

- 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.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I or II

I. Admission – Must satisfy A, and either B or C

A. Member's substance use has been heavy and prolonged

B. Member is at risk for a complicated withdrawal syndrome due to the substance class – any of the following: 1-4

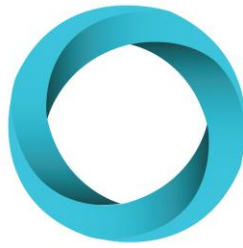
1. Alcohol
2. Barbiturates
3. Benzodiazepines
4. Hypnotic medications – any of the following a-c
 - a. Eszopiclone (Lunesta)
 - b. Zaleplon (Sonata)
 - c. Zolpidem (Ambien and others)

C. Member is at risk for a *complicated withdrawal* syndrome due to poor physiologic status, mental illness associated with imminent danger or pregnancy - Opioids (eg, heroin, prescription / non-prescription opioid analgesics)

II. Continued stay — must satisfy either A and B, or C or D

A. Member continues to exhibit at least moderate signs and/or symptoms of a substance withdrawal syndrome per a *validated rating scale*, such as but not limited to any of the following: 1 or 2

1. Alcohol and sedatives/hypnotics/anxiolytics: a or b
 - a. Revised Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar)



b. Minnesota Detoxification Scale (MINDS)

2. Opioids - Clinical Opiate Withdrawal Scale (COWS)

- B. Member has required symptom-triggered medications in the past 24 hours to suppress symptoms and/or signs of withdrawal. Examples include, but are not limited to any of the following: 1-5
1. Buprenorphine (Subutex and others)
 2. Clonidine (Catapres and others)
 3. Lofexidine (Lucemyra)
 4. Methadone (Dolophine and others)
 5. Phenobarbital (Luminal)
- C. Member is being managed with a fixed-dose taper and cannot be discharged to a lower level of care due to poor physiologic status, mental illness associated with *imminent danger*, or pregnancy.
- D. Member experienced withdrawal delirium and mental status has not yet returned to baseline.

DEFINITIONS:

Complicated withdrawal syndrome:

Substance withdrawal delirium or substance withdrawal seizure; or medical complications (e.g., acute myocardial infarction, acute kidney injury) or obstetric complications (e.g., preterm labor, preterm birth) caused by the physiological demands associated with withdrawal.

Detoxification Program (from MN Rule 9530.6510 DEFINITIONS):

a licensed program that provides short-term care on a 24-hour a day basis for the purpose of detoxifying clients and facilitating access to chemical dependency treatment as indicated by an assessment of needs.

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.

Imminent danger:

1. There is a strong probability that certain behaviors will occur; and
2. The likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and/or others; and
3. The likelihood that such adverse events will occur in the very near future, within hours and days, rather than weeks or months

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).

Symptom-triggered:

Medications delivered on contingent basis per scores obtained via a *validated rating scale*.

Validated rating scales and references:

CIWA-Ar Br J Addict 1989;84:1353 (PMID = 2597811)

MINDS Pharmacotherapy 2007;27:510-8 (PMID = 17381377)

COWS J Psychoactive Drugs 2003;35:253 (PMID = 12924748)

In general, a score of > 7 on all of these scales is consistent with moderate withdrawal

BACKGROUND:

The criteria set is based on expert professional practice guidelines.

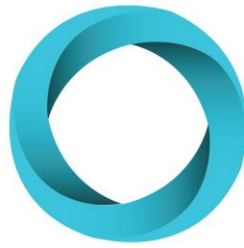
Criteria set generally applies to adults and adolescents.

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.

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

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. 2013.
2. Kleber HD, Weiss RD, Anton RF, et al. Practice Guideline for Treatment of Patients with Substance Use Disorders: Second Edition. American Psychiatric Association. 2006. Retrieved from <https://psychiatryonline.org/guidelines>. Accessed 10-11-19.
3. Connery HS, Kleber HD. Guideline Watch: Practice Guideline for the Treatment of Patients with Substance Use Disorders, 2nd edition. 2007;5(2):1-4. Retrieved from <https://psychiatryonline.org/guidelines>. Accessed 10-11-19.
4. Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, Provence SM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies®; 2013.
5. Minnesota Department of Human Services. Substance Use Disorder Services (SUD). Revised: 08-02-19. Retrieved from https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectio nMeth od=LatestReleased&dDocName=ID_008949. Accessed 10-11-19.
6. Minnesota Rule 9530.6510
7. Minnesota Statute 253B.02



Internal References: Quinn McBreen LADC, Richard Sethre PsyD LP

Source: PreferredOne, BHP

Date Effective: 03/01/2014

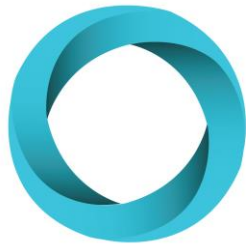
Date Revised: 03/01/2014, 12/11/19

Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021



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Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u> List all applicable: <ul style="list-style-type: none">- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).- Change in process/procedure- Change in requirements- New attachments or forms added- Updated documentation to clarify policy- Other	<u>Details of Revision Made</u>
12/11/19	-Minor changes, definitions update and removal of discharge criteria.	Added the definitions for Detoxification Program, Imminent Danger and Complicated Withdrawal syndrome. Updated formatting. Removed Discharge criteria to match Preferred One.