ASAM American Society of Addiction Medicine

Licensee's use and interpretation of the American Society of Addiction Medicine's ASAM Criteria for Addictive, Substance-Related, and Co-Occurring Conditions does not imply that the American Society of Addiction Medicine has either participated in or concurs with the disposition of a claim for benefits.

This excerpt is provided for use in connection with the review of a claim for benefits and may not be reproduced or used for any other purpose.

DIMENSIONAL ADMISSION CRITERIA DECISION RULES

SPECIFICATIONS FOR APPROPRIATE PLACEMENT		
LEVEL 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring	The patient is experiencing at least mild signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.	The patient is assessed as being at minimal risk of severe withdrawal syndrome and can be safely managed at this level.
LEVEL 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring	The patient is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.	The patient is assessed as being at moderate risk of severe withdrawal syndrome outside the program setting; is free of severe physical and psychiatric complications; and would safely respond to several hours of monitoring, medication, and treatment.
LEVEL 3.2-WM Clinically Managed Residential Withdrawal Management	The patient is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent.	The patient is assessed as not being at risk of severe withdrawal syndrome, and moderate withdrawal is safely manageable at this level of service.
LEVEL 3.7-WM Medically Monitored Inpatient Withdrawal Management	The patient is experiencing signs and symptoms of severe withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that a severe withdrawal syndrome is imminent.	The severe withdrawal syndrome is assessed as manageable at this level of service.
LEVEL 4-WM Medically Managed Intensive Inpatient Withdrawal Management	The patient is experiencing signs and symptoms of severe withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that a severe withdrawal syndrome is imminent.	

ALCOHOL

Examples include, but are not limited to the following:

1-WM	• The presence of mild to moderate symptoms of withdrawal, with a CIWA-Ar score of less than 10, or the equivalent for a comparable standardized scoring system.
2-WM	• A CIWA-Ar score of 10 to 25, or the equivalent for a comparable standardized scoring system.
3.2-WM	• The patient is intoxicated or is withdrawing from alcohol and the CIWA-Ar score is less than 8 at admission, and monitoring is available to assure that it remains less than 8, or the equivalent for a comparable standardized scoring system.
3.7-WM	• The patient is withdrawing from alcohol, the CIWA-Ar score is 19 or greater (or the equivalent for a standardized scoring system) by the end of the period of outpatient monitoring available in Level 2-WM. • Alcohol and sedative/hypnotics: The patient has marked lethargy or hypersomnolence due to intoxication with alcohol or other drugs, and a history of severe withdrawal syndrome, or the patient's altered level of consciousness has not stabilized at the end of the period of outpatient monitoring available at Level 2-WM.
4-WM	• The patient is withdrawing from alcohol, and the CIWA-Ar score is 19 or greater (or the equivalent for a comparable standardized scoring system), and the patient requires monitoring more often than hourly; requires intravenous medication or infusions; or requires close behavioral monitoring because of high levels of agitation, confusion, or extremes of vital signs. • Alcohol and sedative/hypnotics: The patient is experiencing seizures; delirium tremens; or severe, chronic hallucinations.

SEDATIVE/HYPNOTICS

Examples include, but are not limited to the following:

1-WM	• Any 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 a reliable history that the patient is withdrawing from therapeutic doses of sedative/hypnotics, but there is no evidence of other severe substance use disorder. Withdrawal symptoms have responded to, or are likely to respond to, substitute doses of sedative/hypnotics in the therapeutic range within 2 hours.
2-WM	• There is a reliable history that the patient is withdrawing from sedative/hypnotics and withdrawal symptoms have responded to, or are likely to respond to, substitute doses of sedative/hypnotics within the observable hours of the program. • The patient has ingested sedative/hypnotics in excess of therapeutic levels daily for at least 4 weeks, but the risk of seizures, hallucinations, dissociation, or severe affective disorder during unobserved periods outside the program is assessed as minimal. Close hourly monitoring is available, if needed. There is no accompanying chronic mental or physical disorder that poses a danger to the patient during withdrawal. • The patient has ingested sedative/hypnotics at not more than therapeutic levels daily for at least 6 months, in combination with daily alcohol use or regular use of another mind-altering drug known to have its own dangerous withdrawal syndrome. Nonetheless, the risk of seizures, hallucinations, dissociation, or severe affective symptoms outside the program is minimal.
3.2-WM	
3.7-WM	• The patient has ingested sedative/hypnotics at more than therapeutic levels daily for more than 4 weeks and is not responsive to appropriate recent efforts to maintain the dose at therapeutic levels. • The patient has ingested sedative/hypnotics at more than therapeutic levels daily for more than 4 weeks, in combination with daily alcohol use or regular use of another mind-altering drug known to pose a severe risk of withdrawal. Signs and symptoms of withdrawal are of moderate severity, and the patient cannot be stabilized by the end of the period of outpatient monitoring available at Level 2-WM. • Alcohol and sedative/hypnotics: The patient has marked lethargy or hypersomnolence due to intoxication with alcohol or other drugs, and a history of severe withdrawal syndrome, or the patient's altered level of consciousness has not stabilized at the end of the period of outpatient monitoring available at Level 2-WM.
4-WM	• Alcohol and sedative/hypnotics: The patient is experiencing seizures; delirium tremens; or severe, chronic hallucinations. • The patient has ingested sedative/hypnotics at more than therapeutic levels daily for more than 4 weeks, and the patient has an accompanying acute mental or physical disorder that is complicating withdrawal. • The patient has ingested sedative/hypnotics daily for at least 6 months, in combination with daily alcohol use or regular use of another mind-altering drug known to pose a severe withdrawal syndrome, and the patient has an accompanying acute mental or physical disorder that is complicating withdrawal.

OPIOIDS

Examples include, but are not limited to the following:

1-WM	• For withdrawal management not using opioid agonist medication: Either the patient's use of high-potency opioids (such as injectable or smoked forms) has not been daily for more than 2 weeks preceding admission or the use of opioids is near the therapeutically recommended level. • For withdrawal management using opioid agonist medication, such as methadone or other appropriate opioids: Either the patient is being withdrawn gradually from opioid agonist medication or the patient is being treated for mild opioid withdrawal symptoms.
2-WM	• For withdrawal management not using opioid agonist medication: The abstinence syndrome—as indicated by vital signs and evidence of physical discomfort or craving—can be stabilized by the end of each day's monitoring, so that the patient can manage such symptoms at home with appropriate supervision. • For withdrawal management using opioid agonist medication, such as methadone or other appropriate opioids: The withdrawal signs and symptoms are of such severity or instability that extended monitoring is required to determine the appropriate dosage.
3.2-WM	• Withdrawal signs and symptoms are distressing but do not require medication for reasonable withdrawal discomfort, and the patient is impulsive and lacks skills needed to prevent immediate continued drug use.
3.7-WM	• The patient has used opioids daily for more than two weeks and has demonstrated a current inability to complete withdrawal as an outpatient or without medication in a Level 3.2-WM service. • Antagonist medication is to be used in withdrawal in a brief but intensive withdrawal management (as in multiday pharmacological induction onto naltrexone).
4-WM	• The patient is experiencing a severe opioid withdrawal syndrome that has not been stabilized or managed at a less intensive level of service.

STIMULANTS

Examples include, but are not limited to the following:

1-WM	• The patient is withdrawing from stimulants and is experiencing some lethargy, agitation, paranoia, mild psychotic symptoms, or depression, but he or she has good impulse control.
2-WM	• The patient is withdrawing from stimulants and is experiencing significant lethargy, agitation, paranoia, psychotic symptoms, or depression, and requires extended outpatient monitoring to determine impulse control and readiness for Level 1-WM ambulatory withdrawal management services or the need for Level 3.2-WM withdrawal management services.
3.2-WM	• The patient has marked lethargy, hypersomnolence, paranoia, or mild psychotic symptoms due to stimulant withdrawal, and these are still present beyond a period of outpatient monitoring available in Level 2-WM services.
3.7-WM	• The patient has marked lethargy, hypersomnolence, agitation, paranoia, depression, or mild psychotic symptoms due to stimulant withdrawal, and has poor impulse control and/or coping skills to prevent immediate continued drug use.
4-WM	• Intoxication or withdrawal signs and symptoms require psychiatric or medical monitoring more frequently than hourly (because of psychotic, impulsive behavior or depressive suicidality).

NICOTINE

Examples include, but are not limited to the following:

1-WM	• The patient is withdrawing from nicotine and is experiencing withdrawal symptoms that require either nicotine replacement therapies or non-nicotine agents for symptomatic treatment.
2-WM	
3.2-WM	
3.7-WM	
4-WM	

ALL SUBSTANCES

Examples include, but are not limited to the following:

1-WM	
2-WM	
3.2-WM	
3.7-WM	
4-WM	• There is recent (within 24 hours) serious head trauma or loss of consciousness, with chronic mental status or neurological changes resulting in the need to closely observe the patient at least hourly. • Drug overdose or intoxication has compromised the patient's mental status, cardiac function, or other vital signs or functions. • The patient has a significant acute biomedical disorder that poses substantial risk of serious or life-threatening consequences during withdrawal (such as significant hypertension or esophageal varices).

DIMENSIONAL ADMISSION CRITERIA DECISION RULES (CONTINUED)

SPECIFICATIONS FOR APPROPRIATE PLACEMENT

LEVEL 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring	**IN ADDITION** to specifications shown on the preceding pages	The patient has withdrawal symptoms but is at minimal risk of severe withdrawal syndrome and is assessed as likely to complete needed withdrawal management and to enter into continued treatment or self-help recovery, as evidenced by meeting **[1]** or **[2]** or **[3]**:
LEVEL 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring	**IN ADDITION** to specifications shown on the preceding pages	The patient is assessed as likely to complete withdrawal management and to enter into continued treatment or self-help recovery, as evidenced by meeting **[1]** and either **[2]** or **[3]** or **[4]**:
LEVEL 3.2-WM Clinically Managed Residential Withdrawal Management	**IN ADDITION** to specifications shown on the preceding pages	The patient is assessed as not requiring medication, but requires this level of service to complete withdrawal management and enter into continued treatment or self-help recovery because of inadequate home supervision or support structure, as evidenced by meeting **[1]** or **[2]** or **[3]**:
LEVEL 3.7-WM Medically Monitored Inpatient Withdrawal Management	**ALTERNATIVELY** to the specifications shown on the preceding pages	There is a strong likelihood that the patient (who requires medication) will not complete withdrawal management at another level of care and enter into continuing treatment or self-help recovery, as evidenced (for example), by **any** of **[1]** or **[2]** or **[3]:**
LEVEL 4-WM Medically Managed Intensive Inpatient Withdrawal Management	**ALTERNATIVELY** to the specifications shown on the preceding pages	Level 4 is the only available level of care that can provide the medical support and comfort care needed by the patient, as evidenced by **[1]** or **[2]:**

1-WM	**[1]** The patient has an adequate understanding of ambulatory withdrawal management and has expressed commitment to enter such a program; **or** **[2]** The patient has adequate support services to ensure commitment to completion of withdrawal management and entry into ongoing treatment or recovery; **or** **[3]** The patient is willing to accept a recommendation for treatment (for example, to begin disulfiram, naltrexone, or other medication once withdrawal has been managed, or to attend outpatient sessions or self-help groups).
2-WM	**[1]** The patient or support persons clearly understand instructions for care and are able to follow instructions; **and** **[2]** The patient has an adequate understanding of ambulatory withdrawal management and has expressed commitment to enter such a program; **or** **[3]** The patient has adequate support services to ensure commitment to completion of withdrawal management and entry into ongoing treatment or recovery; **or** **[4]** The patient evidences willingness to accept a recommendation for treatment once withdrawal has been managed (for example, to attend outpatient sessions or self-help groups).
3.2-WM	**[1]** The patient's recovery environment is not supportive of withdrawal management and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the problems in the recovery environment; **or** **[2]** The patient has a recent history of withdrawal management at less intensive levels of service that is marked by inability to complete withdrawal management or to enter into continuing addiction treatment, and the patient continues to have insufficient skills to complete withdrawal management; **or** **[3]** The patient recently has demonstrated an inability to complete withdrawal management at a less intensive level of service, as manifested by continued use of other-than-prescribed drugs or other mind-altering substances.
3.7-WM	**[1]** The patient requires medication and has a recent history of withdrawal management at a less intensive level of care, marked by past and current inability to complete withdrawal management and enter into continuing addiction treatment. The patient continues to have insufficient skills or supports to complete withdrawal management; **or** **[2]** The patient has a recent history of withdrawal management at less intensive levels of service that is marked by inability to complete withdrawal management or to enter into continuing addiction treatment, and the patient continues to have insufficient skills to complete withdrawal management; **or** **[3]** The patient has a comorbid physical, emotional, behavioral, or cognitive condition (such as chronic pain with active exacerbation or posttraumatic stress disorder with brief dissociative episodes) that is manageable in a Level 3.7-WM setting but which increases the clinical severity of the withdrawal and complicates withdrawal management.
4-WM	**[1]** A withdrawal management regimen or a patient's response to that regimen that requires monitoring or intervention more frequently than hourly; **or** **[2]** The patient's need for withdrawal management or stabilization while pregnant, until she can be safely treated in a less intensive level of care. For example, the patient does not require medical management (as in the case of a patient who is soon to have the pregnancy terminated), or she no longer is bleeding or leaking amniotic fluid, or an unstable fetal heartbeat has improved.

DIMENSIONAL ADMISSION CRITERIA DECISION RULES (CONTINUED)

	SPECIFICATIONS FOR APPROPRIATE PLACEMENT		
LEVEL 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring		**IN ADDITION** to specifications shown on the preceding pages	For patients whose withdrawal symptoms are no more severe than those noted in the specifications shown on pages 165-170, the patient has, and responds positively to, emotional support and comfort, as evidenced by: **[1]** Decreased emotional symptoms at the close of the initial treatment session; **and** **[2]** The patient's or support person's ability to clearly understand instructions for care, and the presence of both the ability and resources to follow instructions.
2-WM			No additional specifications.
3.2-WM			No additional specifications.
3.7-WM			No additional specifications.
4-WM			No additional specifications.