Category: Utilization Management

Code: UM 2.0 Attach A Detox

Subject: Detox Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for detox services.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for detox when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

DEFINITIONS:

DSM:
The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

ICD
The most current edition of the International Statistical Classification of Diseases and Related Health Problems.

Substance- Related Disorders:
Disorders associated with excessive use of or exposure to psychoactive substances, including drugs of abuse, medications, and toxins, that fall into two groups: Substance Use Disorders (Substance Dependence and Substance Abuse) and Substance-Induced Disorders (Substance Intoxication, Substance Withdrawal, Substance-Induced Delirium, Substance-Induced Persisting Dementia, Substance-Induced Persisting Amnesic Disorder, Substance-Induced Psychotic Disorder, Substance-Induced Mood Disorder, Substance-Induced Anxiety Disorder, Substance-Induced Sexual Dysfunction, and Substance-Induced Sleep Disorder).

BACKGROUND:

The criteria set is based on expert professional practice guidelines.

This criteria set generally applies to adults and adolescents.

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Inpatient detoxification is necessary when substance use prohibits implementation of a treatment plan. 24-hour medical observation is required due to the presence or risk of a medical instability, or there is a need for medical and nursing care for physical signs of withdrawal. The treatment usually progresses in stages from more intensive treatment to extended participation in community support.

All non-hospital based providers of substance-related disorders treatment must be licensed for the services being requested.

GUIDELINES:
Medical Necessity Criteria – must have one of the following: I-III

I. Admission – must satisfy: A, and any of B-D

A. Patient is at risk for physical withdrawal due to very recent or current use of an addictive psychoactive substances; and

B. Withdrawal requiring 24-hour acute care services for medical and nursing care and monitoring for one of the following: 1 or 2

1. Medically unstable or physical signs of withdrawal present; or
   a. anxiety/agitation
   b. BP greater than 160/100
   c. delirium
   d. diarrhea
   e. nausea and vomiting with risk of dehydration
   f. sweats
   g. tachycardia greater than 100
   h. tremor

2. Safety risk to self and/or others including pregnancy.

C. High potential for withdrawal reaction/medical complication due to at least one of the following:1-5

1. Pattern of substance use places patient at risk for severe withdrawal symptoms; or
   a. Daily use of alcohol for more than four weeks
   b. Use to stop or control withdrawal symptoms (such as, but not limited to, morning use)
   c. Daily sedative/hypnotic use at prescribed doses in addition to alcohol abuse for more than six (6) months
   d. Daily sedative/hypnotic use above prescribed dosage for more than four (4) weeks
   e. Daily use of opiates for more than two (2) weeks
   f. Heavy recent stimulant use resulting in agitation, insomnia, or high degree of craving

2. Current co-morbid medical illness or major psychiatric disorder; or

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3. Blood alcohol level/breathalyzer greater than 0.3 gm/dl and/or positive drug screen (urine or serum); or

4. History of previous severe withdrawal symptoms (such as, but not limited to, seizure, delirium); or

5. Current need for use of medications for withdrawal or required medication for previous withdrawal episode.

D. Unable to discontinue substance use as an outpatient

II. Continued stay – must satisfy one or more of the following: A-C

A. Severity of symptoms requiring 24-hour medical and nursing care or monitoring; or

B. Medical complications or drug side effects requiring 24-hour medical and nursing care or monitoring; or

C. Development/continuation of significant impairment in mental status as documented by medical staff.

III. Discharge – must satisfy all of the following: A - D

A. Patient is medically stable; and

B. Mental status exam is compatible with discharge plan; and

C. Preliminary substance use evaluation is completed and ongoing treatment recommendations are presented to patient; and

D. Patient has not received withdrawal medications for at least twelve hours unless discharged to a professionally supervised environment.

Note: Discharge before detoxification has been completed is not considered safe even if requested by the patient, use of a 72-hour hold should be considered. It is strongly recommended that after detoxification the patient transitions to an appropriate treatment setting for substance-related disorders.

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Regulatory / External References: NCQA UM 2.0, Chapter 62M.

1. American Psychiatric Association, Practice Guideline for Treatment of Patients with Substance Use Disorders: Second Edition, August 2006

2. American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 2001, pp.33-48.

3. Appleton and Lange, Current Medical Diagnosis and Treatment, 1993, pp 826-834.

4. National Guideline Clearinghouse. Practice parameter for the assessment and treatment of children and adolescents with substance use disorders. http://www.guideline.gov/summary/summary.aspx?doc_id=9316&nbr=004985&string=substance+AND+disorders Accessed 04/04/2011

5. American Psychiatric Association. Guideline Watch (April 2007): Practice Guideline for the Treatment of Patients with Substance Use Disorders, 2nd Edition. 2007. Retrieved from http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1682762. Accessed March 12, 2012.

Internal References: Quinn McBreen LADC, Richard Sethre PsyD LP

Source: PreferredOne, BHP

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