PREMERA HMO

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UTILIZATION MANAGEMENT GUIDELINE – 3.01.515

Behavioral Health: Residential/Sub-Acute Withdrawal Management (Detoxification)

Effective Date:	Nov. 1, 2026	RELATED MEDICAL POLICIES:
Last Revised:	Oct. 26, 2026	None
Replaces:	N/A	

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Introduction

The general definition of withdrawal management (detoxification) is the removal of toxins. For substance use disorders, withdrawal management (detoxification), which may also be called detox, is the process in which the body breaks down and then eliminates drugs or alcohol. By allowing the body to break down the substance without ingesting any more, the body is able to clear out the toxins. Sometimes, however, withdrawing from a substance can cause extremely uncomfortable physical symptoms. In some cases, withdrawal without medical help may be life threatening. Medical withdrawal management (detoxification) helps a person through severe withdrawal with the use of medications, under the care and monitoring of a medical professional. Withdrawal management (detoxification) may take place in many different settings. This policy describes when withdrawal management (detoxification) in a residential or sub-acute facility may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

Service	Medical Necessity
Residential and sub-acute withdrawal management (detoxification)	**Residential and sub-acute withdrawal management (detoxification) are considered to be synonymous. This level of care may also be referred to as ASAM (American Society of Addiction Medicine) Level 3.7-WM in the Third Edition of the ASAM Criteria.** **Residential and sub-acute withdrawal management (detoxification) may be considered medically necessary when provided in a stand-alone substance use disorder or dual disorders residential treatment facility or sub-acute treatment facility, in a psychiatric residential treatment facility, in a substance use disorder or dual disorders residential treatment unit in a general hospital, or in a stand-alone withdrawal management (detoxification) facility, and the criteria listed below are met. Residential and sub-acute withdrawal management (detoxification) are considered to be not medically necessary when the location is a halfway house or other sober living residence, a wilderness or adventure or camping program or expedition, a boarding school or therapeutic boarding school, a boot camp, military school or academy, group home, therapeutic home, or supported or alternative housing.** **Withdrawal management (detoxification) in a stand-alone withdrawal management (detoxification) facility is considered to be sub-acute withdrawal management [detoxification) unless the facility is licensed as a hospital, in which the case the level of care is inpatient withdrawal management [detoxification).** **Note:** This Utilization Management Guideline is in lieu of InterQual Criteria because InterQual Criteria do not include sub-acute and residential withdrawal management (detoxification), and do not include intervention criteria or continued stay criteria for sub-acute and residential withdrawal management (detoxification). InterQual does not indicate that sub-acute and residential withdrawal management (detoxification) should always be covered.

Criteria

Symptom Criteria for Admission

All of the following must be present:

- Substance Use Disorder, moderate or severe, other than for tobacco/nicotine, not in remission

AND

- The substance or substances in use have withdrawal syndromes that can be moderate, severe, potentially life-threatening, can potentially cause serious physical harm, or can cause physical withdrawal symptoms that are not dangerous but are so physically intolerable that it is highly unlikely that withdrawal could be completed without 24/7 containment. The latter does not include simple or less severe physical or mental discomfort.

AND

- Continuous use of the substance or substances such that discontinuation without active medical monitoring and management will produce a withdrawal syndrome at a level of severity noted in the criterion immediately above.

AND

- At least one of the following must be present:
  - Current signs or symptoms of moderate, severe. or potentially life-threatening withdrawal
  - Current signs or symptoms indicate that moderate, severe or potentially life-threatening withdrawal is imminent without active medical management
  - Pattern and amount of recent/frequent substance use is such that moderate, severe or potentially life-threatening withdrawal is highly likely with discontinuation without active medical management
  - Previous moderate, severe or life-threatening substance withdrawal from the same or similar substance(s) with a similar use pattern
  - Current signs or symptoms of physically severely intolerable withdrawal
  - Current signs or symptoms indicate that physically severely intolerable withdrawal is imminent without active medical management
  - Pattern and amount of recent/frequent substance use is such that physically severely intolerable withdrawal is highly likely with discontinuation without active medical management
  - Previous physically severely intolerable withdrawal from the same or similar substance(s) with a similar use pattern

Additional Considerations

- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when withdrawal management (detoxification) admission is due to a programmatic

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requirement or standard procedure that all patients are initially admitted for withdrawal management (detoxification) prior to residential treatment

- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when the patient is being observed for possible withdrawal signs or symptoms without active medical management (sometimes referred to as "social withdrawal management or detoxification")
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when done via ultra-rapid withdrawal management (detoxification), aka anesthesia-assisted withdrawal management (detoxification), aka anesthesia under heavy sedation
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when done via a program that consists of or includes sauna withdrawal management (detoxification) or time in a sweat lodge
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when done via a program that consists of use of hot baths or hot tubs or Jacuzzis without active medical management as defined below (see **Definition of Terms**)
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when done via a program that consists of or includes herbal withdrawal management (detoxification)
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when done via a program that consists of or includes exercise as a major component
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when done via a program that consists of or includes hydration and/or nutrition without active medical management as defined below (see **Definition of Terms**)
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary when done via a program that consists of or includes oral or parenteral vitamins and/or mineral supplementation and/or amino acid supplementation and/or other supplements without active medical management as defined below (see **Definition of Terms**)
- Residential and sub-acute withdrawal management (detoxification) are not medically necessary for an isolated incident of acute intoxication. Instead, this may warrant "drying-out" in an observation bed
- A court order does not make residential and sub-acute withdrawal management (detoxification) medically necessary. Symptom and intervention criteria must be met

Symptom Criteria for Continued Stay

At least one of the following must be present:

- Continued signs or symptoms of moderate or severe or potentially life-threatening withdrawal

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- Continued signs or symptoms which indicate that moderate or severe or potentially life-threatening withdrawal is likely without ongoing active medical management
- Continued signs or symptoms of physically severely intolerable withdrawal
- Continued signs or symptoms which indicate that physically severely intolerable withdrawal is likely without ongoing active medical management
- Mild or no withdrawal signs and symptoms for a maximum of one full day, then discharge if there is no recurrence of moderate or severe withdrawal signs or symptoms
- Mild withdrawal signs and symptoms from alcohol or benzodiazepine withdrawal with active medical management as defined below (see **Definition of Terms**), and less than 96 hours or 4 days since last reported use of alcohol or a benzodiazepine

Notes: Onset of delirium tremens can occur up to 96 hours after last use of alcohol or a benzodiazepine even when withdrawal signs and symptoms are mild.

If the time of last use is not documented, so that 96 hours cannot be calculated, then 4 days is used as the closest approximation.

Additional Considerations

- Continued residential and sub-acute withdrawal management (detoxification) are not medically necessary when the patient is being observed for possible withdrawal signs or symptoms without active medical management (sometimes referred to as "social withdrawal management or detoxification").
- Continued residential and sub-acute withdrawal management (detoxification) are not medically necessary when continued stay is due to post-acute withdrawal syndrome (PAWS) symptoms. PAWS can last for up to 20 months after substance discontinuation and is manageable on an outpatient basis.
- Continued residential and sub-acute withdrawal management (detoxification) are not medically necessary when continued stay is because discharge planning has not been started or completed.
- Continued residential and sub-acute withdrawal management (detoxification) are not medically necessary when continued stay is because the patient is waiting for a residence or treatment placement.
- Continued residential and sub-acute withdrawal management (detoxification) are not medically necessary when continued stay is due to uncertainty about or lack of an adequate family, living environment, peer, community, or other support system.
- Continued residential and sub-acute withdrawal management (detoxification) are not medically necessary when continued stay is due to patient or family non-compliance with treatment or

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discharge planning. Non-compliance includes (but is not limited to) non-compliance with taking prescribed medications for managing withdrawal, e.g., declining to take medications, or cheeking or hiding medications, and also includes (but is not limited to) bringing or sneaking contraband substances (alcohol or drugs) into the facility, or using contraband substances during withdrawal management (detoxification). However, in some circumstances, continued treatment may be considered medically necessary after a first infraction in order to permit an individual one additional opportunity to demonstrate and maintain compliance.

- A court order for any designated length of stay does not make residential and sub-acute withdrawal management (detoxification) medically necessary. Symptom and intervention criteria must be met.

Intervention Criteria for Admission and Continued Stay

ALL of the following must be present:

- A physician, nurse practitioner, or physician assistant must conduct an admission evaluation, including medical history, documentation of withdrawal signs and symptoms, and physical examination, within one day after admission, and must subsequently evaluate the patient including an assessment of medical status, withdrawal signs and symptoms, medication regimen, and other continued treatment needs, at least once every day, either in-person or by a telehealth modality
- Substance use evaluation must be completed during the first day of admission
- Medication to manage or prevent withdrawal symptoms must be started during the first day of admission
- Active medical management as defined below (see **Definition of Terms**) must continue throughout the stay, except that medication to manage or prevent withdrawal symptoms may be discontinued:
    - When withdrawal symptoms have become mild or have resolved, and discharge is planned for (and then occurs) no later than one day after withdrawal symptoms have been mild or absent for one full day
      OR
    - To confirm prior to discharge that medication for management of withdrawal is no longer needed, and discharge is planned for (and then occurs) the day after medication is discontinued, in the absence of recurrence of moderate or severe withdrawal symptoms
- Nursing staff observation must be provided 24/7
- Discharge planning must start within one day after admission

Additional Considerations

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- The attending clinician may be a licensed psychologist in states in which functioning as the attending clinician for substance use disorder residential treatment is within licensed psychologists' legally-permitted scope of licensure. If a licensed psychologist functions as the attending clinician, she/he is required to perform all of the attending clinician services noted above and to provide active medical management as defined below (see **Definition of Terms** below)
- Continued stays beyond 5 days should be referred for Secondary Review

Note: A small number of plans that are exempt from Federal mental health parity requirements may choose to maintain exclusion of coverage of residential treatment services including residential withdrawal management (detoxification).

Coding

N/A

Related Information

Definition of Terms

As used throughout the criteria above, "**active medical management**" (1) means daily use of medication(s) to treat or prevent withdrawal symptoms, (2) evaluation of the effects of such medication(s) at least once daily, with dose adjustments or medication changes when indicated, (3) physical examination components as appropriate for the withdrawal or potential withdrawal syndrome at least once daily and more often when indicated, (4) vital signs when indicated, and (5) laboratory testing as appropriate for the withdrawal or potential withdrawal syndrome when indicated. Observation for possible withdrawal symptoms following substance discontinuation without these components (sometimes referred to as "social detoxification") does not constitute "active medical management."

Nursing Staff Observation

While facility-based withdrawal management (detoxification) was formerly done almost exclusively in hospitals, facility-based withdrawal management is now done primarily in substance use disorder residential treatment settings (stand-alone residential treatment centers and residential treatment units in other facilities). Withdrawal management in hospitals is now largely limited to withdrawal management in the presence of acute medical complications that cannot be managed in residential treatment settings, such as actively bleeding esophageal varices. When the potential for withdrawal symptoms or actual withdrawal symptoms are of sufficient severity to necessitate facility-based withdrawal management, 24/7 nursing care is a critical component of appropriate withdrawal management. In addition, 24/7 on-site nursing staffing is critical when there are sudden adverse events such as withdrawal seizures or DTs (which can be life-threatening). Although 24/7 onsite nursing services are required for licensing of hospitals in all states, for hospital participation in Medicare and Medicaid under Federal regulation, and for accreditation, state licensing agencies and Federal regulation and major accreditation organizations have not accounted for the fact that most facility-based withdrawal management is now done in residential treatment settings, i.e., residential withdrawal management. Accordingly, in spite of the necessity of 24/7 nursing for facility-based withdrawal management, there are no licensure or regulatory or accreditation requirements for 24/7 nursing services for residential withdrawal management.

In contrast to state licensing agencies, Federal regulation, and major accreditation organizations, the American Society of Addiction Medicine (ASAM) recognizes that withdrawal management is being done in residential treatment settings, and that 24/7 nursing services are a necessary component of what ASAM refers to as medically managed (for adults) or medically focused (for adolescents and transition-aged youth) residential withdrawal management. Medically managed and medically focused withdrawal management are equivalent to withdrawal management with active medical management as referred to in this policy.

The Third Edition of the ASAM criteria (2013) includes the following for medically managed residential withdrawal management:

- "a registered nurse or other licensed or credentialed nurse is available to conduct a nursing assessment on admission;" "a nurse is responsible for overseeing the monitoring of the patient's progress and medication administration on an hourly basis, if needed."

The Fourth Edition of the ASAM criteria for Adults (2023) includes the following for medically managed residential withdrawal management:

- "24/7 nursing care;" "RNs or other appropriately licensed and credentialed nurses (e.g., LPNs) should be available 24 hours a day;" "RNs or other appropriately licensed and credentialed nurses (e.g., licensed practical nurses [LPNs]) should be available during program hours of operation to conduct nursing assessments on admission…provide primary nursing care and observation…conduct routine daily nursing assessments of withdrawal and co-occurring biomedical, psychiatric, and cognitive conditions."

The Fourth Edition of the ASAM criteria for Adolescents and Transition-Aged Youth (2026) includes the following for medically focused residential withdrawal management:

- "have registered nurses (RNs) and/or other appropriately licensed and credentialed nurses (e.g., licensed practical nurses [LPNs]) available during hours of operation;" "have RNs and other appropriately licensed and credentialed nurses (e.g., LPNs) available on-site 24/7;" "conduct a nursing assessment for each patient at admission;" "provide hourly (at minimum) nurse monitoring of patient progress;" "provide at least 3.5 hours of nursing care per patient per day."

These requirements for satisfying ASAM criteria support the necessity of 24/7 nursing services for medically managed and medically focused residential withdrawal management, i.e., for residential withdrawal management with active medical management as referred to in this policy.

Accordingly, in the absence of licensure, regulatory, and accreditation requirements for 24/7 nursing services for residential withdrawal management, a medical necessity criterion for daily nursing observation 24/7 is necessary to ensure that individuals who are undergoing residential withdrawal management are receiving appropriate care.

References

1. D. Mee-Lee et al. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition. The Change Companies, 2013.
2. R. Corey Waller et al. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Fourth Edition. Volume 1 – Adults. The Change Companies, 2023.
3. R. Corey Waller et al. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Fourth Edition. Volume 2 – Adolescents and Transitional Transition-Aged Youth. The Change Companies, 2026.
4. S Miller et al. The ASAM Principles of Addiction Medicine, Sixth Edition. Wolters Kluwer, 2019.
5. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. American Psychiatric Association Publishing, 2022.

6. Optum, Inc. InterQual Criteria, BH: Substance Use Disorders, InterQual 2026.

History

Date	Comments
02/10/15	New UM Guideline, add to Mental Health section. Residential and sub-acute detoxification may be considered medically necessary when all criteria are met. Policy effective date retro-active to May 2, 2016.
05/02/16	Annual Review. Guideline updated; criteria now reviewed by InterQual removed; that for sub-acute detoxification and residential detoxification is addressed within this guideline.
09/01/16	Interim Update, approved August 9, 2016. Additions to Criteria, Additional Considerations.
02/01/17	Annual Review, approved January 10, 2017. Addition made to Intervention Criteria for Admission and Continued Stay that discharge planning must start within 24 hours of admission.
03/01/17	Interim Review, approved February 14, 2017. Added #5 Symptom Criteria for Continued Stay.
12/01/17	Interim Review, approved November 9, 2017. Clarified that licensed psychologists can function as the attending clinician in states in which that is within their scope of licensure. The guideline now indicates that Secondary Review is done for stays that exceed 5 days (previously the guideline stated 7 days).
06/01/18	Interim Review, approved May 3, 2018. Added "or" to criteria for Residential and sub-acute detoxification, which are not medically necessary when done via a program that consists of or includes hydration and/or nutrition without active medical management.
11/01/18	Annual Review, approved October 26, 2018. No changes to policy statement.
11/01/19	Annual Review, approved October 4, 2019. Literature review through September 2019, no changes to policy statements.
04/01/20	Interim Review, approved March 26, 2020. The specification of an attending physician, NP, or PA was removed because actual practice not infrequently involves more than one medical clinician on different days. A provision was added to allow physician, NP, or PA evaluations either in-person or by telehealth because the number being done by telehealth is increasing significantly in actual practice, and because such evaluations are allowed by telehealth in all other hospital and facility based behavioral healthcare.
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statements.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statements.

Date	Comments
05/01/22	Annual Review, approved April 25, 2022. Minor wording corrections. Added comment that this level of care is the same as ASAM 3.7-WM. Modified criteria to allow for withdrawal of moderate severity in addition to severe severity, consistent with generally accepted standards of practice, and allowing for better differentiation from criteria for inpatient detoxification. Added exclusions for hot baths, hot tubs, and Jacuzzis without active medical management, and for oral or parenteral vitamins and/or mineral supplementation and/or amino acid supplementation and/or other supplements without active medical management. For continued stay, added option of mild or no withdrawal signs and symptoms from alcohol or benzodiazepine withdrawal but less than 96 hours or 4 days since last reported use of alcohol or a benzodiazepine, and added accompanying Notes. Changed all citations of 24 hours to one day. Clarified that withdrawal signs and symptoms are an expected component of physician/nurse practitioner/physician assistant evaluations. Changed the timeframe for substance use evaluations from 8 hours to during the first day of admission, consistent with generally accepted standards of practice. Clarified that medication to manage or prevent withdrawal symptoms must be started during the first day of admission. Clarified that medication to manage or prevent withdrawal symptoms may be discontinued when withdrawal symptoms have become mild or have resolved. Updated references 2 and 3 to the current editions.
03/01/23	Annual Review, approved, February 20, 2023. Deleted "or no" from "Mild or no withdrawal signs and symptoms from alcohol or benzodiazepine withdrawal with active medical management as defined below (see Definition of Terms), and less than 96 hours or 4 days since last reported use of alcohol or a benzodiazepine," and adjusted accompanying Note accordingly, to clarify that the risk of withdrawal seizures or DTs is only when at least some withdrawal signs or symptoms are still present.
12/01/23	Interim Review, approved November 6, 2023. Updated the Additional Considerations section, for "Continued residential and sub-acute detoxification are not medically necessary when continued stay is due to patient or family non-compliance with treatment or discharge planning." Added clarification that non-compliance includes (but is not limited to) non-compliance with taking prescribed medications for managing withdrawal, e.g., declining to take medications, or cheeking or hiding medications, and also includes (but is not limited to) bringing or sneaking contraband substances (alcohol or drugs) into the facility, or using contraband substances during detoxification. However, in some circumstances, continued treatment may be considered medically necessary after a first infraction in order to permit an individual one additional opportunity to demonstrate and maintain compliance. In the Intervention Criteria section, changed "appropriate physical examination, within one day after admission" to "physical examination, within one day after admission" (deleted the word "appropriate") in order to clarify that a physical examination is required.
01/01/24	Interim Review, approved December 26, 2023. Added "time in a sweat lodge" as alternative terminology for sauna detoxification.
01/25/24	Minor correction made to the Residential and sub-acute detoxification note section.

Date	Comments
09/01/24	Annual Review, approved August 12, 2024. No changes to policy statements.
08/01/25	Annual Review, approved July 21, 2025. No changes to policy statements.
06/01/26	Annual Review, approved May 11, 2026. No changes to policy statements.
07/01/26	Interim Review, approved June 22, 2026. Title changed from Behavioral Health: Residential/Sub-Acute Detoxification to Behavioral Health: Residential/Sub-Acute Withdrawal Management (Detoxification). Changed "detoxification:" to "withdrawal management (detoxification)" in the Introduction section, and in all occurrences in the criteria, for consistency in terminology with the 4th edition of the ASAM criteria, with the 2026 InterQual inpatient withdrawal management (detoxification) criteria, and with widespread use in the professional SUD treatment community. Added clarification that referring to this level of care as ASAM level 3.7-WM is re: the 3rd edition of the ASAM criteria. Re: the terminology, added citations for the 4th edition of the ASAM criteria (only the Adult edition has been released so far) and the 2026 InterQual SUD criteria in the References section.
10/01/26	Interim Review, approved September 21, 2026. In the Related Information section, added an explanation of the necessity for daily nursing observation 24/7. Added the 4th edition of the ASAM criteria for Adolescents and Transition-Aged Youth to the References section.
11/01/26	Interim Review, approved October 26, 2026. Added "In addition, 24/7 on-site nursing staffing is critical when there are sudden adverse events such as withdrawal seizures or DTs (which can be life-threatening)" to the Nursing Staff Observation section.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

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