


UTILIZATION MANAGEMENT GUIDELINE – 3.01.515

Behavioral Health: Residential/Sub-Acute Detoxification

Effective Date:	June 1, 2018	RELATED MEDICAL POLICIES:
Last Revised:	May 3, 2018	3.01.520 Opioid Antagonists Under Heavy Sedation or General Anesthesia as a
Replaces:	N/A	Technique of Opioid Detoxification

Select a hyperlink below to be directed to that section.

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Introduction

The general definition of detoxification is the removal of toxins. For substance use disorders, detoxification — commonly 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 detoxification helps a person through severe withdrawal with the use of medications, under the care and monitoring of a medical professional. Detoxification may take place in many different settings. This policy describes when 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 detoxifications	Residential and sub-acute detoxifications (aka, withdrawal management) are considered to be synonymous.

Service	Medical Necessity
	<p data-bbox="573 296 1438 905">Residential and sub-acute 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 detoxification facility, and the criteria listed below are met. Residential and sub-acute 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.</p> <p data-bbox="573 961 1409 1125">Detoxification in a stand-alone detox facility is considered to be sub-acute detoxification unless the facility is licensed as a hospital, in which the case the level of care is inpatient detoxification.</p> <p data-bbox="573 1182 1430 1440">Note: This Utilization Management Guideline is in lieu of InterQual Criteria because InterQual Criteria do not include sub-acute detoxification, and do not include intervention criteria or continued stay criteria for residential detoxification. InterQual does not indicate that sub-acute and residential detoxification should always be covered.</p>

Criteria
<p data-bbox="167 1604 651 1638">Symptom Criteria for Admission</p>
<p data-bbox="167 1652 675 1686">All of the following must be present:</p> <ul data-bbox="167 1696 1425 1730" style="list-style-type: none"> <li data-bbox="167 1696 1425 1730">• Substance Use Disorder, moderate or severe, other than for tobacco/nicotine, not in remission <p data-bbox="167 1740 233 1774">AND</p> <ul data-bbox="167 1785 1398 1860" style="list-style-type: none"> <li data-bbox="167 1785 1398 1860">• The substance or substances in use have withdrawal syndromes that can be potentially life-threatening, or can potentially cause serious physical harm, or can cause physical withdrawal



Criteria

symptoms that 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

- Heavy 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 criterion 2 (above)

AND

- At least one of the following must be present:
 - Current signs or symptoms of severe or potentially life-threatening withdrawal
 - Current signs or symptoms indicate that severe or potentially life-threatening withdrawal is imminent without active medical management
 - Pattern and amount of recent/frequent substance use is such that severe or potentially life-threatening withdrawal is highly likely with discontinuation without active medical management
 - Previous 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 detoxification are not medically necessary when detoxification admission is due to a programmatic requirement or standard procedure that all patients are initially admitted for detoxification prior to residential treatment
- Residential and sub-acute 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 detoxification")
- Residential and sub-acute detoxification are not medically necessary when done via ultra-rapid detoxification aka anesthesia-assisted detoxification aka anesthesia under heavy sedation
- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes sauna detoxification



Criteria

- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes herbal detoxification
- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes exercise as a major component
- Residential and sub-acute 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 above
- Residential and sub-acute 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 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
- Continued signs or symptoms which indicate that 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 withdrawal signs and symptoms for a maximum of 24 hours, then discharge if there is no recurrence of moderate or severe withdrawal signs or symptoms

Additional Considerations

- Continued residential and sub-acute 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 detoxification”)
- Continued residential and sub-acute 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 detoxification are not medically necessary when continued stay is because discharge planning has not been started or completed
- Continued residential and sub-acute 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 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



Criteria

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

Intervention Criteria for Admission and Continued Stay

ALL of the following must be present:

- There must be an attending physician, nurse practitioner, or (where legally permitted) physician assistant who is in charge of treatment
- The attending physician, nurse practitioner, or physician assistant must conduct an admission evaluation, in-person one-on-one, including medical history and physical examination within 24 hours of admission, and must subsequently assess the patient's medical status, medication regimen, and other continued treatment needs, in-person one-on-one, at least once every 24 hours
- Substance use evaluation must be completed within 8 hours 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 and discharge is planned within 24 hours, or at any time within 24 hours of planned discharge to confirm prior to discharge that medication for management of withdrawal is no longer needed
- Nursing staff observation must be provided 24/7
- Discharge planning must start within 24 hours of admission

Additional Considerations

- 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 detoxification.



Coding

N/A

Related Information

Definition of Terms

As used throughout the criteria below, "**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."

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 Ries et al. The ASAM Principles of Addiction Medicine, Fifth Edition. Wolters Kluwer, 2014.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. American Psychiatric Publishing, 2013.

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.

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). ©2018 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

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Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀዳሾች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyuog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

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