

## **Questions for Substance Use Disorder for Detoxification Medical Necessity Reviews**

### **Initial Reviews**

1. What criteria did the provider use?
2. What substance(s) is the member currently using?
3. Indicate the pattern of use, amount, frequency and last use of each substance.
4. Describe the signs and symptoms of withdrawal including the highest CIWA or COWS in past 24 hours.
5. Is there a history of withdrawal seizures, DT's or blackouts?
6. Document the members living situation.
7. Is the member a primary caregiver, if so indicate dependent (s) and; who is currently in their care?
8. Does the member have a support system and who is it?
9. List significant medical issues in addition to pertinent medications.
10. List mental health issues along with medications.
11. Are there issues related to use with employment or school.
12. List legal issues
13. Document any high risk behaviors (driving while using) or indicate if none exist.
14. What is the treatment history?
15. What is the discharge plan including where and who they will live
16. Indicate who provided additional information to the requesting provider (other providers, parents or other family/support system) and indicate the additional information provided
17. What are the risks to the member if not admitted to detox?
18. What are the treatment goals for this member?

### **Concurrent Reviews**

1. What are the most recent vital signs?
2. What is most recent CIWA or COWS?

3. List any medication needed in last 24 hours including why it was needed and how many times it was administered.
4. List pertinent changes that would affect discharge planning.
5. What is the discharge plan including where and who they will live with?
6. Indicate who provided additional information to the provider (other provider's, parents or other family/support system) and indicate the additional information provided.
7. What are the treatment goals?
8. What is the risk to the member for not continuing treatment?