

POLICY AND PROCEDURE

POLICY NAME: Ambulatory Detoxification in Lieu of Service	POLICY ID: FL.UM.45.00
BUSINESS UNIT: Please refer to system of record – Archer	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/01/2018	PRODUCT(S): Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care), Serious Mental Illness (SMI), Children’s Medical Services (CMS), and Child Welfare (CW)
REVIEWED/REVISED 06/18, 05/19, 06/20, 07/21, 1/22, 2/23	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT: Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care), Serious Mental Illness (SMI), Children’s Medical Services (CMS), and Child Welfare (CW) product lines..

PURPOSE: To establish clinical criteria on which to review requests for Ambulatory Detoxification In Lieu of Services.. The goal is to provide outpatient detoxification services when medically necessary, as an alternative to an existing state benefit of Inpatient Detox Hospital and to define criteria and limitations established for the use of withdrawal management for members experiencing mild withdrawal with daily or less than daily outpatient therapy.

SCOPE: Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care), Serious Mental Illness (SMI), Children’s Medical Services (CMS), and Child Welfare (CW) product lines.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

DEFINITIONS: Ambulatory Detoxification services Without Extended Onsite Monitoring provides clinical and medical management of the physical and psychological process of withdrawal from alcohol and other drugs on an outpatient basis in a community based setting. This service is intended to stabilize the recipient physically and psychologically using accepted detox protocols. Agencies must be licensed as an Ambulatory Detoxification Facility. Services can be provided up to three (3) hours per day for up to 30 days for adults, with no limitation of days for adolescents.

POLICY: It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved In Lieu of Services when medically necessary as an alternative to a comparable state benefit. Sunshine Health considers coverage of Ambulatory Detoxification when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy. The member must consent to the In Lieu of Services as an alternative to a covered state benefit.

PROCEDURE:

Definition:

Ambulatory Detoxification services Without Extended Onsite Monitoring provides clinical and medical management of the physical and psychological process of withdrawal from alcohol and other drugs on an outpatient basis in a community based setting. This service is intended to stabilize the recipient physically and psychologically using accepted detox protocols. Agencies must be licensed as an Ambulatory Detoxification Facility. Services can be provided up to three (3) hours per day for up to 30 days for adults, with no limitation of days for adolescents.

Review Process

To assist in determining the medical necessity of Ambulatory Detoxification In Lieu of Service, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02.00 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by a Sunshine Health Medical Director or designed vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions FL.UM.05

Specific Clinical Information/Criteria

The requesting practitioner must provide information relative to the In Lieu of Service that is being requested.

Ambulatory Detoxification Facility is considered medically necessary when all of the following criteria are met:

- The member is experiencing at least mild signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, gender, age, previous withdrawal history, present symptoms, physical condition, and/or emotional, behavioral or cognitive condition) that withdrawal is imminent.
- Member is assessed as being at minimal risk of severe withdrawal syndrome and can be safely managed at this level.
- Member is assessed as likely to complete needed withdrawal management and enter into continued treatment/recovery as evidenced by:
 - **ONE of:**
 - (a) Adequate understanding of ambulatory withdrawal management and has expressed commitment to enter such a program OR
 - (b) Adequate support services to ensure commitment to completion of withdrawal management and entry into ongoing treatment or recovery OR
 - (c) willing to accept a recommendation for treatment.

Substance Specific Examples:

- Alcohol: the presence of mild to moderate symptoms of withdrawal, with a CIWA-Ar score of less than 10.
- Sedative/hypnotics: recent use is confined to therapeutic levels and is not complicated by daily use of alcohol or other mind altering drugs known to produce a significant withdrawal syndrome;
- There is reliable history that patient is withdrawing from therapeutic doses of these drugs, no evidence of other alcohol or drug dependence.
- Withdrawal symptoms have responded to or are likely to respond to substitute doses of sedative/hypnotics in therapeutic range within 2 hours.
- Opioids: if not using agonist medication-patient use of high-potency opioids (injected, smoked) has not been daily for more than 2 weeks preceding admission, or
- The use of opioids is near or at therapeutically recommended level; if using opioid agonist medication the patient is being withdrawn gradually from opioid agonist medication or being treated for mild opioid withdrawal symptoms.

Additional Information:

- Member must meet the diagnostic criteria for a DSM-V or ICD-10 for a substance use disorder
- Nature and pattern of use of abused substance requires gradual, medically supervised outpatient withdrawal to prevent complication and the severity of anticipated withdrawal does not require a structured treatment setting
- Presence of mild to moderate withdrawal symptoms that can be managed outside of a structured treatment setting
- Absence of significantly unstable vital signs or severe withdrawal symptoms that meet criteria for a higher level of care
- There has been no repetitive use in the past two weeks of injectable or smoked forms of opioids

Provider Type Specification

- Ambulatory Detoxification Facility

Information Required for Review

The following information and documentation should be submitted with any request for Ambulatory Detoxification, in order to assess medical necessity:

- Medical documentation to support any of the criteria as noted above in the “**Specific Clinical Information/Criteria**” section
- Documentation that the member has consented to the In Lieu of Service as an alternative to a covered state benefit

Redetermination

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to Sunshine Health’s utilization management department information on the member’s status in order for a review for a subsequent approvals using the “Specific Clinical Information/Criteria” stated in this policy.

Discharge Criteria

- *Criterion A and at least one of criteria B-E must be met to satisfy criteria for discharge.*
 - A. An adequate continuing care plan has been established.
 - B. Goals of the Individualized Recovery Plan have been substantially met.
 - C. The member/family requests discharge and the member is not imminently dangerous.

- D. Withdrawal signs and symptoms have failed to respond to treatment and have intensified (as confirmed by higher scores on CIWA-Ar or other comparable standardized scoring system) such that transfer to a more intensive level of detoxification service is indicated, or
- E. The member has been unable to complete ASAM Level I-Withdrawal Management (Outpatient), ambulatory withdrawal management without extended on-site monitoring despite an adequate trial.

Limitations / Exclusions

The following limitations or exclusions apply:

- The presence of a complicating psychiatric illness that requires inpatient or residential treatment
- The presence in the past year of a withdrawal history of delirium tremors, seizures, hallucinations or acute psychotic reaction secondary to substance abuse
- The presence of an unstable medical illness that requires 24 hour medically supervised monitoring during withdrawal
- The member is assessed as having severe withdrawal symptoms between visits
- Substance Abuse issue has incapacitated the individual in all aspects of daily living, there is resistance to treatment as in ASAM Dimension 4, relapse potential is high (Dimension 5), and the recovery environment is poor (Dimension 6).
- Concomitant medical condition and/or other behavioral health issues warrant inpatient/residential treatment.
- This service code does not cover detoxification treatment for cannabis, amphetamines, cocaine, hallucinogens and phencyclines
- Coverage that exceeds the benefit limit

REFERENCES:

American Society of Addiction Medicine (ASAM) Level 1- Ambulatory Withdrawal Management without Extended On-site Monitoring
 FL.UM.05.00 Timeliness of UM Decisions and Notifications policy and procedure
 FL.UM.02.00 Use of Clinical Criteria
 FL.UM.02.02 Clinical Decision Criteria and Application
 FL.UM.02.01 Medical Necessity Review

ATTACHMENTS: n/a

ROLES & RESPONSIBILITIES: who performs the actions in the policy

REGULATORY REPORTING REQUIREMENTS: If the policy does not apply to this description place N/A

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Development of policy to meet the needs of new contract requirements: 2018 ITN Readiness Review	6/18/18
Annual Review	Archer reload to fix system issue - No content reviewed or revised	5/16/19
Annual Review	updated approver #3 to VP Medical Affairs. No content changes.	6/29/20
Annual Review	No Changes need	7/21/21
Updates to policy and procedure	Added SMI and CMS Lines of Business. Added designed vendor for clinical decisions.	1/13/22
Annual Review	No changes	2/13/2023

POLICY AND PROCEDURE APPROVAL

DO NOT FILL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance _____

Senior Dir. Compliance _____