

Clinical Policy: Ambulatory Detoxification in Lieu of Services

Reference Number: FL.CP.BH.10

Date of Last Revision: 02/26

[Coding Implications](#)

[Revision Log](#)

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Description

This policy describes the clinical criteria on which to review requests for Ambulatory Detoxification In Lieu of Services for Sunshine Health's Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care), HIV/AIDS, Serious Mental Illness (SMI), Children's Medical Services (CMS), and Child Welfare (CW) members. The goal is to provide outpatient detoxification services when medically necessary, as an alternative to an existing state benefit of Inpatient Detox Hospital and to define criteria and limitations established for the use of withdrawal management for members experiencing mild withdrawal with daily or less than daily outpatient therapy.

Policy/Criteria

- I. It is the policy of Sunshine Health that Ambulatory Detoxification in Lieu of Services is **medically necessary** when all of the following criteria are met:
 - A. The member is experiencing at least mild signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, gender, age, previous withdrawal history, present symptoms, physical condition, and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent;
 - B. Member is assessed as being at minimal risk of severe withdrawal syndrome and can be safely managed at this level;
 - C. Member is assessed as likely to complete needed withdrawal management and enter into continued treatment/recovery as evidenced by one of the following:
 1. Adequate understanding of ambulatory withdrawal management and has expressed commitment to enter such a program;
 2. Adequate support services to ensure commitment to completion of withdrawal management and entry into ongoing treatment or recovery;
 3. Acceptance of a recommendation for treatment.
 - D. Member must meet the diagnostic criteria for a DSM-V or ICD-10 for a substance use disorder;
 - E. Nature and pattern of use of abused substance requires gradual, medically supervised outpatient withdrawal to prevent complication and the severity of anticipated withdrawal does not require a structured treatment setting;
 - F. Presence of mild to moderate withdrawal symptoms that can be managed outside of a structured treatment setting;
 - G. Absence of significantly unstable vital signs or severe withdrawal symptoms that meet criteria for a higher level of care;
 - H. There has been no repetitive use in the past two weeks of injectable or smoked forms of opioids.
 - I. The treating provider must submit the following information and documentation with any *initial* request for Ambulatory Detoxification:

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1. Medical information and documentation to support I.A through I.H. above;
2. Documentation that the member has consented to the In Lieu of Service as an alternative to a covered state benefit.

Redetermination

Prior to the expiration of the initial authorization period, the requesting practitioner must submit information on the member's status to Sunshine Health's utilization management department for a review to determine if subsequent approval is medically necessary using Criteria I.A. through I.H. as stated in this policy.

II. It is the policy of Sunshine Health that **discharge** from Ambulatory Detoxification in Lieu of Services is appropriate when the following criteria are met:

- A. An adequate continuing care plan has been established;
- B. One or more of the following:
 1. Goals of the Individualized Recovery Plan have been substantially met;
 2. The member/family requests discharge and the member is not imminently dangerous;
 3. Withdrawal signs and symptoms have failed to respond to treatment and have intensified (as confirmed by higher scores on CIWA-Ar or other comparable standardized scoring system) such that transfer to a more intensive level of detoxification service is indicated;
 4. The member has been unable to complete ASAM Level I-Withdrawal Management (Outpatient), ambulatory withdrawal management without extended on-site monitoring despite an adequate trial.

III. It is the policy of Sunshine Health that Ambulatory Detoxification in Lieu of Services is considered **not medically necessary** when one or more of the following indications are met:

- A. Member has a complicating psychiatric disorder that requires inpatient or residential treatment;
- B. Member has a withdrawal history of delirium tremens, seizures, hallucinations, or acute psychotic reaction secondary to substance abuse within the past year;
- C. Member has an unstable medical illness that requires 24 hour medically supervised monitoring during withdrawal;
- D. The member is assessed as having severe withdrawal symptoms between visits;
- E. Substance use disorder has incapacitated the individual in all aspects of daily living, there is resistance to treatment as in ASAM Dimension 4, relapse potential is high (Dimension 5), and the recovery environment is poor (Dimension 6);
- F. Concomitant medical condition and/or other behavioral health issues warrant inpatient/residential treatment;
- G. Detoxification treatment is for cannabis, amphetamines, cocaine, hallucinogens, or phencyclidines.

Note: Coverage that exceeds the benefit limit is excluded.

Background

Health plans have the option to offer "in lieu of services" (ILOS), which are alternate services or settings to those required by the state Medicaid plan. These services can be offered when the

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alternate service or setting is medically appropriate but is more cost effective than the Medicaid alternative; services are optional-members have the right to choose; and providers are contracted with the health plan.³

Ambulatory Detoxification services Without Extended Onsite Monitoring provides clinical and medical management of the physical and psychological process of withdrawal from alcohol and other drugs on an outpatient basis in a community based setting. This service is intended to stabilize the recipient physically and psychologically using accepted detox protocols.¹ Agencies must be licensed as an Ambulatory Detoxification Facility.⁴ Services can be provided up to three hours per day for up to 30 days for adults, with no limitation of days for adolescents.

Substance Specific Examples¹:

- Alcohol: the presence of mild to moderate symptoms of withdrawal, with a CIWA-Ar score of less than 10.
- Sedative/hypnotics: recent use is confined to therapeutic levels and is not complicated by daily use of alcohol or other mind altering drugs known to produce a significant withdrawal syndrome;
- There is reliable history that patient is withdrawing from therapeutic doses of these drugs, no evidence of other alcohol or drug dependence.
- Withdrawal symptoms have responded to or are likely to respond to substitute doses of sedative/hypnotics in therapeutic range within two hours.
- Opioids: if not using agonist medication-patient use of high-potency opioids (injected, smoked) has not been daily for more than two weeks preceding admission, or
- The use of opioids is near or at therapeutically recommended level; if using opioid agonist medication, the patient is being withdrawn gradually from opioid agonist medication or being treated for mild opioid withdrawal symptoms.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		06/18

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Archer reload to fix system issue-no content review		05/19
Annual review; no changes		06/20
Annual review; no changes		07/21
Policy update; expanded LOB and added designated vendor for clinical decisions		01/22
Annual review; no changes		02/23
Transitioned policy to new state specific template, references updated and sent to market for approval; policy number changed from FL.UM.45.00 to FL.CP.BH.10.	01/24	
Annual review; minor grammatical changes with no criteria changes	02/24	02/24
Annual review; Added note under description that services are available to members with HIV. Moved “Substance Specific Examples” to background. Rewording with no impact to criteria meaning. Background updated. References reviewed and updated. Reviewed by FL BH team.	02/25	
Annual review. Note removed following description and HIV/AIDS added in description section. Rewording to III. to change limitations/exclusions to not medically necessary criteria. Minor grammatical changes with no clinical significance. HCPCS code S9475 added. References reviewed and updated.	02/26	

References

1. American Society of Addiction Medicine (ASAM). The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management. Level 1-Ambulatory Withdrawal Management without Extended On-site Monitoring. https://www.asam.org/docs/default-source/quality-science/the_asam_clinical_practice_guideline_on_alcohol-1.pdf?sfvrsn=ba255c2_2. Adopted January 23, 2020. Accessed January 23, 2026.
2. Moore TA. Ambulatory detoxification in alcohol use disorder and opioid use disorder. *Ment Health Clin.* 2020;10(6):307 to 316. Published 2020 Nov 5. doi:10.9740/mhc.2020.11.307
3. Florida Agency for Health Care Administration (AHCA). Statewide Medicaid Managed Care In Lieu of Services (ILOS). https://ahca.myflorida.com/content/download/27219/file/SMMC_Highlight_ILOS_Chart_08_062025.pdf. Published July 16, 2025. Accessed January 23, 2026.
4. Florida Administrative Code and Register. Section 65D-30.003-Department Licensing and Regulatory Standards. <https://www.flrules.org/gateway/ruleno.asp?id=65D-30.003>. Published May 25, 2000 (revised October 20, 2024). Accessed January 23, 2026.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

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accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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