

**DETOXIFICATION****Effective Date:** September 1, 2024**Review Dates:** 1/93, 2/97, 4/99, 2/01, 12/01, 2/02, 2/03, 1/04, 1/05, 12/05, 12/06, 12/07, 12/08, 12/09, 12/10, 12/11, 12/12, 12/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 8/23, 8/24**Date Of Origin:** June 30, 1988**Status:** Current**Summary of Changes**

## Clarifications:

- Clarified Section I. D. by removing any assertion as to a standard length of stay for detoxification.

**I. POLICY/CRITERIA**

- A. Acute inpatient drug and alcohol detoxification services (medical management of withdrawal symptoms) are distinct from substance use disorder treatment and are covered as a medical service benefit.
- B. Determination of medical necessity for a voluntary (self-directed or pre-authorized as necessary prior to treatment) admission is based on the need for medical management of the withdrawal symptoms or any concomitant medical condition which might of itself require hospitalization as determined by a participating provider. Intoxication alone is not an indication for admission. If the admission is an emergency, Priority Health should be notified as soon as reasonably possible to review clinical information for authorization. Some examples of conditions that may require acute inpatient detoxification are:
  1. Cardiac arrhythmias.
  2. Gastrointestinal hemorrhage requiring transfusion or fluids.
  3. Hepatic encephalopathy.
  4. Disorientation, altered level of consciousness, or delusions or hallucinations with risk of danger to self or others.
  5. Recurrent blackouts within past 2 weeks.
  6. Recent recurrent seizures.
  7. Asymmetric or focal neurological findings.
  8. Abnormal vital signs (e.g. symptomatic hypotension despite fluid rehydration).
- C. There must be a licensed physician/provider staffed and on-call around the clock. Nursing/medical services to include on-site nursing services 24-hours-per-day for those beneficiaries who are in the detoxification process, and who require medications to manage the current crisis.

- D. Extensions to length of stay should be reviewed to determine whether services being received are for detoxification or treatment of the drug dependency. Utilization review associates utilize InterQual® LOC criteria when reviewing admission and continuing stay criteria. Detoxification is not always followed by treatment nor do all patients entering treatment programs require detoxification. Patients who are severely intoxicated but who do not have a medical complication should be detoxified in a sub-acute facility rather than an acute inpatient hospital setting.
- E. Treatment for drug and alcohol use is a covered benefit with limitations and restrictions as defined in the plan documents and Behavioral Health policies. Sub-acute detoxification and substance use disorder residential treatment must be certified by the Behavioral Health Department.
- F. Medicaid Coverage Criteria  
Detoxification in both acute care and sub-acute care facilities is **not covered by Priority Health** for Medicaid/Healthy Michigan Plan members. Inpatient Detoxification for Medicaid/Healthy Michigan Plan members is reimbursed directly by the Michigan Department of Health and Human Services (MDHHS) fee-for-service. Sub-acute detoxification and substance use disorder residential treatment services are authorized by Prepaid Inpatient Health Plans (PIHP) in the member's county of residence. This is further explained in the Michigan Department of Community Health document Medicaid Mental Health Substance Use Disorder [Inpatient Medical Acute Detoxification](#).

(See also: Priority Health Provider Manual: [Behavioral Health Services](#))

## **II. MEDICAL NECESSITY REVIEW**

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

## **III. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*

- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### **IV. DESCRIPTION**

##### **Detoxification**

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances (Center for Substance Abuse and Treatment 2006).

Supervised detoxification may prevent potentially life-threatening complications that might appear if the patient were left untreated. At the same time, detoxification is a form of palliative care (reducing the intensity of a disorder) for those who want to become abstinent or who must observe mandatory abstinence as a result of hospitalization or legal involvement. Finally, for some patients it represents a point of first contact with the treatment system and the first step to recovery. Treatment/rehabilitation, on the other hand, involves a constellation of ongoing therapeutic services ultimately intended to promote recovery for substance abuse patients (Center for Substance Abuse and Treatment 2006).

The Washington Circle Group (WCG), a body of experts organized to improve the quality and effectiveness of substance abuse prevention and treatment, defines detoxification as “a medical intervention that manages an individual safely through the process of acute withdrawal.” The WCG makes an important distinction, however, in noting that “a detoxification program is not designed to resolve the longstanding psychological, social, and behavioral

problems associated with alcohol and drug abuse.” (Center for Substance Abuse and Treatment 2006).

## V. CODING INFORMATION

**ICD-10 Codes** that may support medical necessity

F10.231	Alcohol dependence with withdrawal delirium
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1x	Supraventricular tachycardia
I47.2x	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0 – I48.92	Atrial fibrillation and flutter
I49.01 – I49.9	Other cardiac arrhythmias
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
K28.0 – K28.9	Gastrojejunal ulcer
K70.41	Alcoholic hepatic failure with coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K72.00 – K72.91	Hepatic failure, not elsewhere classified
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
R00.1	Bradycardia, unspecified
R56.9	Unspecified convulsions

### Revenue Codes

#### IP only

0110	Room & Board - Private - General
0111	Room & Board - Private - Medical/Surgical/GYN
0120	Room & Board - Semiprivate
0121	Room & Board - Semiprivate - Medical/Surgical/GYN
0130	Room & Board - Three and Four Beds - General
0131	Room & Board - Three and Four Beds - Medical/Surgical/GYN
0200	Intensive Care Unit - General
0201	Intensive Care Unit - Surgical
0202	Intensive Care Unit - Medical

Non-Medical Detoxification

0116	Room & Board - Private - Detoxification
0126	Room & Board - Semi-Private Two Bed - Detoxification
0136	Semi-Private - Three & Four Beds - Detoxification
0146	Private (Deluxe) - Detoxification
0156	Room & Board Ward - Detoxification

**Special Note:** Distinction between medical detoxification and substance use disorder treatment needs to be made for appropriate application of the member's benefit.

**VI. REFERENCES**

Michigan Department of Community Health, Medicaid Mental Health Substance Use Disorder [Inpatient Medical Acute Detoxification, July 2014](#)

Center for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 45. [HHS Publication No. \(SMA\) 15-4131](#). Rockville, MD: Center for Substance Abuse Treatment, 2006.

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