


UTILIZATION MANAGEMENT GUIDELINE – 3.01.515

Behavioral Health: Residential/Sub-Acute Detoxification

Effective Date:	Jun. 1, 2026	RELATED MEDICAL POLICIES:
Last Revised:	May 11, 2026	None
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

[COVERAGE GUIDELINES](#) | [CODING](#) | [RELATED INFORMATION](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

The general definition of detoxification is the removal of toxins. For substance use disorders, detoxification, commonly called detox, is the process in which the body breaks down and then eliminates drugs or alcohol. By allowing the body to break down the substance without ingesting any more, the body is able to clear out the toxins. Sometimes, however, withdrawing from a substance can cause extremely uncomfortable physical symptoms. In some cases, withdrawal without medical help may be life threatening. Medical detoxification helps a person through severe withdrawal with the use of medications, under the care and monitoring of a medical professional. Detoxification may take place in many different settings. This policy describes when detoxification in a residential or sub-acute facility may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

Service	Medical Necessity
Residential and sub-acute detoxification	Residential and sub-acute detoxification (aka, withdrawal management [WM]) are considered to be synonymous. This

Service	Medical Necessity
	<p>level of care may also be referred to as ASAM (American Society of Addiction Medicine) Level 3.7-WM.</p> <p>Residential and sub-acute detoxification may be considered medically necessary when provided in a stand-alone substance use disorder or dual disorders residential treatment facility or sub-acute treatment facility, in a psychiatric residential treatment facility, in a substance use disorder or dual disorders residential treatment unit in a general hospital, or in a stand-alone detoxification facility, and the criteria listed below are met. Residential and sub-acute detoxification are considered to be not medically necessary when the location is a halfway house or other sober living residence, a wilderness or adventure or camping program or expedition, a boarding school or therapeutic boarding school, a boot camp, military school or academy, group home, therapeutic home, or supported or alternative housing.</p> <p>Detoxification in a stand-alone detox facility is considered to be sub-acute detoxification unless the facility is licensed as a hospital, in which the case the level of care is inpatient detoxification.</p> <p>Note: This Utilization Management Guideline is in lieu of InterQual Criteria because InterQual Criteria do not include sub-acute and residential detoxification, and do not include intervention criteria or continued stay criteria for sub-acute and residential detoxification. InterQual does not indicate that sub-acute and residential detoxification should always be covered.</p>

Criteria
Symptom Criteria for Admission
<p>All of the following must be present:</p> <ul style="list-style-type: none"> Substance Use Disorder, moderate or severe, other than for tobacco/nicotine, not in remission <p>AND</p>



Criteria

- The substance or substances in use have withdrawal syndromes that can be moderate, severe, potentially life-threatening, can potentially cause serious physical harm, or can cause physical withdrawal symptoms that are not dangerous but are so physically intolerable that it is highly unlikely that withdrawal could be completed without 24/7 containment. The latter does not include simple or less severe physical or mental discomfort.

AND

- Continuous use of the substance or substances such that discontinuation without active medical monitoring and management will produce a withdrawal syndrome at a level of severity noted in the criterion immediately above.

AND

- At least one of the following must be present:
 - Current signs or symptoms of moderate, severe, or potentially life-threatening withdrawal
 - Current signs or symptoms indicate that moderate, severe or potentially life-threatening withdrawal is imminent without active medical management
 - Pattern and amount of recent/frequent substance use is such that moderate, severe or potentially life-threatening withdrawal is highly likely with discontinuation without active medical management
 - Previous moderate, severe or life-threatening substance withdrawal from the same or similar substance(s) with a similar use pattern
 - Current signs or symptoms of physically severely intolerable withdrawal
 - Current signs or symptoms indicate that physically severely intolerable withdrawal is imminent without active medical management
 - Pattern and amount of recent/frequent substance use is such that physically severely intolerable withdrawal is highly likely with discontinuation without active medical management
 - Previous physically severely intolerable withdrawal from the same or similar substance(s) with a similar use pattern

Additional Considerations

- Residential and sub-acute detoxification are not medically necessary when detoxification admission is due to a programmatic requirement or standard procedure that all patients are initially admitted for detoxification prior to residential treatment
- Residential and sub-acute detoxification are not medically necessary when the patient is being observed for possible withdrawal signs or symptoms without active medical management (sometimes referred to as "social detoxification")
- Residential and sub-acute detoxification are not medically necessary when done via ultra-rapid detoxification, aka anesthesia-assisted detoxification, aka anesthesia under heavy sedation



Criteria

- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes sauna detoxification or time in a sweat lodge
- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of use of hot baths or hot tubs or Jacuzzis without active medical management as defined below (see [Definition of Terms](#))
- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes herbal detoxification
- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes exercise as a major component
- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes hydration and/or nutrition without active medical management as defined below (see [Definition of Terms](#))
- Residential and sub-acute detoxification are not medically necessary when done via a program that consists of or includes oral or parenteral vitamins and/or mineral supplementation and/or amino acid supplementation and/or other supplements without active medical management as defined below (see [Definition of Terms](#))
- Residential and sub-acute detoxification are not medically necessary for an isolated incident of acute intoxication. Instead, this may warrant “drying-out” in an observation bed
- A court order does not make residential and sub-acute detoxification medically necessary. Symptom and intervention criteria must be met

Symptom Criteria for Continued Stay

At least one of the following must be present:

- Continued signs or symptoms of moderate or severe or potentially life-threatening withdrawal
- Continued signs or symptoms which indicate that moderate or severe or potentially life-threatening withdrawal is likely without ongoing active medical management
- Continued signs or symptoms of physically severely intolerable withdrawal
- Continued signs or symptoms which indicate that physically severely intolerable withdrawal is likely without ongoing active medical management
- Mild or no withdrawal signs and symptoms for a maximum of one full day, then discharge if there is no recurrence of moderate or severe withdrawal signs or symptoms
- Mild withdrawal signs and symptoms from alcohol or benzodiazepine withdrawal with active medical management as defined below (see [Definition of Terms](#)), and less than 96 hours or 4 days since last reported use of alcohol or a benzodiazepine

Notes: Onset of delirium tremens can occur up to 96 hours after last use of alcohol or a benzodiazepine even when withdrawal signs and symptoms are mild.



Criteria

If the time of last use is not documented, so that 96 hours cannot be calculated, then 4 days is used as the closest approximation.

Additional Considerations

- Continued residential and sub-acute detoxification are not medically necessary when the patient is being observed for possible withdrawal signs or symptoms without active medical management (sometimes referred to as "social detoxification").
- Continued residential and sub-acute detoxification are not medically necessary when continued stay is due to post-acute withdrawal syndrome (PAWS) symptoms. PAWS can last for up to 20 months after substance discontinuation and is manageable on an outpatient basis.
- Continued residential and sub-acute detoxification are not medically necessary when continued stay is because discharge planning has not been started or completed.
- Continued residential and sub-acute detoxification are not medically necessary when continued stay is because the patient is waiting for a residence or treatment placement.
- Continued residential and sub-acute detoxification are not medically necessary when continued stay is due to uncertainty about or lack of an adequate family, living environment, peer, community, or other support system.
- Continued residential and sub-acute detoxification are not medically necessary when continued stay is due to patient or family non-compliance with treatment or discharge planning. Non-compliance includes (but is not limited to) non-compliance with taking prescribed medications for managing withdrawal, e.g., declining to take medications, or cheeking or hiding medications, and also includes (but is not limited to) bringing or sneaking contraband substances (alcohol or drugs) into the facility, or using contraband substances during detoxification. However, in some circumstances, continued treatment may be considered medically necessary after a first infraction in order to permit an individual one additional opportunity to demonstrate and maintain compliance.
- A court order for any designated length of stay does not make residential and sub-acute detoxification medically necessary. Symptom and intervention criteria must be met.

Intervention Criteria for Admission and Continued Stay

ALL of the following must be present:

- A physician, nurse practitioner, or physician assistant must conduct an admission evaluation, including medical history, documentation of withdrawal signs and symptoms, and physical examination, within one day after admission, and must subsequently evaluate the patient including an assessment of medical status, withdrawal signs and symptoms, medication regimen, and other continued treatment needs, at least once every day, either in-person or by a telehealth modality



Criteria

- Substance use evaluation must be completed during the first day of admission
- Medication to manage or prevent withdrawal symptoms must be started during the first day of admission
- Active medical management as defined below (see [Definition of Terms](#)) must continue throughout the stay, except that medication to manage or prevent withdrawal symptoms may be discontinued:
 - When withdrawal symptoms have become mild or have resolved, and discharge is planned for (and then occurs) no later than one day after withdrawal symptoms have been mild or absent for one full day
 - OR
 - To confirm prior to discharge that medication for management of withdrawal is no longer needed, and discharge is planned for (and then occurs) the day after medication is discontinued, in the absence of recurrence of moderate or severe withdrawal symptoms
- Nursing staff observation must be provided 24/7
- Discharge planning must start within one day after admission

Additional Considerations

- The attending clinician may be a licensed psychologist in states in which functioning as the attending clinician for substance use disorder residential treatment is within licensed psychologists' legally-permitted scope of licensure. If a licensed psychologist functions as the attending clinician, she/he is required to perform all of the attending clinician services noted above and to provide active medical management as defined below (see [Definition of Terms](#) below)
- Continued stays beyond 5 days should be referred for Secondary Review

Note: A small number of plans that are exempt from Federal mental health parity requirements may choose to maintain exclusion of coverage of residential treatment services including residential detoxification.

Coding

N/A



Related Information

Definition of Terms

As used throughout the criteria above, **“active medical management”** (1) means daily use of medication(s) to treat or prevent withdrawal symptoms, (2) evaluation of the effects of such medication(s) at least once daily, with dose adjustments or medication changes when indicated, (3) physical examination components as appropriate for the withdrawal or potential withdrawal syndrome at least once daily and more often when indicated, (4) vital signs when indicated, and (5) laboratory testing as appropriate for the withdrawal or potential withdrawal syndrome when indicated. Observation for possible withdrawal symptoms following substance discontinuation without these components (sometimes referred to as “social detoxification”) does not constitute “active medical management.”

References

1. D Mee-Lee et al. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition. The Change Companies, 2013.
2. S Miller et al. The ASAM Principles of Addiction Medicine, Sixth Edition. Wolters Kluwer, 2019.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. American Psychiatric Association Publishing, 2022.

History

Date	Comments
02/10/15	New UM Guideline, add to Mental Health section. Residential and sub-acute detoxification may be considered medically necessary when all criteria are met. Policy effective date retro-active to May 2, 2016.
05/02/16	Annual Review. Guideline updated; criteria now reviewed by InterQual removed; that for sub-acute detoxification and residential detoxification is addressed within this guideline.



Date	Comments
09/01/16	Interim Update, approved August 9, 2016. Additions to Criteria, Additional Considerations.
02/01/17	Annual Review, approved January 10, 2017. Addition made to Intervention Criteria for Admission and Continued Stay that discharge planning must start within 24 hours of admission.
03/01/17	Interim Review, approved February 14, 2017. Added #5 Symptom Criteria for Continued Stay.
12/01/17	Interim Review, approved November 9, 2017. Clarified that licensed psychologists can function as the attending clinician in states in which that is within their scope of licensure. The guideline now indicates that Secondary Review is done for stays that exceed 5 days (previously the guideline stated 7 days).
06/01/18	Interim Review, approved May 3, 2018. Added "or" to criteria for Residential and sub-acute detoxification, which are not medically necessary when done via a program that consists of or includes hydration and/or nutrition without active medical management.
11/01/18	Annual Review, approved October 26, 2018. No changes to policy statement.
11/01/19	Annual Review, approved October 4, 2019. Literature review through September 2019, no changes to policy statements.
04/01/20	Interim Review, approved March 26, 2020. The specification of an attending physician, NP, or PA was removed because actual practice not infrequently involves more than one medical clinician on different days. A provision was added to allow physician, NP, or PA evaluations either in-person or by telehealth because the number being done by telehealth is increasing significantly in actual practice, and because such evaluations are allowed by telehealth in all other hospital and facility based behavioral healthcare.
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statements.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statements.
05/01/22	Annual Review, approved April 25, 2022. Minor wording corrections. Added comment that this level of care is the same as ASAM 3.7-WM. Modified criteria to allow for withdrawal of moderate severity in addition to severe severity, consistent with generally accepted standards of practice, and allowing for better differentiation from criteria for inpatient detoxification. Added exclusions for hot baths, hot tubs, and Jacuzzis without active medical management, and for oral or parenteral vitamins and/or mineral supplementation and/or amino acid supplementation and/or other supplements without active medical management. For continued stay, added option of mild or no withdrawal signs and symptoms from alcohol or benzodiazepine withdrawal but less than 96 hours or 4 days since last reported use of alcohol or a benzodiazepine, and added accompanying Notes. Changed all citations of 24 hours to one day. Clarified that withdrawal signs and symptoms are an expected component of physician/nurse practitioner/physician assistant evaluations. Changed the timeframe for substance use evaluations from 8 hours to during the first day of admission, consistent with generally accepted standards of practice. Clarified that medication to



Date	Comments
	manage or prevent withdrawal symptoms must be started during the first day of admission. Clarified that medication to manage or prevent withdrawal symptoms may be discontinued when withdrawal symptoms have become mild or have resolved. Updated references 2 and 3 to the current editions.
03/01/23	Annual Review, approved, February 20, 2023. Deleted “or no” from “Mild or no withdrawal signs and symptoms from alcohol or benzodiazepine withdrawal with active medical management as defined below (see Definition of Terms), and less than 96 hours or 4 days since last reported use of alcohol or a benzodiazepine,” and adjusted accompanying Note accordingly, to clarify that the risk of withdrawal seizures or DTs is only when at least some withdrawal signs or symptoms are still present.
12/01/23	Interim Review, approved November 6, 2023. Updated the Additional Considerations section, for “Continued residential and sub-acute detoxification are not medically necessary when continued stay is due to patient or family non-compliance with treatment or discharge planning.” Added clarification that non-compliance includes (but is not limited to) non-compliance with taking prescribed medications for managing withdrawal, e.g., declining to take medications, or cheeking or hiding medications, and also includes (but is not limited to) bringing or sneaking contraband substances (alcohol or drugs) into the facility, or using contraband substances during detoxification. However, in some circumstances, continued treatment may be considered medically necessary after a first infraction in order to permit an individual one additional opportunity to demonstrate and maintain compliance. In the Intervention Criteria section, changed “appropriate physical examination, within one day after admission” to “physical examination, within one day after admission” (deleted the word “appropriate”) in order to clarify that a physical examination is required.
01/01/24	Interim Review, approved December 26, 2023. Added “time in a sweat lodge” as alternative terminology for sauna detoxification.
01/25/24	Minor correction made to the Residential and sub-acute detoxification note section.
09/01/24	Annual Review, approved August 12, 2024. No changes to policy statements.
08/01/25	Annual Review, approved July 21, 2025. No changes to policy statements.
06/01/26	Annual Review, approved May 11, 2026. No changes to policy statements.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

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the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

