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May 8, 2013

SAPC BULLETIN # 13-01

TO: Executive Directors

FROM: John Viernes, Jr., Director   
Substance Abuse Prevention and Control

**SUBJECT: DEFINITION OF MEDICAL NECESSITY FOR SUBSTANCE USE DISORDERS**

The purpose of this bulletin is to provide you with an established definition of medical necessity for substance use disorders (SUD), agreed upon by Substance Abuse Prevention and Control and SUD services provider representatives through the Medical Necessity Work Group.

The Medical Necessity Work Group includes clinical directors and other staff from local substance abuse providers. The work group also includes representatives from the Department of Mental Health and the Department of Health Services. The definition was made available for public comment from April 13, 2012 to May 18, 2012, and has been completed.

On March 5, 2013, the facilitators of the Medical Necessity Work Group met with County Counsel to present the definition of medical necessity for SUD. The attached definition of medical necessity was approved by County Counsel.

The definition of medical necessity for SUD is composed of diagnosis, impairment and intervention:

- **Diagnosis and Impairment:** The individual receives a SUD diagnosis consistent with the criteria of the current Diagnostic and Statistical Manual of Mental Disorders (DSM).
- **Intervention:** The service meets a recommended level of intervention consistent with the current edition of the American Society of Addiction Medicine (ASAM) placement guidelines.

If you have any questions, please contact Wayne Sugita at (626) 299-4151 or [wsugita@ph.lacounty.gov](mailto:wsugita@ph.lacounty.gov).

JV:am  
Memo – MedicalNecessityCountyCounsel5713

Attachment

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH

SUBSTANCE ABUSE PREVENTION AND CONTROL

OFFICE OF THE MEDICAL DIRECTOR AND SCIENCE OFFICER

DEFINITION OF MEDICAL NECESSITY FOR THE TREATMENT OF SUBSTANCE USE DISORDER

Introduction

This definition of medical necessity for substance use disorder originates from the current environment of health care reform and the subsequent need for Los Angeles County substance abuse services to facilitate interaction and effective integration with health care primary care, insurance, and other providers. The intent of the definition below is to develop internal policy for standards of implementation. In the field of substance use disorders, there has been no established definition for the determination of medical necessity.

Substance Abuse Prevention and Control (SAPC) facilitated a work group with Los Angeles County substance abuse treatment providers and other county departments such as the Department of Mental Health and the Department of Health Services. The work group was originally established for the purpose of determining medical necessity for Drug Medi-Cal. As a result of meeting with substance abuse service providers and other county departments, it was determined that the determination of this definition was also necessary for clarification and successful integration across substance abuse, mental health, and primary health care providers.

The work group met from January to June 2012 to determine the definition of medical necessity for substance use disorder. The draft definition was open for public comment from April 13 to May 18, 2012 and comments were received from substance abuse service providers and other departments in Los Angeles County. Taking into consideration the comments received, the definition below was established.

Services for treatment of Substance Use Disorder (SUD) shall be determined to be medically necessary when the following criteria are met through the assessment process:

Diagnosis

The individual receives a SUD diagnosis consistent with criteria described in the current edition of the Diagnostic and Statistical of Mental Disorders Service Manual (DSM).

Impairment

The individual has at least one of the following impairments as a result of the included diagnosis:

1. Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home;
2. Recurrent substance use in situations in which it is physically hazardous;
3. Recurrent substance-related legal problems;
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance;
5. Tolerance;
6. Withdrawal;
7. Substance is often taken in larger amounts or over a longer period than was intended;
8. Persistent desire or unsuccessful efforts to cut down or control substance use;
9. Great deal of time spent in activities necessary to obtain the substance, use the substance, or recover from its effects;

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Definition of Medical Necessity for the Treatment of Substance Use Disorder

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10. Important social, occupational, or recreational activities given up or reduced because of substance use;
11. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by the substance; and/or
12. Craving or a strong desire or urge to use a specific substance.

Intervention

The service meets both of the following intervention criteria:

1. The focus of the proposed intervention is to address the condition identified, considers the biological, psychological, developmental, and social needs of the individual, and is consistent with accepted standards and practices for the treatment of SUD.
2. An expectation that the proposed intervention will do one of the following:
  - a. Significantly diminish the impairment(s);
  - b. Result in safe and medically appropriate detoxification;
  - c. Develop increased acceptance of the need for treatment and/or recovery;
  - d. Attainment of knowledge and abilities to promote and maintain abstinence and recovery;
  - e. Increase access to resources that promote improvement in health, wellness, and recovery; and/or
  - f. If left untreated or a lower level of intervention is used, there would be reasonable probability that significant impairment would occur.

The level of intervention recommended is consistent with the current edition of the American Society of Addiction Medicine (ASAM) placement criteria guidelines.