



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 28 No. 07

July 2018

**TO:** Hospital Providers – **For Action**  
Managed Care Organizations – **For Information Only**

**SUBJECT:** Acute Medical Detoxification

**EFFECTIVE:** **July 1, 2018**

**PURPOSE:** To provide clarification concerning changes in payment for inpatient medical detoxification claims.

**BACKGROUND:** Prior to July 1, 2018, NJ FamilyCare (NJFC) determined medical appropriateness for acute inpatient medical detoxification claims utilizing Milliman Care Guidelines (MCG). These guidelines were used to determine whether a service was appropriately provided in an inpatient setting. In 2016, the State elected to begin utilizing the American Society of Addiction Medicine (ASAM) criteria to manage the outpatient Substance Use Disorder (SUD) population across varying levels of care. The State recognizes that inpatient detoxification is an integral part of the SUD continuum of care available to NJFC beneficiaries. Therefore, beginning July 1, 2018, the State will expand ASAM criteria to the inpatient setting. MCG should no longer be the criteria utilized for inpatient medical detoxification. Providers and NJFC managed care plans are expected to begin utilizing the ASAM criteria to determine which level of care is necessary and most appropriate for any NJFC beneficiary seeking SUD services.

**ACTION:** ASAM criteria differentiate between “Medically Managed Intensive Inpatient Withdrawal Management (Level 4-WM)” which is equivalent to an acute inpatient service, and “Medically Monitored Inpatient Withdrawal Management (Level 3.7-WM)” which can be provided in a subacute hospital setting or in an outpatient setting. ASAM makes the distinction in levels of care utilizing multidimensional patient assessment over five levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services.

**Effective July 1, 2018, any provider providing SUD services to a NJFC beneficiary will assume responsibility for assessing individuals utilizing ASAM criteria prior to admission to their facility.**

Individuals **do not require prior authorization to be admitted to a hospital setting.** However, the admitting facility must notify the NJFC managed care plan within 24 hours of the admission. NJFC managed care plans will then confirm that the individual admitted to an acute care hospital for detoxification services meets ASAM Level 4-WM criteria. This applies to **ALL** NJFC beneficiaries.

Those individuals determined to meet ASAM Level 4-WM will be approved and services shall be authorized by the NJFC managed care plan. Those individuals who meet ASAM Level 3.7-WM (or below) shall be denied for acute care services. Denied services cannot be billed to fee-for-service. These individuals should be referred to an appropriate community provider capable of delivering this level of service. If the provider is unsure which type of provider is appropriate, any individual can be referred to the Department of Health's contracted vendor for SUD information and referral services. This vendor, known as the Interim Managing Entity (IME), can be reached at 1-844-276-2777, 24 hours a day, 7 days a week. The IME shall complete an assessment and make the appropriate referrals.

Generally speaking, an otherwise healthy individual is capable of detoxing without inpatient admission. Exceptions such as pregnant women, individuals with substance induced mood disorder or psychiatric patients with a significant cognitive disorder generally require an inpatient level of care. Pregnant women, particularly those in the third trimester, should never go through withdrawal, and induction of methadone or buprenorphine should be medically monitored in an inpatient setting. Those with other comorbidities, those with a history of severe withdrawal symptoms or those detoxing from alcohol and other substances, particularly benzodiazepines, are at significant risk of physical harm without proper medical management and are likely to meet ASAM Level 4.0WM. To determine the severity of symptoms, multiple withdrawal scales have been deemed to be reliable and valid, such as the Clinical Opiate Withdrawal Scale (COWS).

**To determine the need for, and the intensity of, medical management, individuals should be seen in a medical setting and receive a physical evaluation prior to a hospital admission.**

The evaluation should include a CBC, chemistry panel, liver function tests, urine toxicology screen, blood alcohol level and an assessment of the client's symptoms such as a Clinical Institute Withdrawal Assessment of Alcohol (CIWA) score. The physical evaluation should identify severe withdrawal indicators such as seizures, hallucinations, delirium, extreme fluctuations in body temperature, elevated blood pressure, extreme tachycardia or extreme agitation. This information is vital in determining the need for inpatient services.

The University of North Carolina has developed a protocol for alcohol detoxification that is useful in determining the appropriate level of care and the need for acute care services. Individuals with major electrolyte imbalances or decompensated medical

disease should be admitted to an inpatient medical service immediately. Others should be observed until they are no longer under the influence of the substance in question. At this time, the beneficiary should be re-checked for suicidal ideation and should receive another CIWA assessment. Individuals with suicidal ideation, a CIWA score of 15 or greater or individuals with a documented history of Delirium Tremens (DTs) or alcohol withdrawal seizures should be admitted.

If there are any questions regarding the information listed in this newsletter, please contact the Division of Medical Assistance and Health Services' Office of Customer Service at 609-631-4642.

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