Clinical Policy: Substance Abuse Withdrawal and Intoxication Management

Reference Number: IL.CP.MP.557
Last Review Date: 12/20

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Drug and Alcohol withdrawal management may, in some circumstances, be managed effectively in either ambulatory or non-ambulatory Inpatient/Residential settings, and must involve service engagement which addresses the accompanying addiction process and provide the opportunity to initiate a sustained recovery, with coordination equivalent to an integrated Sub-Acute Recovery program. The American Society of Addiction Medicine (2013) has adopted the terminology "Withdrawal Management" to include not only the attenuation of physiological and psychological withdrawal, but to establish initial addiction treatment engagement and induction.

Definitions:

Detoxification	The process of withdrawing a person from a psychoactive substance in a safe and effective manner. These terms have been replaced by "Withdrawal Management" in the Third Edition of the ASAM Criteria. The detoxification process consists of the following essential and sequential elements. 1.) Evaluation, 2.) Stabilization and 3.) Fostering patient readiness for and entry into treatment.
Inter Qual	Meridian Health plan employs McKesson's InterQual Behavioral Health Substance Use Disorders 2020 clinical level of care criteria set to support utilization management decision making in the treatment of Substance Use and Dually Diagnosed adolescents and adults.
ASAM Criteria	ASAM (American Society of Addiction Medicine) Criteria: Treatment Criteria for Addictive, Substance- Related, and Co-Occurring Conditions. The ASAM Criteria structure multidimensional assessment around six dimensions to provide a common language of holistic, biopsychosocial assessment and treatment across addiction treatment, physical health and mental health services, which addresses spiritual issues relevant to recovery, The six dimensions are: 1. Acute Intoxication and Withdrawal Potential 2. Biomedical Conditions and Complications 3. Emotional, Behavioral, or Cognitive Conditions and Complications 4. Readiness to Change 5. Relapse, Continued Use, or Continued Problem Potential 6. Recovery/Living Environment
ASAM Level of Care Placement	The application of assessment information gained from the six ASAM dimensions to each level of care, incorporating the following service characteristics (in addition to Diagnostic and Dimensional Admission Criteria): 1. Service Delivery and Settings 2. Support Systems 3. Staff 4. Therapies 5. Assessment/Treatment Plan Review 6. Documentation

ASAM Criteria: Withdrawal Management	The match between a member's severity of illness in Dimension 1 with five intensities of withdrawal management (WM) service: Level 1-WM: Ambulatory WM without Extended On-Site Monitoring Level 2 WM: Ambulatory WM with Extended On-Site Monitoring
Service Intensity	Level 3-WM: Residential/Inpatient Withdrawal Management Level 3.2-WM: Clinically Managed Residential Withdrawal Management Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management
Ambulatory Withdrawal Management	WM that is medically monitored and managed but that does not require admission to an inpatient medically or clinically monitored or managed 24-hour treatment setting.
Medically Managed Treatment	Services that involve daily medical care, where diagnostic and treatment services are directly provided or managed by an appropriately trained and licensed physician. Services are provided in an acute care hospital, psychiatric hospital, or treatment unit.
Medically Monitored Treatment	Services are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, other health care and technical personnel, under the direction of a licensed physician. Medical monitoring is provided through a mix of direct patient contact, records review, team meetings, 24 hour coverage by a physician and quality assurance programs.
Intoxication	A clinical state marked by dysfunctional changes in physiological functioning, psychological functioning, mood state, cognitive process, or all of these, as a consequence of consumption of a psychoactive substance. A person who appears to be intoxicated in a public place and who may be a danger to himself or others may be assisted to his home, a treatment facility, or other health facility, either directly by police or through an intermediary person.
Intoxication Management	Those services required for ASAM Dimension 1 (Acute Intoxication and/or Withdrawal Potential) where patient's level of intoxication is assessed and treated. Examples include: preventing drunk-driving by holding car keys, or managing acute alcohol poisoning. The individual may or may not proceed to a full withdrawal syndrome.
CIWA-Ar Scale	Clinical Institute Withdrawal Assessment for Alcohol, Revised: Alcohol Withdrawal instrument with utility in supporting decision making while tracking the withdrawal management process. Not to be used as a stand-alone determinant for level of care decisions, as delirium or other medical disorders may falsely elevate the CIWA score. Not a copyrighted instrument.
CINA Scale	Clinical Institute Narcotic Assessment Scale for Withdrawal Symptoms: provides measurement of 11signs/symptoms of narcotic withdrawal to help gauge the severity of symptoms and monitor change over time. Not for stand-alone use in level of care decisions.

Policy/Criteria

I. It is the policy of Centene Corporation® that the treatment of Substance Abuse Withdrawal Management is **medically necessary** for the following indications:

The following substances require medical withdrawal management when used in sufficient quantities for a sufficient period of time due to their potential to induce dangerous physiological sequelae when discontinued in dependent individuals:

- Alcohol
- Sedatives
- Hypnotics
- Anxiolytics

The following substances do not require medical withdrawal management, but may require

supportive medical care due to the direct effects of intoxication:

Amphetamines or sympathomimetic amines,
Cannabis
Cocaine
Hallucinogens
Inhalants
Nicotine
Opioids
Phencyclidine.

Criteria:

Withdrawal Management settings are classified in the ASAM Criteria as:

I. Non-ambulatory (ASAM Levels 3-4), to include: Intensive Inpatient, Medically Monitored Inpatient and Clinically Managed Residential Withdrawal Management, and

II. Ambulatory (ASAM Levels 1-2), to include Ambulatory Withdrawal Management With or Without Extended On-Site Monitoring.

The treatment setting for Withdrawal Management will be determined by substance(s) used and the most acute individual physiological or psychiatric risk rating as defined by InterQual, ASAM, Medical Necessity, and defined Medicare and Medicaid, or contract coverage rules. Members presenting at moderate-to-severe risk of withdrawal for which treatment level assignment is indeterminate due to not meeting Level 3.7 or Level 4.0 Management or InterQual Inpatient Detoxification criteria, may require initial Observation. When the identified setting level of care is not available, the next higher available LOC is authorized.

A. Medically Managed Intensive Inpatient Withdrawal Management: (Inpatient Detoxification)(ASAM Level 4-WM) Unless otherwise **excluded by State Contract,**

Inpatient hospital detoxification services are covered during the more acute stages of alcoholism or alcohol withdrawal, drug abuse or chemical abuse withdrawal. When the high probability or occurrence of medical complications (e.g., delirium, confusion, trauma, or unconsciousness) during detoxification for acute alcoholism or alcohol withdrawal necessitates the constant availability of physicians and/or complex medical equipment found only in the full hospital setting with access to Intensive Care as needed, inpatient hospital care during this period is considered reasonable and necessary. Treatment unit sites include medical units, Detox units or General Psychiatry units (if inpatient Substance Use Disorders criteria are met) within General Hospital facilities. In those states where detoxification / withdrawal management is a covered benefit and is the member's desired goal, InterQual criteria for Detoxification may be applied to determine the appropriate level of care. In the event that a member is incapable of informed consent due to intoxication, observation may be necessary until member can provide consent.

a. Admission Criteria: Admission to the acute care hospital setting for a diagnosis of substance abuse must meet at least one of the following criteria as reflected in the physician's orders and patient care plan:
   i. Vital signs, extreme and unstable
   ii. Uncontrolled hypertension, extreme and unstable

iii. Delirium tremens, (e.g., confusion, hallucinations, seizures) or a documented history of delirium tremens requiring treatment
iv. Convulsions or multiple convulsions within the last 72 hours
v. Unconsciousness
vi. Occurrence of substance abuse with pregnancy and monitoring the fetus is vital to the continued health of the fetus
vii. Insulin-dependent diabetes complicated by diabetic ketoacidosis
viii. Suspected diagnosis of closed head injury based on trauma injury
ix. Congestive heart disease, ischemic heart disease, or significant arrhythmia as examples of active symptomatic heart disease
x. Suicidal ideation and gestures necessitating suicidal precautions as part of treatment
xi. Blood alcohol level 350 mg/dl with a diagnosis of alcohol abuse
xii. Blood alcohol level 400 mg/dl with diagnosis of alcohol dependence
xiii. Active presentation of psychotic symptoms reflecting an emergent/urgent condition

b. Treatment Setting: Acute General or Psychiatric Hospital Inpatient Unit providing 24/7 Skilled nursing and daily medical evaluation and management.
c. Assessment and Treatment Plan: elements of the assessment and treatment plan must include:
i. A comprehensive nursing assessment performed at admission
ii. Approval of the admission by a physician.
iii. A comprehensive history and physical exam performed within 12 hours of admission, accompanied by appropriate laboratory and toxicology tests.
iv. Addiction-focused history obtained as part of the assessment and reviewed by a physician during the admission process.
v. Biopsychosocial screening assessments to determine placement and for an individualized care plan
vi. Discharge or transfer planning, beginning at admission.
vii. Referral arrangements.
viii. An individualized treatment plan that includes problem identification in all 6 dimensions and development of treatment goals and measureable treatment objectives/activates designed to meet those objectives.
ix. Daily assessment of progress through withdrawal management and any treatment changes
d. Therapies:
i. A range of cognitive, behavioral, medical, mental health and other therapies. Psychiatric or biomedical interventions to complement addiction treatment as necessary.
ii. Health Education Services
iii. Services to families and significant others.
e. Discharge Criteria: Signs and symptoms are sufficiently resolved for safe

B. Medically Monitored Inpatient Withdrawal Management ASAM Level 3.7-WM. Treatment unit sites may include freestanding Detox units within Substance Use treatment facilities or freestanding psychiatric inpatient hospitals for Dual Diagnosis

members meeting InterQual 2017 SUD inpatient criteria.

a. Admission Criteria: presence of multiple risk factors
   i. Past history of seizures or delirium tremens
   ii. Frequent sleep disturbance or nightmares during the previous week
   iii. Sweating, tremor or pulse>100 while BAL is >.10mg%
   iv. Significant anxiety and mod-severe tremor and may be withdrawing from substances other than alcohol (association with a CIWA-Ar score = or > 19) but fully coherent
   v. Moderate anxiety, sweating, insomnia and mild tremor (association with CIWA-Ar = or>19,) withdrawing from alcohol only, and fully coherent.
   vi. Opiate withdrawal symptoms with mild-mod fever and/or moderate blood pressure elevation
   vii. Moderate to severe co-occurring psychiatric symptoms
   viii. Moderate to severe medical problems with potential to destabilize.
   ix. Ambivalent commitment to withdrawal process or questionable ability to reliably cooperate.
   x. Absence of family or social support system, safe housing and transportation assistance
b. Treatment Setting: Freestanding Withdrawal Management Center or Program
   i. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems
   ii. Availability of medical nursing care and observation as warranted.
   iii. Direct affiliation with other levels of Substance Abuse/Addiction care.
   iv. Ability to conduct or arrange for necessary laboratory and toxicology tests.
c. Assessment and Treatment Plan: As in A.c. Above, and:
   i. Availability of physician to assess patient no more than 24 hours after admission and availability to provide 24 hour monitoring when needed, as well as daily evaluation.
   ii. RN-conducted nursing assessment on admission.
   iii. Daily assessment of patient progress and any treatment changes
d. Therapies:
   i. A range of cognitive, behavioral, medical, mental health and other therapies. Psychiatric or biomedical interventions to complement addiction treatment as necessary
   ii. Multidisciplinary individualized assessment and treatment
   iii. Health Education Services
   iv. Services to families and significant others
e. Discharge Criteria:
   i. Signs and symptoms are sufficiently resolved for safe management in a less intensive environment or,
   ii. Intensified symptoms and increased CIWA-Ar score (or comparable) indicate need for transfer to a Level 4-WM setting

C. Clinically Managed Residential Withdrawal Management ASAM Level 3.2-WM

a. Admission Criteria: One or more of the B.1. Criteria above.

b. Treatment Setting: Clinically Managed Services are directed by non-physician addiction specialists, rather than physician and nursing personnel. Social Setting Service providing 24 hour supervision, observation and support for patients *who are intoxicated* or experiencing withdrawal.
    i. Established clinical protocols to identify patients in needs of medical services beyond the capacity of the treating facility with transfer to more appropriate levels of care, developed by a physician qualified in Addiction Medicine
    ii. Staffed by credentialed Chemical Dependency personnel with 24/7 physician access for evaluation and consultation.
    iii. Facilities supervising self-administered medication have licensed/credentialed staff with policies and procedures in compliance with federal law.
    iv. Direct affiliation with other levels of Substance Abuse/Addiction care.
    v. Ability to conduct or arrange for necessary laboratory and toxicology tests.

c. Assessment and Treatment Plan: Refer to B.c. Above

d. Therapies:
    i. A range of cognitive, behavioral, medical, mental health and other therapies. Psychiatric or biomedical interventions to complement addiction treatment as necessary.
    ii. Interdisciplinary individualized assessment and treatment.
    iii. Health Education Services
    iv. Services to families and significant others.
    v. Discharge or transfer planning

e. Discharge Criteria:
    i. Signs and symptoms have resolved sufficiently to allow safe transfer to a less intensive level of care.
    ii. Failure to respond to treatment or intensification of symptoms (confirmed by CIW-Ar or comparable score) to indicate need for transfer to a higher level of care
    iii. Member is unable to complete withdrawal management despite an adequate trial.

D. Ambulatory Withdrawal Management with Extended On-Site Monitoring ASAM Level 2-WM

a. Admission Criteria:
    i. Alcohol or Sedatives/Hypnotics
    ii. Moderate anxiety, sweating, tremor and insomnia (association with CIWA-Ar 10-18 or comparable) AND withdrawing from only alcohol or sedatives/hypnotics (not multiple substances), AND one or more:
    iii. Absence of significant medical problems, or stable status.
    iv. Risk of severe physiological or psychological symptoms outside program hours is assessed to be minimal.
    v. Mild or stable co-occurring psychiatric disorders.
    vi. Capacity for reliable cooperation.
    vii. Capable support system or independence in managing safe transportation and

housing.

viii. Multiple substances:

1. Ingestion of sedatives/hypnotics at no more than therapeutic levels daily for at least 6 months, in combination with daily alcohol or regular use of another mind-altering drug known to have a dangerous withdrawal syndrome.
2. Risks of seizures, hallucinations, dissociation or severe affective symptoms outside the program are deemed to be minimal.

ix. Opiates: abstinence syndrome can be stabilized by the end of each day's monitoring or extended monitoring is required to titrate appropriate dosage of opiate agonist medication.

b. Treatment Setting: Partial Hospital: Mental Health or Addiction Treatment program

i. Staffed by medical nursing professionals who provide evaluation, withdrawal management and referral services.
ii. Ability to obtain a comprehensive medical history and physical examination at admission.
iii. Ability to conduct or arrange for necessary laboratory and toxicology tests.
iv. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems.
v. Access to psychological and psychiatric consultation.
vi. Affiliation with other levels of care.
vii. 24-hour access to emergency consultation services.
viii. Ability to provide or access safe transportation services as needed.

E. Assessment and Treatment Plan:

i. Addiction-focused history obtained in the initial assessment and reviewed by a physician during the admission process.
ii. Physical examination by a physician, PA or NP as part of the initial assessment.
iii. Biopsychosocial screening assessments
iv. Individualized treatment plan, addressing ASAM dimensions 2-6.
v. Daily assessment of progress.
vi. Discharge/transfer planning from the day of admission.
vii. Serial medical assessments, using appropriate measures of withdrawal.

b. Therapies:

i. A range of cognitive, behavioral, medical, mental health and other therapies. Psychiatric or biomedical interventions to complement addiction treatment as necessary.
ii. Interdisciplinary individualized assessment and treatment.
iii. Health Education Services
iv. Services to families and significant others.
v. Discharge or transfer planning, including referrals to counseling and community recovery support groups.

c. Discharge Criteria:

i. Signs and symptoms have resolved sufficiently to allow safe transfer to a less intensive level of care.

ii. Failure to respond to treatment or intensification of symptoms (confirmed by CIW-Ar or comparable score) to indicate need for transfer to a higher level of care
iii. Member is unable to complete withdrawal management despite an adequate trial.

F. Ambulatory Withdrawal Management without Extended On-Site Monitoring ASAM Level 1-WM

a. Admission Criteria:
i. Alcohol: Mild to moderate symptoms of withdrawal, CIWA-Ar ,10 or equivalent
ii. Sedatives/Hypnotics: Reliable history of withdrawal from therapeutic levels of sedatives/hypnotics
1. No evidence of other alcohol or drug dependence.
2. Symptoms are likely to respond to substitute doses in the therapeutic range within 2 hours.
iii. Opioids:
1. WD without use of opioid agonists: patient's use has not been daily for more than 2 weeks or use is near the therapeutically recommended level.
2. WD with use of opioid agonists: mild withdrawal symptoms or plan for gradual withdrawal
b. Treatment Setting: Office: Refer to D(b)
c. Assessment and Treatment Plan: Refer to E(i-vii)
d. Therapies: Refer to E(b)
e. Discharge Criteria: Refer to E(c).

Coding Implications

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CPT®* Codes	Description

HCPCS ®* Codes	Description

HCPCS ®* Codes	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Non-covered Services:
Withdrawal Management or Detoxification services which are not-covered include, but are not limited to
the following:

- Services available without charge
- Services prohibited by state or federal law
- Experimental procedures
- Research-oriented procedures
- Medical care provided by mail or telephone
- Missed appointments
- Services provided by termed or barred providers
- Preparation of routine records, forms and reports
- Visits with persons other than a patient
- Items or services for which medical necessity is not clearly established
- Acute inpatient detoxification for the main purpose of removing the member from his/her environment to prevent access to alcohol and/or substance abuse
- Methadone maintenance
- Court-ordered substance abuse testing unless medically necessary
- Electrical Aversion therapy
- Meals, transportation and recreational/social activities for outpatient hospital services.
- Admissions sought or used as an alternative to incarceration.
- Admissions with primary social, physical health, housing or economic problems that do not meet Medical Necessity requirements for a requested level of care.

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions, or exclusions, conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions, exclusions take precedence. Please refer to the state Medicaid manual for any coverage provisions, or exclusions pertaining to this clinical policy.