NO. 91104

MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT (DETOXIFICATION)

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. 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.

Policy scope:

- **In scope**: **Medically supervised withdrawal management (detoxification)** refers to the acute, inpatient medical and psychological care of patients who are experiencing withdrawal symptoms **as a result of ceasing or reducing their substance use**.
- **Out of scope**: General substance use disorder treatment is outside the scope of this medical policy.

Related policies:

- 91611 – Drug Testing

I. MEDICAL NECESSITY CRITERIA

A. **Inclusions**: Acute inpatient drug and alcohol medically supervised withdrawal management services (formerly detoxification services) may be considered medically necessary:
    1. when there is a need for medical management of withdrawal symptoms.
    2. when there is the presence of a concomitant medical condition which might of itself require hospitalization as determined by a participating provider.

    Some examples of conditions that may require acute inpatient withdrawal management include:

        a. Cardiac arrhythmias.
        b. Gastrointestinal hemorrhage requiring transfusion or fluids.
        c. Hepatic encephalopathy.
        d. Disorientation, altered level of consciousness, or delusions or hallucinations with risk of danger to self or others.
        e. Recurrent blackouts within past 2 weeks.
        f. Recent recurrent seizures.
        g. Asymmetric or focal neurological findings.
        h. Abnormal vital signs (e.g. symptomatic hypotension despite fluid rehydration).

B. **Licensed health care provider availability**: 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.

C. **Emergency admission**: If the admission for medically supervised withdrawal management is an emergency, Priority Health must be notified as soon as reasonably possible to review clinical information for authorization.

D. **Extensions to length of stay** are reviewed to determine whether services being received are for medically supervised withdrawal management (detoxification) or treatment of the drug dependency. Utilization review associates utilize InterQual® LOC criteria when reviewing admission and continuing stay criteria. Withdrawal management (detoxification) is not always followed by treatment nor do all patients entering treatment programs require withdrawal management (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. **Medicaid Members**

    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.

F. Exclusions: Intoxication alone is not an indication for admission.

See also:

- Priority Health Provider Manual: Medically Supervised Withdrawal Management (Detoxification) serviced authorizations
- Priority Health Billing Policy No. 054: Behavioral Health

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
Inpatient Hospital Stays for Treatment of Alcoholism 130.1 Treatment of Drug Abuse (Chemical Dependency) 130.6 Withdrawal Treatments for Narcotic Addictions 130.7	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	None identified
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

III. BACKGROUND

Medically supervised withdrawal management, commonly referred to as detoxification, is a clinical intervention that involves the safe and systematic withdrawal of an individual from alcohol or other substances under medical supervision. The primary goal is to manage acute withdrawal symptoms, reduce physiological harm, and prepare the individual for entry into long-term treatment.

This process typically includes:

- Medical assessment and monitoring of vital signs and withdrawal severity
- Pharmacologic interventions to alleviate withdrawal symptoms (e.g., benzodiazepines for alcohol withdrawal, buprenorphine or methadone for opioid withdrawal)
- Supportive care, including hydration, nutrition, and psychological support
- Referral to ongoing treatment for substance use disorder

Detoxification may occur in inpatient or outpatient settings, depending on the severity of withdrawal symptoms, the substance involved, co-occurring medical or psychiatric conditions, and the individual's support system

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).

Key Differences Between Medically Supervised Withdrawal and Substance Use Disorder Treatment

Feature	Medically Supervised Withdrawal (Detox)	Substance Use Disorder Treatment
Primary Goal	Manage acute withdrawal symptoms	Address underlying addiction and promote recovery
Duration	Short-term (typically 3–10 days)	Long-term (weeks to months or more)
Focus	Physical stabilization	Behavioral change and relapse prevention
Setting	Inpatient or outpatient medical facility	Outpatient, residential, or inpatient treatment center
Interventions	Medical monitoring, symptom management	Therapy, counseling, MAT, support services
Outcome	Safe withdrawal and transition to treatment	Sustained recovery and improved functioning

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Society of Addiction Medicine (ASAM)	Joint Clinical Practice Guideline on Benzodiazepine Tapering (Brunner E et al., 2025) Clinical Practice Guideline on the Management of Stimulant Use Disorder (CGC, 2024) The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management (The ASAM, 2020) ASAM Criteria, Fourth Edition
American Psychiatric Association (APA)	Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder (Reus VI et al., 2018)
NICE	Alcohol-Use Disorders: Diagnosis and Management of Physical Complications (CG100) (Alcohol-use disorders, 2017)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Decision date
Classification Product Code: PZR - percutaneous nerve stimulator for opioid withdrawal		
NET Recovery Corp/NET Device (Net Recovery)	K233166	05/29/2024
Sparrow Ascent Sparrow Therapy System (Spark Biomedical, Inc.)	K251246 K230796 K201873	08/25/2025 06/20/2023 01/02/2021
Drug Relief (Dynasys, Inc.)	K221231 K211971 K173861	06/06/2022 11/05/2021 05/02/2018
NSS-2 System (Innovative Health Solutions (ihs), Inc.)	DEN170018	11/15/2017

VI. CODING

See also:

- ***Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes ("T" codes)***
- **Priority Health Provider Manual: Medically Supervised Withdrawal Management (Detoxification) services authorizations**
- **Priority Health Billing Policy No. 054: Behavioral Health**

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.

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, 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, refer to the Priority Health Provider Manual (Medically Supervised Withdrawal Management (Detoxification) serviced authorizations).

To access InterQual® guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the 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. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

Medical Society Guidelines and Position Statements

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Additional References

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8. Michigan Department of Community Health, Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification, July 2014
9. Sevarino KA. Opioid withdrawal: Medically supervised withdrawal during treatment for opioid use disorder. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Accessed on May 30, 2025.)
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SUMMARY OF CHANGES

No medical necessity criteria changes.

Additions:

- IV. GUIDELINES / POSITION STATEMENTS: completed table
- V. REGULATORY (US FOOD AND DRUG ADMINISTRATION): completed table

Changes:

- Converted to new, expanded template.

Past committee review dates: 01/1993, 02/1997, 04/1999, 02/2001, 12/2001, 02/2002, 02/2003, 01/2004, 01/2005, 12/2005, 12/2006, 12/2007, 12/2008, 12/2009, 12/2010, 12/2011, 12/2012, 12/2013, 11,2014, 11,2015, 11,2016, 11/2017, 11,2018, 11/2019, 11/2020, 11/2021, 11/2022, 08/2023, 08/2024, 08/2025

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