

DETOXIFICATION

Effective Date: January 1, 2018

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

Date Of Origin: June 30, 1988

Status: Current

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. Standard length of stay (LOS) for detoxification is 2-3 days. Extensions 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.

D. 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.

E. 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. https://www.michigan.gov/documents/mdch/L-10-02-Inpatient_Acute_Detoxification-Excerpt_381438_7.pdf

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

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); 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. 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, 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

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
I47.1	Supraventricular tachycardia
I47.2	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 0121
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 0201
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
https://www.michigan.gov/documents/mdch/L-10-02-Inpatient_Acute_Detoxification-Excerpt_381438_7.pdf

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Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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