

## Ambulatory Withdrawal Management



**Ambulatory Withdrawal Management (AWM)** is a Withdrawal Management Service, as defined in BHIN 24-001. Withdrawal Management Services are provided to beneficiaries when medically necessary for maximum reduction of the SUD symptoms and restoration of the beneficiary to their best possible functional level.

Ambulatory Withdrawal Management Services are provided to the beneficiary experiencing withdrawal in outpatient settings and are defined as:

### **AWM Level 1:**

AWM without extended onsite monitoring: Mild withdrawal with minimal risk of severe withdrawal syndrome. Assessed as likely to complete needed withdrawal, and enter continuing treatment of self-help recovery evidenced by meeting one of the following criteria:

- Understanding of AWM and commitment to enter the program.
- Support services ensuring commitment to complete AWM and enter ongoing treatment or recovery.
- Willingness to accept treatment recommendations (i.e. MAT) or attend outpatient sessions/self- help.

### **AWM Level 2:**

AWM with extended onsite monitoring: Moderate withdrawal requiring extended WM support and supervision; supportive living situation at night; likely to complete WM if meeting the first criteria and either of the following criteria:

- Client/supports clearly understand and can follow care instructions.
- Understanding of AWM and commitment to enter the program.
- Support services ensuring completion of WM and entry into ongoing treatment or recovery.
- Willingness to accept treatment recommendations after WM (i.e. outpatient sessions, self-help groups).

Per the [DMC-ODS Billing Manual v.2-0 \(Optum.com\)](#) and the [DMC-ODS Service Table v. 2-0 \(Optum.com\)](#), **H0014 is the code that can be used for Ambulatory Withdrawal Management.** Services that fall under this code are:

- Assessment
- Care Coordination
- Medication Services
- MAT for OUD
- MAT for AUD and non-opioid SUDs
- Observation
- Recovery Services

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When using code **H0014**, **procedure code modifier 1 (specifying line of service)** and **procedure code modifier 2 (specifying type of service)** must be used:

<i>Procedure code modifiers</i>		
Procedure Modifier 1 (Line of Service)	<i>U7</i>	<i>Outpatient Services (ODF)</i>
	<i>U8</i>	<i>Intensive Outpatient Services (IOT)</i>
Procedure Modifier 2 (Type of service)	<i>U4</i>	<i>Ambulatory withdrawal management <b>without</b> extended on-site monitoring (Moderate withdrawal with all day withdrawal management and support and supervision; at night has supportive family or living situation.)</i>
	<i>U5</i>	<i>U5: Ambulatory withdrawal management <b>with</b> extended on-site monitoring (Moderate withdrawal with all day withdrawal management and support and supervision; at night has supportive family or living situation. This modifier does not represent a “level of care”. It represents a certain service within one of the levels of care.)</i>

Per the [DMC-ODS Billing Manual v.2-0 \(Optum.com\)](#), below are other services that can be billed on the same day as AWM. The only services that can be billed on the same day as Ambulatory Withdrawal Management services are:

- Additional MAT
- Methadone dosing
- Care coordination
- Physician consultation
- Peer support specialist services
- Mobile support
- Contingency management.

**For more information on Ambulatory Withdrawal Management, see:**

Resource: [The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management: A Pocket Guide](#)

Definition of Withdrawal Management: [BHIN 24-001 \(dhcs.ca.gov\)](#)

Billing questions: [DMC-ODS Billing Manual v.2-0 \(Optum.com\)](#); [DMC-ODS Service Table v. 2-0 \(Optum.com\)](#),