

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 09/10/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Behavioral Health, Substance-Related Disorders Withdrawal Management and Addiction Stabilization: Inpatient or Residential Treatment	<b>Replaces Effective Clinical Policy Dated:</b> 09/28/23
<b>Reference #:</b> MC/M014	<b>Page:</b> 1 of 3

#### **PURPOSE:**

The intent of this clinical policy is to ensure care is medically necessary.

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

#### **POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care 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 indications are established using the most recent version of the Milliman Care Guidelines (MCG). Copy available upon request.

- Adults
  - B-031-IP Withdrawal Management, Adult: Inpatient Care
  - B-031-RES Withdrawal Management, Adult: Residential Care
- Children and Adolescents
  - B-907-IP Substance-Related Disorders, Inpatient Behavioral Health Level of Care, Child or Adolescent
  - B-907-RES Substance-Related Disorders, Residential Behavioral Health Level of Care, Child or Adolescent

#### **EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description

#### **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.

##### DSM:

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

##### 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

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#### 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:**

Inpatient withdrawal management is necessary when substance use prohibits implementation of a treatment plan as an outpatient, such as, but not limited to, close 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.

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<b>Reference #:</b> MC/M014	<b>Page:</b> 3 of 3

Precertification: Yes

#### REFERENCES:

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Therapeutic Pass MP/T004
4. Saitz et al. Recommended use terminology in addiction medicine. *J Addict Med.* 2021;15(1).  
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[https://journals.lww.com/journaladdictionmedicine/citation/2021/02000/recommended\\_use\\_of\\_terminology\\_in\\_addiction.2.aspx](https://journals.lww.com/journaladdictionmedicine/citation/2021/02000/recommended_use_of_terminology_in_addiction.2.aspx). Accessed 05-20-24.

#### DOCUMENT HISTORY:

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# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. 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:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance 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>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).