

PROVIDER NOTICE

Notice #: PN 2014-02
Issued: March 24, 2014
To: CMAP Hospital and Detoxification Providers
Re: Detox Precertification Procedure Clarification

To all Detox and Hospital Admissions Providers,

This notice is being sent to inpatient providers to further clarify hospital authorization procedures between behavioral health and medical diagnosis codes as previously stated in CT BHP Provider Alert PA 2014-02 and CT DSSMAP Policy Transmittal (PB14-10)

The Provider Alert and Policy Transmittal informed CMAP hospital providers that effective March 1, 2014; all hospital admissions for which the primary focus of treatment is detoxification (i.e. alcohol, opiates, benzodiazapines and sedative hypnotics) must be submitted to CT BHP for pre-certification prior to an elective or emergent admission, regardless of the unit to which the admission occurs.

We have had many questions and concerns regarding this initiative and wanted to clarify the process of this initiative. We have included some frequently asked questions as well as the clinical template utilized for our inpatient detoxification reviews that should assist with this transition.

The goal of this initiative is to assist with discharge planning and access to care coordination services. CT BHP Intensive Care Managers (ICM's) are available to assist in care transitions and connect-to-care activities. We know that many of these individuals will require on-going treatment and support. The ICM's can assist and can be reached by calling the CT BHP at 1-877-552-8247.

If you have any questions, please feel free to contact the CT BHP Call Center at 1-877-552-8247.

Provider Relations Department
Connecticut Behavioral Health Partnership

*Encl: Frequently Asked Questions – Med Detox
Med Detox Clinical Template*

Inpatient Medical Detoxification – Frequently Asked Questions

Q: What is the timeframe for Inpatient authorization for substance abuse detoxification?

A. *The goal of the CT BHP is to always have providers obtain pre-admission inpatient authorizations as the intention of pre-admission authorization is to ensure that the level of care is being met. However, we certainly understand that in emergency situations, authorization can be requested within 24 hours of admission. DSS does not intend to require EDs to hold patients until pre-cert is obtained.*

Q: Will these requests be telephonic and will we be speaking directly to clinical staff? Can we fax requests?

A: *Yes. Inpatient telephonic reviews are conducted by clinical staff. Our staff is available 24 hours a day, 7 days a week to perform initial telephonic reviews. No. There will be no fax authorization process.*

Q: Are daily reviews or concurrent reviews required for these members?

A. *CT BHP is requiring no daily review on these cases and no concurrent clinical review is required. The CT BHP will authorize an initial stay of 5 days. If the member remains hospitalized beyond 5 days, the facility will call the CT BHP, prior to the expiration of the authorization, to request those additional units that cover the full length of stay, but no clinical review will be required.*

Q: Is a psychiatric evaluation of the patient required as part of admission?

A. *A psychiatric evaluation of the patient is not required as part of the admission information to be relayed to the CT BHP in advance of pre-certification.*

Q: What should we do if we have already started providing services to a member who wasn't initially identified as a Medicaid member? For instance, some people come into the hospital without insurance or identification information or are not in a physical capacity to provide insurance information. Once the hospital finds out they have Medicaid... what do we do?

A: *As always, eligibility verification should be completed upon admission. If Medicaid eligibility is determined during the inpatient stay, providers should contact the CT BHP immediately so that an authorization can be entered retroactively. If Medicaid eligibility is determined post admission or retroactively, the facility should contact the CT BHP for retroactive eligibility requests.*

Q: Do we have to authorize members who have Medicaid as secondary insurance (i.e. dually eligible member with Medicare or primary commercial insurance)?

A: *CT BHP authorization is required only when Medicare or a primary commercial service denies the service. If Medicare makes payment, including partial payment, no authorization is needed from CT BHP. If primary commercial insurance denies the payment, a retrospective clinical review can be requested. For a complete explanation of dual eligible requirements, please review our [CT BHP Behavioral Health Dual Coverage FAQ](#)*

Q: Our Medical Wing also gets members going thru withdrawals from drugs as well; do we follow the same protocol?

A. *Facilities will follow the same protocol for any member who is in withdrawal, from any substance for which hospitalization is required. Note: Not every substance produces physiological withdrawal.*

Q: Does it apply to any symptoms i.e. like pancreatic issues due to alcohol/drugs?

A: *Your authorization will be obtained based on the primary focus of treatment. If the primary focus of treatment is pancreatitis or other medical issue, than a medical authorization should be obtained.*

Q: Will discharge information be completed telephonically?

A: *Yes. We are aware that the staff members performing discharges may not have access to the ProviderConnect Application. Discharge information can be called in and our clinical staff will enter the discharge information.*

Primary Drug/Substance				
Total Years of Use	Length of Current Use	Amount of Use	Frequency of Use	Date Last Used
<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 20+ years <input type="checkbox"/> Unknown	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6 mos-1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> Unknown	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> 4X per week <input type="checkbox"/> 4-6X per week <input type="checkbox"/> 2-3X per week	<input style="width: 100px; height: 20px;" type="text"/>
Secondary Drug/Substance				
Total Years of Use	Length of Current Use	Amount of Use	Frequency of Use	Date Last Used
<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 20+ years <input type="checkbox"/> Unknown	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6 mos-1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> Unknown	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> 4X per week <input type="checkbox"/> 4-6X per week <input type="checkbox"/> 2-3X per week	<input style="width: 100px; height: 20px;" type="text"/>
Tertiary Drug/Substance				
Total Years of Use	Length of Current Use	Amount of Use	Frequency of Use	Date Last Used
<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 20+ years <input type="checkbox"/> Unknown	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6 mos-1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> Unknown	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> 4X per week <input type="checkbox"/> 4-6X per week <input type="checkbox"/> 2-3X per week	<input style="width: 100px; height: 20px;" type="text"/>
Withdrawal Symptoms:		Check all that Apply:		
		<input type="checkbox"/> None <input type="checkbox"/> Nausea <input type="checkbox"/> Tremors <input type="checkbox"/> Past DT's <input type="checkbox"/> Vomiting <input type="checkbox"/> Agitation <input type="checkbox"/> Black Outs <input type="checkbox"/> Current Seizures <input type="checkbox"/> Cramping <input type="checkbox"/> Hallucinations <input type="checkbox"/> Current DT's <input type="checkbox"/> Past Seizures <input type="checkbox"/> Other? _____		
Blood Pressure: ____ / ____	Temperature: _____	Pulse: _____	Respiration: _____	Blood Alcohol: _____
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Urine Drug Screen (UDS)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown		Outcome of UDS <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending		
Positive For:		Check all that Apply:		
		<input type="checkbox"/> Cannabis <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Tricyclic Antidepressants <input type="checkbox"/> Phenylpropanolamine <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Methamphetamine <input type="checkbox"/> PCP (Phencyclidine) <input type="checkbox"/> LSD (lysergic acid diethylamide) <input type="checkbox"/> Methadone <input type="checkbox"/> Other _____		
Longest Period of Sobriety: <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 2 yrs <input type="checkbox"/> More than 2 yrs <input type="checkbox"/> None <input type="checkbox"/> Unknown			CIWA / CIWA-A / CIWA-B / COWS _____	

Note: Any information on Medical Complications with Detox would be helpful