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Clinical Pathway for Psychoactive Substance Intoxication (PSI)

Patient presents with signs & symptoms consistent with PSI. The first clinical priority should be given to identifying and making appropriate referral for any urgent or emergent medical or psychiatric problem(s), including drug related impairment or overdose. Refer to assessment section at the following link

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10096213/>

If urgency or emergency is present, refer member to appropriate setting. Ensure warm handoff. If patient is D/C from inpt, ED, or residential tx, ensure pt is seen within 7 days. (HEDIS)

Continue Comprehensive Evaluation. If prescribing Rx ensure physical exam was conducted or reviewed. Ascertain if pt is appropriate for off label MAT. Gauge withdrawals. Determine LOC using ASAM criteria. If a newly diagnosed SUD is initiation of therapy within 14 days (HEDIS). Also, after initiation F/U, is patient seen within 34 days of visit (HEDIS).

LOC determined by ASAM Criteria. For the applicable enhanced service, refer to the CCP.