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# Voluntary Inpatient Detoxification

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This section describes the *Treatment Authorization Request* (TAR) criteria for voluntary inpatient detoxification (VID). For providers that are reimbursed through the diagnosis-related groups (DRG) methodology, refer to the [Diagnosis-Related Groups \(DRG\): Inpatient Services](#) section of the appropriate Part 2 manual. For providers that are reimbursed through the certified public expenditures (CPE) for acute inpatient care, refer to the [Designated Public Hospital Inpatient Services](#) section of the appropriate Part 2 manual.

**Note:** For heroin detoxification information, refer to the [Heroin Detoxification](#) section of the appropriate Part 2 manual.

## **Introduction**

Pursuant to Senate Bill (SB) X1-1 (Chapter 4, Statutes of 2013) and consistent with Section 1302(b) of the Affordable Care Act, the Department of Health Care Services (DHCS) established VID services as a Medi-Cal benefit for full scope fee-for-service recipients. VID services are carved-out (non-capitated) of the managed care contracts and covered through the Medi-Cal fee-for-service program.

Inpatient detoxification must be the primary reason for the recipient's voluntary inpatient admission. VID services are provided in general acute care hospitals. The VID provider must not be a chemical dependency treatment facility or institution for mental disease.

## **TAR Criteria**

The TAR for inpatient admission for VID must include clinical documentation that demonstrates 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:
  - Hallucinations
  - Disorientation
  - Tachycardia
  - Hypertension
  - Fever
  - Agitation
  - Diaphoresis
2. Clinical Institute Withdrawal Assessment Scale for Alcohol revised (CIWA-Ar) score greater than 15.

3. Alcohol/sedative withdrawal with CIWA-Ar score greater than eight and one or more of the following high-risk factors:
  - Multiple substance use
  - History of delirium tremens
  - Unable to receive the necessary medical assessment, monitoring and treatment in a setting with a lower level of care
  - Medical co-morbidities that make detoxification in an outpatient setting unsafe
  - History of failed outpatient treatment
  - Psychiatric co-morbidities
  - Pregnancy
  - 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:
  - Persistent vomiting and diarrhea from opioid withdrawal
  - Dehydration and electrolyte imbalance that cannot be managed in a setting with a lower level of care

Detoxification of cannabinoids, stimulants or hallucinogens alone does not require an inpatient level of medical intervention. However, multiple substance use disorders with components of alcohol, opiates or sedatives may be considered for inpatient admission.

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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