



Two Assessments: **Level of Care Assessment** & Treatment Planning Assessment

UPDATES TO ASSESSMENT STANDARDS (2 TYPES)

Level of Care Assessment

- Brief, concise
- Collect just enough information to recommend an appropriate level of care
- Dimensions 1-5 – LOC recommended
Dimension 6 – LOC selected

Treatment Planning Assessment

- Comprehensive, “full” biopsychosocial assessment
- Informs longer-term treatment planning
- Conducted after a patient enters the selected level of care

DIMENSION 6: PERSON CENTERED CONSIDERATIONS

*It is important to obtain a clear picture of the patient's desires and interests and identify **structural barriers** that may interfere with their ability to engage in treatment and continuing care”*

Barriers to Care

Patient Preferences

Need for Motivational Enhancement

A Patient's Journey Through the Continuum of Care

Fourth Edition



PATIENT
ENTERS
ADDICTION
TREATMENT

NOTABLE LEVEL OF CARE CHANGES



Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.



Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.



Level 3.2 WM services have been integrated into Level 3.5.



Increase in treatment hours from 5 to 9-19 per week for Level 3.1.

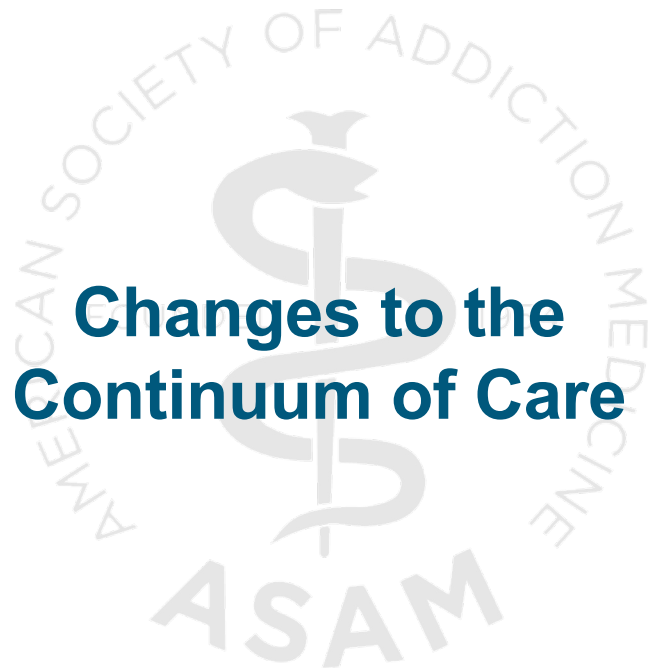


Creation of Levels 1.7 & 2.7 (medically managed levels of care).



Level 3.7 is now classified as a residential treatment level.

Changes to the Continuum of Care



Adult 3rd Edition

| |
|--------------|
| Level 0.5 |
| Level 1 |
| Level 1 WM |
| Level 2.1 |
| Level 2.5 |
| Level 2 WM |
| Level 3.1 |
| Level 3.2 WM |
| Level 3.3 |
| Level 3.5 |
| Level 3.7 |
| Level 3.7 WM |
| Level 4 |
| Level 4 WM |

Adult 4th Edition

| | |
|----------------------|---|
| Level 1.0 NEW | Level 1 Outpatient |
| Level 1.5 | |
| Level 1.7 NEW | |
| Level 2.1 | Level 2 Intensive Outpatient/ High-Intensity Outpatient Treatment |
| Level 2.5 | |
| Level 2.7 NEW | |
| Level 3.1 | Level 3 Residential |
| Level 3.5 | |
| Level 3.7 | |
| Level 4 | Level 4 Inpatient |

- Key**
- Services discussed in new chapters
 - Elements incorporated into other level(s)
 - Incorporated into a new level care
 - Revised and updated level of care

Implementation of ASAM 4.0 and the Criteria-Reimbursement Nexus



Sariah Hopkins

CEO

Atlantic Health Strategies

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Top Provider Questions about Implementing the New Criteria



Overview of the top questions providers have asked about in 2024 and 2025 related to implementing the ASAM Criteria Version 4.

When?

Commercial - 2025
Medicaid - 2026 and Onward

New License?

Not Yet. New terminology does not align to former State Licensure names in some states, but no movement on this.

Recovery Residences?

Added as level of care. States moving towards greater recognition, but also separating RR from Treatment Center autonomy under NARR Standards.

Payer Changes?

Yes - There will be changes. Expect new contracts and new codes.

Documentation Changes?

Yes - significant. ASAM assessment updates. Treatment plan changes.

Accreditation Changes?

Yes - as of April 1, 2025 JCAHO has aligned all SUD levels of care to ASAM Version 4. Providers operating under 3 will need to cross walk.

Service Hour Changes

| Level of Care | Version 3 (2013) | Version 4 (2023) | Notes |
|--|---|---|---|
| 3.7WM/3.7 Medically Monitored Withdrawal | Not specified | At least 20 hours/week | Emphasis on Medical Care, not clinical |
| 3.5 High Intensity Residential | Not specified | At least 20 hours/week | 4th Edition provides stronger language on frequency and structure |
| 3.1 Low Intensity Residential | <5 hours/week | 9-19 Hours/week | Significant change. Hours now align to IOP |
| 2.5 PHP/HIOP | Min 4 Hours Per Day, Minimum 20 Per Week. | 20 Hours Per Week Structured over 4-5 Days | No major changes, language modernized |
| 2.1 IOP | Min 3 Hours Per Day, Minimum 9 Per Week | 9-19 Hours per week Structured over at Least 3 Days | No major changes, language modernized |

Staff Requirement Changes

| Level of Care | Version 3 (2013) | Version 4 (2023) | Notes |
|--|--|--|---|
| 3.7WM/3.7 Medically Monitored Withdrawal | 24 Hour RN On Site Physician Daily In Person, 24/7 Available Counseling Optional | 24 Hour Nurse Coverage (RN, LPN) Daily Physician Contact; Physician or AP Available 24/7, Daily Clinical Support | Lightened definitions of medical professionals, and removal of in-person requirements. |
| 3.5 High Intensity Residential | 24 Hour Staffing Licensed or Certified Clinicians Medical Available | 24 Hour Staffing with Access to Medical Qualified Clinical Professionals | Removes requirement for Licensed or Certified Clinicians. |
| 3.1 Low Intensity Residential | Clinical Interventions Available Medical By Phone | Appropriately Trained Clinical Staff 7 Days of Structured Service | Increases level of clinical from case managers and peers to clinicians. Increases hours and days. |

Implementation of ASAM 4.0 and the Criteria-Reimbursement Nexus



Debra Nussbaum, PhD

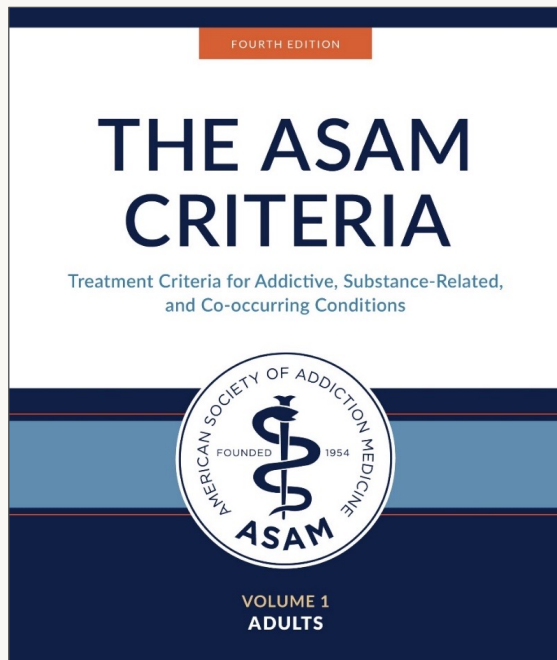
Sr. Director Behavioral Health Evidence
Based Services

Optum/UHC

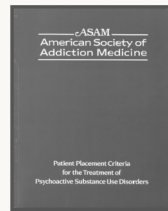
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The American Society of Addiction Medicine Criteria (ASAM)

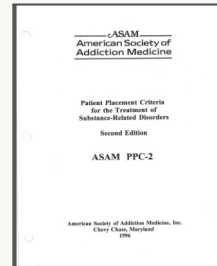
2023



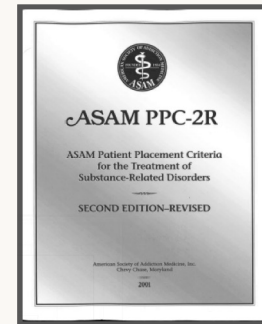
1991



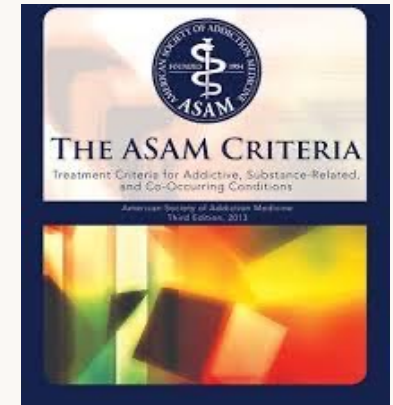
1996



2001



2013



Optum has implemented the 4th Edition of the criteria upon its release in November 2023 for adults. Adolescent criteria expected out late 2025.

American Society of Addiction Medicine (ASAM) Changes

Current State

ASAM 3rd Edition

Defined levels of care
Provider contracts
Claims
Reporting

2013 Levels of Care

ASAM level
4 – Medically Managed Inpatient
3.7WM- Medically Monitored Inpatient w/ withdrawal management
3.7- Medically monitored inpatient
3.5- Clinically managed high intensity residential
3.3- Clinically managed high intensity residential for persons with cognitive impairment
3.2 WM- Clinically managed residential withdrawal management
3.1 – Clinically managed low intensity residential (Medicaid and CA only)
2.5 – Partial Hospital
2.1- Intensive Outpatient
1- Opioid Treatment Program
1- Outpatient Services

Future State

ASAM 4th Edition

Updated defined levels of care
Updated provider contracts
Updating claims systems
Updated reporting

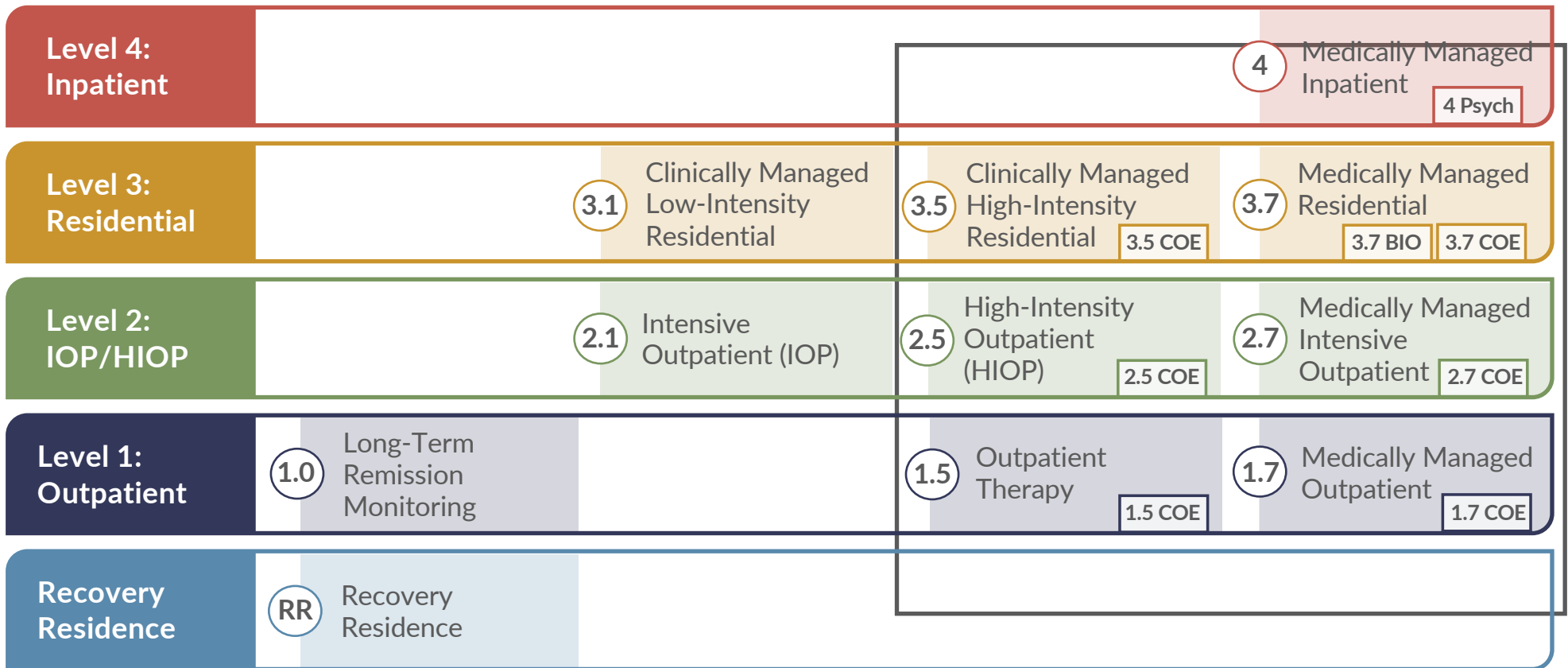
2024 Levels of Care

ASAM level
4 – Medically Managed Inpatient
3.7- Medically Managed Residential
3.5- Clinically Managed High Intensity Residential
3.1 – Clinically Managed Low Intensity Residential
2.7 – Medically managed Intensive Outpatient
2.5- High Intensity Outpatient
2.1- Intensive Outpatient
1.7 – Medically Managed Outpatient
1.5- Outpatient Therapy
1- Long term remission monitoring

Change Highlights

3.7 services moving to residential level- Subacute
Integrate withdrawal management into the care continuum
Incorporate 3.3 into 3.5 services
Eliminate 3.2WM as a level of care

The ASAM Criteria Continuum of Care for Adult Addiction Treatment



What is Changing and What is Staying the Same

ASAM level 4 – Hospital based Medically Managed Services – **NOT Changing**

ASAM Level 3.7WM – is merging into ASAM level 3.7 – Medically Managed Residential

ASAM Level 3.7 – is being **renamed** Medically Managed Residential – code change from inpatient to residential

ASAM 3.5- Clinically managed high-intensity residential – **NOT Changing**

ASAM 3.1- **Clinically managed low-intensity residential** – currently only covered in CA – will soon be added as a commercial benefit
If you see it in Linx as a commercial contract you may auth to it

ASAM 2.7 – Medically Managed Intensive Outpatient – replacing old ambulatory detox contracts

ASAM 2.5 – is being **renamed** high-intensity outpatient – code change from PHP to IOP

ASAM 2.1 – Intensive outpatient – **NOT changing**

Linux Auths

Levels of care that will eventually disappear

| ail | Program Detail |
|-----|--|
| | SUD Inpatient Geriatric, Substance Use Disorder, Daily Rate, Per Diem, MD Fees Included, Commercial Rate Only, \$900, ASAM 3.7 Medically Monitored Intensive Inp |
| | SUD Detox Residential Adult, Substance Use Disorder, Daily Rate, Per Diem, MD Fees Included, Commercial Rate Only, \$1000, ASAM 3.7 WM Medically Monitored In |
| | SUD Detox Residential Geriatric, Substance Use Disorder, Daily Rate, Per Diem, MD Fees Included, Commercial Rate Only, \$1000, ASAM 3.7 WM Medically Monitorec |
| | SUD Inpatient Adult, Substance Use Disorder, Daily Rate, Per Diem, MD Fees Included, Commercial Rate Only, \$900, ASAM 3.7 Medically Monitored Intensive Inpati |

Impact to Medicare

- Medicare utilizes their own medical necessity guidelines (LCDs and NCDs) for behavioral health services.
- If a guideline does not exist the plan is allowed to use a supplemental criteria such as ASAM or LOCUS.
- Medicare provides hospital based coverage for detoxification services.
- Hospitals can be both acute care general or free standing psychiatric specialty hospitals.
- ASAM does not endorse detoxification in free standing specialty hospitals (page 131)
- As a result Optum will continue to supplement the Medicare NCD with ASAM level 4 in acute care general hospitals.
- In free standing psychiatric specialty hospital Optum will supplement with the LOCUS criteria
- **Optum will also be updating free-standing psychiatric hospital specialty contracts and removing reference to ASAM level 4 and level 3.7 - replacing with Inpatient Detoxification.**

Implementation of ASAM 4.0 and the Criteria-Reimbursement Nexus

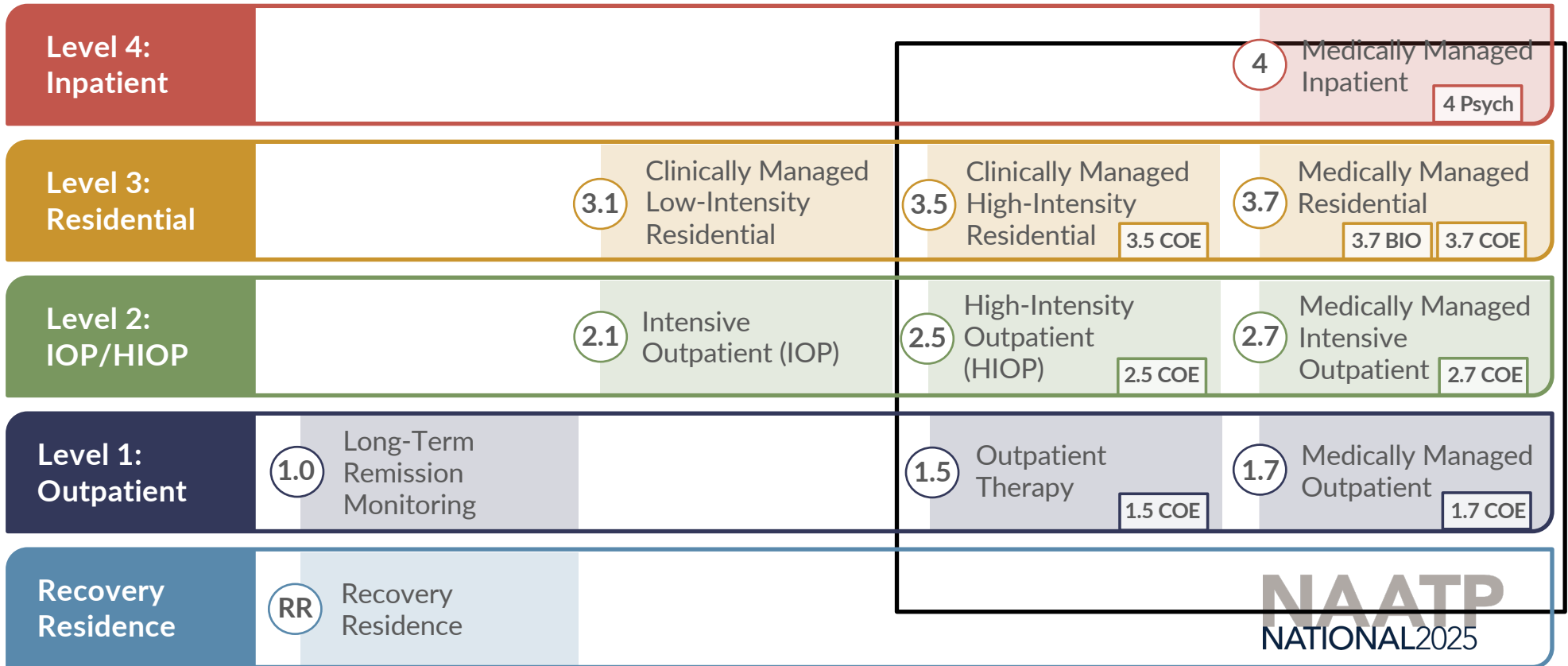


Corey Waller, MD

Chief Medical Officer
BrightView Health

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The ASAM Criteria Continuum of Care for Adult Addiction Treatment



Implementation of ASAM 4.0 and the Criteria-Reimbursement Nexus

Questions for the Panel



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Upcoming Sessions

3:00-3:45

Exhibit Hall Popcorn Social & Networking Opportunity



3:45-4:45

Workshop Session 3

A: From Numbers to Impact: Driving Revenue Through Comprehensive Community Care

Location: Redwood AB

B: Adolescent Programing: Dignified Treatment of Youth as Best Practice

Location: Willow B

C: Maximizing Revenue through Provider-Payer Relations and Contracting
Organizational Growth and Resilience

Location: Willow A

4:45-5:30

Open Reception:

Empowering Your Organization Through NAATP Membership Offerings

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