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## Louisiana Medicaid UM Guideline

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**Subject:** Substance Use Disorder-  
Withdrawal Management

**Current Effective Date:** 9/1/2019

**Status:** Updated

**Last Review Date:** 05/12/2021

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Description
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*Withdrawal management* is the first clinical priority when developing a treatment plan based on levels of care. Evaluating intoxication and withdrawal potential (American Society of Addiction Medicine or ASAM Dimension 1) is key to safely managing the member withdrawal. This threshold determination is especially important for withdrawal from alcohol, opioids and/or sedatives/hypnotics.

For an appropriate medical necessity review, a Substance Use Disorder (SUD) Provider must provide sufficient clinical documentation demonstrating the member's withdrawal severity. Withdrawal severity scales<sup>1</sup> that the member has completed should always be a significant part of the clinical documentation that is submitted to Healthy Blue by the SUD Provider for the medical necessity determination.

See the following for additional treatment services:

Residential Treatment, refer to the Louisiana Medicaid UM Guideline:

- Substance Use Disorder: Residential Treatment

Psychiatric Residential Treatment Facility, refer to the Louisiana Medicaid UM Guideline:

- Substance Use Disorder: Psychiatric Residential Treatment Facility (PRTF)

### Louisiana Behavioral Health Provider Manual (“LBHPM”)

The Louisiana Behavioral Health Provider Manual (LBHPM) is the basis for all medically necessary decisions in Louisiana. It clearly references the American Society of Addiction Medicine (ASAM) substance use criteria for Medically Necessity in Louisiana. The LBHPM states that these clinical criteria are used to determine medical necessity for withdrawal management services that are requested by the provider and/or member for the identified levels of care. The Louisiana withdrawal management levels of care in the LBHPM are listed below, as currently applicable – Section references may be updated as new policy version are issued by the Louisiana Department of Health:

- **Level 4.0-WM: Medically managed intensive inpatient withdrawal management (hospital)**

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<sup>1</sup> Two examples of Withdrawal Severity Scales are the CIWA (Clinical Institute Withdrawal Assessment for Alcohol Scale) and the COWS (Clinical Opioid Withdrawal Scale).

This hospital level of care is appropriate for those individuals whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care. This program encompasses a planned regimen of 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. LBHPM, Section 2.4.

- **Level 3.7-WM: Medically monitored inpatient withdrawal management-adult (residential setting)**

Medically monitored residential withdrawal management is an organized service delivered by medical and nursing professionals, which provide for 24-hour medically supervised evaluation under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. LBHPM, Section 2.4.

- **Level 3.2-WM: Clinically managed residential social withdrawal management – adults**

“Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring observation and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Social withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, nonmedical alternative to inpatient withdrawal management.” LBHPM, Section 2.4.

- **Level 3.2-WM: Clinically managed residential social withdrawal management – adolescent<sup>2</sup>**

“Social withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, nonmedical alternative to inpatient withdrawal management.” LBHPM, Section 2.4.

### Clinical Indications

#### Medically Necessary:

#### Withdrawal Management

According to the Louisiana Behavioral Health Provider Manual (LBHPM), to meet Medical Necessity during an initial review, the following elements must be present in the documentation for medical necessity to be met:

1. All of the elements must be documented that are required in **Bio-Psychosocial Assessment, Treatment Plan** and those **Required Elements** that are listed below:
2. A substantial likelihood must be present that the Treatment Plan’s goals will be achieved, accomplished and/or realized **if** the initial authorization request is approved.

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<sup>2</sup>“Adolescent—an individual 13 through 17 years of age.” (Louisiana Administrative Code, Title 48, Part I, Chapter 56, Behavioral Health Service Providers, Section 5603, Definitions, p. 294 (Louisiana Administrative Code - February 2017).)

The Substance Use Withdrawal Management Criteria below is used to determine Medical Necessity in part based on this ASAM dimension of withdrawal management:

The following tables are derived from the Louisiana Behavioral Health Provider Manual (LBHPM):

<b>ASAM Level</b>	<b><u>ASAM Dimension</u></b> <b>Acute intoxication and/or withdrawal potential</b>
<b>Level 4-WM:</b> Medically Managed Intensive Inpatient Withdrawal Management (Hospital)	<ul style="list-style-type: none"> <li>• Member is experiencing signs and symptoms of severe, unstable withdrawal, or there is evidence that a severe, unstable withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal).</li> <li>• An acute care setting is required to manage the severity or instability of the withdrawal symptoms.</li> </ul>
<b>Level 3.7-WM:</b> Medically Monitored Inpatient Withdrawal Management - Adult (Residential Setting)	<ul style="list-style-type: none"> <li>• Member is experiencing signs and symptoms of severe withdrawal, or there is evidence that a severe withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal).</li> <li>• There is a strong likelihood that the patient will require medications.</li> </ul>
<b>Level 3.2 WM-</b> Clinical Managed Residential Social Withdrawal Management (Adolescent and Adult)	<ul style="list-style-type: none"> <li>• The patient is experiencing signs and symptoms of withdrawal, or there is evidence that a withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal).</li> </ul> <p>The patient is assessed as not requiring medications, but requires this level of service to complete detoxification. (LBHPM, Sec. 2.4 for Adolescent and Adult.)</p>

<b>Louisiana-ASAM Level</b>	<b><u>Louisiana-ASAM Withdrawal Risks</u></b>
<b>Level 3.7 WM</b> Medically Monitored High Intensity Inpatient Treatment-adult (Residential Setting)	None or minimal/stable None, or minimal risk of withdrawal. (LHBPM, Sec. 2.4)

<b>Louisiana-ASAM Level</b>	<b><u>Louisiana-ASAM Withdrawal Risks</u></b>
<b>Level 3.5</b> Clinically Managed Medium Intensity Residential Treatment – Adolescent	None or minimal/stable None, or minimal risk of withdrawal. (LBHPM, Sec. 2.4.)
<b>Level 3.3</b> Clinically Managed Population Specific High Intensity Residential Treatment Medium Intensity Residential Treatment – Adult	None, or minimal risk of withdrawal. (LBHPM, Sec. 2.4.)
<b>Level 3.1</b> Clinically Managed Low-Intensity Residential Treatment (Adolescent And Adult)	None or minimal/stable withdrawal risk. (LBHPM, Sec. 2.4, for Adolescent and Adult)

**Admission Criteria:**

<p><b>ASAM level 4.0</b> Admission to Level 4WM requires meeting the criteria below in dimensions 1, 2, and/or 3. Problems may also exist from mild to severe in dimensions 4, 5, and/or 6, however they are secondary to dimensions 1, 2, and 3 for the 4WM level of care. If the only severity is in dimensions 4, 5, and/or 6 without high severity in 1, 2 and/or 3, then the member does not qualify for level 4WM.:</p>
<ul style="list-style-type: none"> <li>• <b>Acute intoxication and/or withdrawal potential</b> – Member is experiencing signs and symptoms of severe, unstable withdrawal, or there is evidence that a severe, unstable withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). An acute care setting is required to manage the severity or instability of the withdrawal symptoms.</li> <li>• <b>Biomedical conditions and complications</b> A significant acute biomedical condition that may pose a substantial risk of serious or life-threatening consequences during severe, unstable withdrawal or there is risk of imminent withdrawal. The biomedical conditions and complications require 24-hour medical and nursing care and the full resources of an acute care hospital.</li> <li>• <b>Emotional, behavioral or cognitive conditions and complications</b> – A significant acute psychiatric or cognitive condition requires a 24-hour medical and nursing acute care setting to stabilize during severe, unstable withdrawal or there is evidence that a severe, unstable withdrawal syndrome is imminent.</li> <li>• <b>Readiness to change</b> – Refer to the admission guidelines above.</li> <li>• <b>Relapse, continued use or continued problem potential</b> – Refer to the admission guidelines above</li> <li>• <b>Recovery environment</b> – Refer to the admission guidelines above</li> </ul>

Please also refer to the LBHPM for Level 4.0 which cites the Louisiana Hospital Manual for this level of service for members requiring this acute level of care.

<p><b>ASAM level 3.7 WM</b> Facilities that provide ASAM Level 3.7-WM medically monitored inpatient withdrawal management services for adults provide care to patients whose</p>
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withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care. It sometimes is provided as a “step-down” service from a specialty unit of an acute care general or psychiatric hospital. Twenty-four-hour observation, monitoring and treatment are available; however, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary.

- **Acute intoxication and/or withdrawal potential** – Member is experiencing signs and symptoms of severe withdrawal, or there is evidence that a severe withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). There is a strong likelihood that the patient will require medications.
- **Biomedical conditions and complications** Mild to Moderate, but can be managed at level 3.7WM by medical monitoring. Treatment should be designed to respond to the member’s medical needs associated with withdrawal management.
- Emotional, behavioral or cognitive conditions and complications – Mild to moderate severity; need structure to manage comorbid physical, emotional, behavioral or cognitive conditions that can be managed in this setting but which increase the clinical severity of the withdrawal and complicates withdrawal management.
- **Readiness to change** – Member has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.
- **Relapse, continued use or continued problem potential** – Member has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits.
- **Recovery environment** – Member’s recovery environment is not supportive of detoxification and entry into treatment and the patient does not have sufficient coping skills to safely deal with the problems in the recovery environment or the patient recently has demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use.

**ASAM level 3.2 WM adult and adolescent** Facilities that provide ASAM level 3.2 services to adults provide care to patients whose withdrawal signs and symptoms are non-severe but require 24-hour inpatient care to address biomedical and recovery environment conditions/complications. Twenty-four-hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically supported program are not necessary.

- **Acute intoxication and/or withdrawal potential** – The patient is experiencing signs and symptoms of withdrawal, or there is evidence that a withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). The patient is assessed as not requiring medications, but requires this level of service to complete detoxification.
- **Biomedical conditions and complications** – None or mild.
- **Emotional, behavioral or cognitive conditions and complications** – None to Mild severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate.
- **Readiness to change** – The patient has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.

- **Relapse, continued use or continued problem potential** – The patient has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits.
- **Recovery environment** – Member’s recovery environment is not supportive of detoxification and entry into treatment and the patient does not have sufficient coping skills to safely deal with the problems in the recovery environment or the patient recently has demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use.

Treatment Plan must be in conformity with Core Elements, and it must be developed within 72 hours of admission; re-evaluated as needed, but not less than 90 days.

**Continued Stay Criteria:**

To meet Medical Necessity during the concurrent review, the following elements must be documented:

1. Significant progress in meeting the treatment plan’s goals must be present in the patient care documentation.
2. A substantial likelihood must be present that the treatment plan’s goals will be achieved, accomplished and/or realized **if** the concurrent authorization request is approved.
3. If inadequate progress is being made during the stay, then the treatment plan should be revised to address any barriers to the member’s achievement of the treatment goals.

**Discharge Criteria:**

Discharge Planning begins upon admission.

Members must be considered for discharge from treatment or transferred to another level of care when they meet any of the following criteria:

- The member no longer meets medical necessity
- The member requires either a higher or lower level of care
- Administrative discharge due to behavior that is inconsistent with treatment program standards or lack of participation in treatment.

**Limitations on Coverage:**

None

**Program Requirements**

According to the Louisiana Behavioral Health Provider Manual (LBHPM), the following are the program requirements:

**Threshold/Basic Element for “Prior Authorization” To Fulfill Medically Necessary Requirements<sup>3</sup>**

The Louisiana Behavioral Health Provide Manual requires that a *triage screening*<sup>4</sup> be conducted for any member for whom a prior authorization request is presented to the health plan. In particular, the following elements are required before any prior authorization is approved. The BHPM requires the following for an initial authorization:

***Bio-Psychosocial Assessment***

A comprehensive bio-psycho-social assessment and ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. The evaluation must be reviewed and signed by an LMHP. The comprehensive biopsychosocial evaluation shall contain the following:

- Circumstances leading to admission;
- Past and present behavioral health concerns;
- Past and present psychiatric and addictive disorders treatment;
- Significant medical history and current health status;
- Family and social history;
- Current living situation;
- Relationships with family of origin, nuclear;
- Family and significant others;
- Education and vocational training;
- Employment history and current status;
- Military service history and current status;
- Legal history and current legal status;
- Emotional state and behavioral functioning, past and present; and
- Strengths, weaknesses, and needs.

Additional diagnostic evaluations shall be completed which are based on the clinical needs of the member, including a physical exam within 72 hours, drug screening, diagnostic tests pertaining to communicable diseases.

***Treatment Plan***

Treatment plans shall be based on the evaluations to include person-centered goal and objectives. The treatment plan shall be developed within 72 hours within residential facilities with active participation of the individual, family and providers and be based on the individual’s condition and the standards of practice for the provision of rehabilitative services. The treatment plan shall identify the medical or remedial services intended to reduce the identified condition, as well as the anticipated outcomes of the individual. The treatment plan shall include a referral to self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA). The treatment plan must specify the frequency, amount and duration of services. (Refer to 2.6 Record Keeping.) The treatment plan must be signed by the LMHP or physician responsible for developing

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<sup>3</sup> LBHPM, Section 2.4, p.14.

<sup>4</sup> The Provider should submit a triage screening form confirming adherence to these requirements.

the plan. The plan will specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination.

**Alcohol Risk Assessment** (Extracted from **The ASAM Criteria** at <https://www.asam.org/resources/the-asam-criteria>)

<b>SUMMARY OF RISK ASSESSMENT MATRIX FOR ALCOHOL</b>		
<b>Risk Rating</b>	<b>WITHDRAWAL MANAGEMENT SERVICE NEEDS &amp; INTERVENTIONS</b>	<b>LEVEL OF CARE &amp; SETTING</b>
0 (Minimal/None)	None	None
1 (Mild)	<p><b>Service Needs</b></p> <ul style="list-style-type: none"> <li>• Daily monitoring</li> <li>• Measurement of blood alcohol level, urine screen for drugs</li> </ul> <p><b>Treatment Interventions</b></p> <ul style="list-style-type: none"> <li>• Prescription or dispensing of long-acting benzodiazepines</li> </ul>	1-WM, 3.2-WM
2 (Moderate)	<p><b>Service Needs</b></p> <ul style="list-style-type: none"> <li>• Hourly monitoring until improvement begins, then every 2 to 3 hours</li> </ul> <p><b>Treatment Interventions</b></p> <ul style="list-style-type: none"> <li>• Implementation of symptom-triggered withdrawal management protocol using long-acting benzodiazepines</li> </ul>	2-WM
3 (Significant)	<p><b>Service Needs</b></p> <ul style="list-style-type: none"> <li>• Hourly monitoring until improvement begins, then every 2 to 3 hours</li> </ul> <p><b>Treatment Interventions</b></p> <ul style="list-style-type: none"> <li>• Implementation of symptom-triggered withdrawal management protocol using long-acting benzodiazepines</li> </ul>	2-WM, 3.7-WM
4 (Severe)	<p><b>Service Needs</b></p> <ul style="list-style-type: none"> <li>• 24-hour monitoring – every 30 to 60 minutes until improvement begins, then every 2 hours</li> </ul> <p><b>Treatment Interventions</b></p> <ul style="list-style-type: none"> <li>• Implementation of symptom-triggered withdrawal management protocol using long-acting benzodiazepines</li> </ul>	4-WM



<b>Coding*</b>			
<b>Procedure Code</b>	<b>Service Description</b>	<b>Rate</b>	<b>Billing Frequency</b>
<b>H0011</b>	Acute Detox 3.7	\$290	Daily
<b>H0012</b>	Subacute 3.2	\$72.15	Daily
<b>H0009</b>	Medically Managed 4.0	Per Facility	Per Diem

\* LA Medicaid rates used in the above table.

<b>Discussion/General Information</b>
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**Eligible Provider Information:**

For Staffing requirements of House Manager and qualifications requirements of the medical director, clinical supervisor, unlicensed professionals and LMHPs, please refer to the Louisiana Behavioral Health Provider Manual as necessary.

According to the Louisiana Behavioral Health Provider Manual (LBHPM), the provider must have at least the following staffing:

<p><b>Level 4.0-WM: Medically managed intensive inpatient withdrawal management (hospital)</b></p> <ul style="list-style-type: none"> <li>The provider shall have a medical director, who is a physician, on call 24 hours per day, seven days per week, and on-site as needed for management of psychiatric and medical needs of the clients. Physician’s assistants or APRN may perform duties within the scope of their practice as designated by physician.</li> <li>There shall be a full time nursing supervisor (APRN/RN) with 24 hour on - call availability.</li> <li>An LMHP or UP under supervision of an LMHP is available 40 hours per week;</li> <li>There shall be a direct care aide ;</li> <li>There shall be clerical support staff ; and</li> <li>There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff).</li> </ul>
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**Please also refer to the LBHPM for Level 4.0 which cites the Louisiana Hospital Manual for this level of service for members requiring this acute level of care.**

<p><b>Level 3.7-WM: Medically monitored inpatient withdrawal management-adult (residential setting)</b></p> <ul style="list-style-type: none"> <li>The provider shall have a medical director (physician);</li> <li>There is a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs;</li> <li>There is a clinical supervisor available for clinical supervision when needed and by telephone for consultation;</li> </ul>
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- There is at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours/week;
- Each LMHP/UP caseload shall not exceed 1:10;
- There is at least one RN on call 24 hours per day, seven days per week to perform nursing duties and at least one licensed nurse is on duty during all shifts with additional licensed nursing staff to meet the nursing needs of the clients;
- On-site nursing staff is solely responsible for the 3.7 program and does not provide services for other levels of care at the same time;
- There is at least one direct care aide on duty on all shifts with additional as needed
- There is an activity or recreational therapist on duty at least 15 hours per week
- There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff); and
- There shall be a clerical support staff (One FTE per day shift).

**Level 3.2-WM: Clinically managed residential social withdrawal management –Adults and adolescents**

- The provider shall have a medical director (physician);
- There is a physician on call 24 hours per day, seven days per week and on duty as needed for management of psychiatric and medical needs of the client. Duties would include:
  - Review and approve on medical treatment;
  - Triage medical needs at admission and through course of stay for all members;
- Clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
- A minimum of one LMHP or UP under supervision of an LMHP available on-site at least 40 hours per week;
- Each LMHP/UP’s caseload must not exceed a ratio of 1:16 (adolescents), and 1:25 (adults);
- For adolescents, there shall be two direct care aides (two full time employees ) per shift with additional as needed, not to exceed a ratio of 1:10;
- For adults, there shall be and one direct care aide (one full-time employee) per shift with additional as needed;
- There shall be at least one clerical support staff per day shift; and
- There shall be a care coordinator (One full time employee per day shift), and/or duties may be assumed by clinical staff).

**Additional Staffing and Service Components**

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals.

A peer specialist is recommended.

**Definitions**

**For WM 4.0, please refer to LBSM for description of non-licensed professionals.**

**Clinically Managed Residential Social Withdrawal Management (ASAM LEVEL 3.2 WM)-**  
An organized residential program utilizing 24 hour active programming and containment provided in a non-medical setting that provides relatively extended, sub-acute treatments, medication monitoring observation, and support in a supervised environment for a client experiencing non-life threatening withdrawal symptoms from the effects of alcohol/drugs and impaired functioning and who is able to participate in daily residential activities.

**Licensed Mental Health Professional (LMHP) -** An individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently: Medical psychologists, licensed psychologists, licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), licensed addiction counselors (LACs), and advanced practice registered nurses (APRNs)<sup>5</sup>. See Appendix B and Appendix D for further details.

**Medically Monitored Residential Withdrawal Management (ASAM Level 3.7 WM) –** A residential program that provides 24-hour observation, monitoring and treatment delivered by medical and nursing professionals to clients whose withdrawal signs and symptoms are moderate to severe and thus require residential care, but do not need the full resources of an acute care hospital.

**Acronyms**

- APRN: Advanced Practice Registered Nurse
- ASAM: American Society of Addiction Medicine
- DSM: Diagnostic and Statistical Manual of Mental Disorder
- FTE: Full Time Employee
- LMHP: Licensed Mental Health Professional
- LBHPM: Louisiana Behavioral Health Provide Manual
- RN: Registered Nurse
- SUD: Substance Use Disorder
- WM: Withdrawal Management

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<sup>5</sup> The LMHP definition taken directly from the Louisiana Behavioral Health Services Provider Manual. Staffing requirements are also found in the LBHSPS under Section 2.4 Addiction Services. Definition may be updated as new policy version are issued by the Louisiana Department of Health.

## References

### Government Agency, Medical Society, and Other Authoritative Publications:

1. State of Louisiana, [Department of Health](#).
2. Louisiana Office of Behavioral Health's ASAM level of care inquiries: May 28, 2019 and June 14, 2019.

## Websites for Additional Information

1. Louisiana Behavioral Health Provider [Manual](#)
2. American Society of Addiction [Medicine](#)

## History

Status	Date	Action
New	8/1/2019	New Guideline Created
Active	8/7/2019	MOC Approved
Revised, reviewed, and approved	1/23/2020	MOC Approved
Reviewed	05/12/2021	No changes
Approved	05/27/2021	Medical Operations Committee (MOC)