

Voluntary Inpatient Detoxification

In accordance with Senate Bill X1-1 (Hernandez, Chapter 4, Statutes of 2013) Section 29 and the Patient Protection and Affordable Care Act, effective for dates of services on or after January 1, 2014, voluntary inpatient detoxification is a covered benefit of the Medi-Cal program for qualifying beneficiaries as medically necessary. This is a fee-for-service benefit, reimbursed by diagnosis-related groups (DRG) methodology for inpatient general acute care hospitals that do not participate in certified public expenditure reimbursement (CPE) and reimbursed by CPE for designated public hospitals providing inpatient general acute care services.

Medical criteria for inpatient admission for voluntary inpatient detoxification must include one or more of the following:

1. Delirium tremens, with any combination of the following clinical manifestations with cessation or reduced intake of alcohol/sedative:
 - a. hallucinations
 - b. disorientation
 - c. tachycardia
 - d. hypertension
 - e. fever
 - f. agitation
 - g. diaphoresis
2. [Clinical Institute Withdrawal Assessment Scale for Alcohol, revised \(CIWA-Ar\)](#) score > 15
3. Alcohol/sedative withdrawal with CIWA score > 8 AND one or more of the following high risk factors:
 - a. Multiple substance abuse
 - b. History of delirium tremens
 - c. Unable to receive the necessary medical assessment, monitoring, and treatment in a setting with lower level of care
 - d. Medical comorbidities that make detoxification in an outpatient setting unsafe
 - e. History of failed outpatient treatment
 - f. Psychiatric co-morbidities
 - g. Pregnancy
 - h. History of seizure disorder or withdrawal seizures
4. Complications of opioid withdrawal that cannot be adequately managed in the outpatient setting due to the following factors :
 - a. Persistent vomiting and diarrhea from opioid withdrawal.
 - b. Dehydration and electrolyte imbalance that cannot be managed in a setting with lower level of care.

Detoxification of cannabinoids, stimulants, or hallucinogens alone does not require inpatient level of medical intervention. However, multiple substance abuse with

components of alcohol, opiate, or sedatives may be considered for inpatient admission (please see above criteria).

Voluntary inpatient detoxification services require authorization. Claims submitted for services rendered without an approved Treatment Authorization Request (TAR) may be denied. TARs shall be submitted to local field offices for approval per established processes.

The three TAR forms, 18-1, 50-1 or eTAR, are used to request approval of the recipient admission for an inpatient stay. Documentation submitted with the TAR should verify the admission criteria are met and document the medical necessity for the inpatient stay.