

# Chemical Dependency/Substance Abuse Detoxification

Policy Number: BIP035.I  
 Effective Date: July 1, 2021

[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> <li>• <a href="#">Medical Necessity</a></li> <li>• <a href="#">Chemical Dependency/ Substance Abuse Rehabilitation</a></li> </ul>

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Members may have additional benefit coverage for Alcohol and/or Substance Abuse Detoxification. Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility. Also refer to the behavioral health Supplement to the EOC.

- Inpatient coverage
  - Alcohol and/or Substance Abuse Detoxification in an acute care setting is covered for the acute stage of Alcohol or Substance Abuse withdrawal when medical complications occur or are highly probable.
    - The inpatient hospital stay may be extended when medically necessary (Refer to the Benefit Interpretation Policy titled [Medical Necessity](#)).
    - There are no limits to the number of treatment episodes per year for Detoxification.
- Outpatient coverage
  - Medically necessary Alcohol and/or Substance Abuse Detoxification is covered. In most cases of Substance Abuse and/or Alcohol and/or Alcohol toxicity, outpatient treatment is appropriate unless another medical condition requires close inpatient monitoring.
- Methadone maintenance treatment is covered and requires prior authorization.

## Not Covered

- Acute inpatient detoxification for the main purpose of removing the member from his/her environment to prevent access to Alcohol and/or Substance Abuse
- Chemical or electrical aversion therapy
- Electro-shock therapy, also known as electro-convulsive therapy (ECT), as treatment for alcoholism and/or chemical dependency
- Meals, transportation and recreational/social activities for outpatient hospital services
- Non-medically necessary services required by the court as part of parole or probation, or instead of incarceration
- Employer requested substance abuse testing
- Rapid anesthesia opioid detoxification
- Services that are not medically necessary for the treatment of Substance Abuse Disorders

## Definitions

**Abuse:** Improper use of or physical and/or psychological addiction to alcohol or other substance.

**Chemical Dependency:** An addictive relationship between a member and any drug, alcohol, or chemical substance.

**Medical Detoxification:** The medical treatment of withdrawal from alcohol, drug or other substance addiction

**Substance:** Alcohol or other substances such as narcotics and prescription or illegal drugs.

**Substance-Related and Addictive Disorder:** An addictive relationship between a Member and any drug, alcohol or chemical substance. Substance-Related and Addictive Disorder does not include addiction to or dependency on (1) tobacco in any form or (2) caffeine in any form.

## Policy History/Revision Information

Date	Summary of Changes
07/01/2021	<ul style="list-style-type: none"><li>• Routine review; no change to benefit coverage guidelines</li><li>• Archived previous policy version BIP035.H</li></ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.