

Clinical Policy: Detoxification or Addiction Receiving Facility in Lieu of Services

Reference Number: FL.CP.BH.12

Date of Last Revision: 02/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the clinical criteria on which to review requests for services within a Detoxification or Addiction Receiving Facility In Lieu of Services for Sunshine Health's Managed Medical Assistance (MMA), HIV/AIDS, Serious Mental Illness (SMI), Children's Medical Services (CMS) and Child Welfare (CW) members. The goal is to provide in-patient detoxification services when medically necessary, as an alternative to an existing state benefit, such as, Inpatient Detoxification Hospital Care, and to define criteria and limitations established for the use of Detoxification or Addictions Receiving Facility.

Policy/Criteria

- I. It is the policy of Sunshine Health that Detoxification or Addiction Receiving Facility in lieu of services are **medically necessary** when both of the following criteria are met:
 - A. Member meets one of the following:
 1. ASAM Criteria 4th Edition Level 3.7; Medically Managed Residential Treatment, Adult.
 2. ASAM Criteria 3rd Edition Level 3.7 Medically Monitored High-Intensity Inpatient Services, Adolescent.
 - B. The treating provider must submit the following information and documentation with all requests for Detoxification or Addiction Receiving Facility in lieu of services:
 1. Medical documentation to support the criteria as noted in I.A.1. or I.A.2;
 2. Documentation that the member has consented to In Lieu of Services as an alternative to a covered state benefit.

Note: Emergency stabilization services at any facility do not require prior authorization from Sunshine Health. However, once the member's emergency condition is stabilized, an authorization for on-going care is required within two business days following the admission.

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.1. or I.A.2.* as stated in this policy.

- II. It is the policy of Sunshine Health that **discharge** from a Detoxification or Addiction Receiving Facility in Lieu of Services is appropriate when all of the following criteria are met:

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- 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 Level 3.7 despite an adequate trial and requires inpatient admission at a hospital.

III. It is the policy of Sunshine Health that Detoxification or Addiction Receiving Facility in Lieu of Services are considered **not medically necessary** when any of the following indications are met:

- A. Any of the dimension 3 conditions are present requiring admission to a co-occurring capable or co-occurring enhanced program;
- B. The presence of a complicating psychiatric illness that requires inpatient;
- C. Concomitant medical condition and/or other behavioral health issues warrant inpatient.

Note: Coverage that exceeds the benefit limit is excluded. Members receiving these services more than 15 days per month will be subject to IMD exclusions.

Background

Addictions Receiving Facility is a secure, acute care facility that provides, at a minimum, detoxification and stabilization services to individuals found to be substance use impaired. Detoxification is a service involving subacute care provided on an outpatient or an inpatient basis to help individuals to withdraw from the physiological and psychological effects of substance abuse. The Addictions Receiving Facility operates seven days per week offering 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment.⁴ Patients in this level are able to tolerate and use full active milieu or therapeutic communities. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting.³

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.

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HCPCS Codes	Description
H0008	Sub-acute detoxification
H0009	Acute detoxification
H0010	Sub-acute detoxification (residential addiction program, inpatient)
H0011	Acute detoxification (residential addiction program, inpatient) – for severe withdrawal requiring 24-hour care
H0012	Sub-acute detoxification (residential addiction program, outpatient/day program)
H0013	Acute detoxification (residential addiction program, outpatient/ambulatory)
H0014	Ambulatory detox (without on-site monitoring)
H0015	Alcohol/drug services; intensive outpatient program (IOP), per day

Revenue Codes	Description
0169	Other room and board

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		06/18
Archer reload; no content reviewed		05/19
Annual review; no changes		06/20
Integration review; expanded LOB, updated ASAM to not include specific criteria added IMD exclusion; minor grammatical changes to purpose.		09/20
Policy update; removed Comprehensive LOB		09/21
Policy update; added that post-stabilization requires PA		01/22
Annual review; no changes		01/23
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.47.00 to FL.CP.BH.12.	01/24	
Annual review; minor grammatical changes	02/24	
Annual review; Added note under description that services are available to members with HIV. Minor reformatting of criteria for clarity. Minor rewording with no impact on criteria. Background updated. References reviewed and updated. Reviewed by FL BH team.	02/25	
Annual review. Note following description removed; HIV/AIDS added to description section. Rewording to I.A. for clarity. ASAM criteria in I.A.1. and 2. updated to align with language in InterQual navigator. III. changed to reflect “not medically necessary” criteria. III.E. and G. updated to a note. III.F. removed due to duplication. Minor rewording	02/26	

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
with no impact to policy meaning. HCPCS codes H0008 – H0015; Revenue code 0169 added. References reviewed and updated.		

References

1. Optum InterQual. The ASAM Criteria® Navigator. 4th Edition Level 3.7 Medically Monitored Intensive Inpatient Services, Adult. Release date July 3, 2025. Accessed January 21, 2026.
2. Optum InterQual. The ASAM Criteria® Navigator. 3rd Edition Level 3.7 Medically Monitored High-Intensity Inpatient Services, Adolescent. Release date October 3, 2025. Accessed January 21, 2026.
3. American Society of Addiction Medicine (ASAM). The ASAM clinical practice guideline on alcohol withdrawal management. 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 21, 2026.
4. Florida Legislature. The 2024 Florida Statutes: Title XXIX Public Health Chapter 397-Substance Abuse Services: Part I-General Provisions. http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0397/0397.html. Accessed January 21, 2026.
5. 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 21, 2026.
6. Medicare benefit policy manual (100-02). Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673>. Issued December 14, 2018 (Implementation January 16, 2019). Accessed February 2, 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 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

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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.

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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