DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: October 1, 2025
Policy Number: *520*	**Subject:** SUD Outpatient (OP) Therapy (ASAM 1.0) Adult and Adolescent

Definition

SUD OP Therapy services include recovery or motivational enhancement therapies/strategies. Services include individual, family, and group therapy in which diagnosis, assessment, psychotherapy, and related services are provided. ASAM 1.0 is provided in regularly scheduled sessions and include less than nine hours of service a week (adults) and less than six hours per week (adolescent). Services are designed to help members achieve changes in alcohol and/or drug use and addictive behaviors and often address issues that have the potential to undermine the patient's ability to cope with life tasks without the addictive use of alcohol, other drugs, or both.

Provider Requirements

SUD OP Therapy must be provided by a state approved program or a licensed mental health professional with substance use within their scope of practice.

Medical Necessity Criteria

Member must meet the SUD criteria as described in this manual and meet the ASAM criteria for diagnostic and dimensional admission criteria for ASAM 1.0 level of care.

Service Requirements

(1) Group therapy services may not have more than 16 members participating in the group.

(2) The provider must:

(a) Formulate an Individualized Treatment Plan (ITP) on admission to this level of care that identifies strength-based achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the treatment; and

(b) Document the response of the member to treatment and revise the ITP consistent with the clinical needs of the member.

(3) SUD OP is not a bundled service and must be billed using the appropriate outpatient therapy codes.

(4) SUD OP does not include services provided prior to completion of a biopsychosocial assessment and development of a formal treatment recommendation, including early intervention or brief therapeutic interventions.

Utilization Management

(1) Prior authorization is not required.

(2) Continued stay review not required.

(3) The provider must document in the file of the member that the member meets the medical necessity criteria.