

**Policy terminated because coverage is provided under equivalent Medicaid
Policy 8B, Inpatient Behavioral Health Services**

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1.0 Description of the Procedure, Product, or Service

Chemical dependency is a general term used to describe the physically and/or psychologically dependent condition caused by substances such as alcohol, barbiturates, opiates, etc. Inpatient medical detoxification consists of medical treatment and supervision of withdrawal from drug(s) or alcohol for individuals who are physically dependent.

2.0 Eligible Members

2.1 General Provisions

To be eligible, NCHC members must be enrolled on the date of service.

Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the member's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider.

3.2 Specific Criteria

- a. Medical detoxification benefits are available based on a medical necessity determination by the state-wide vendor.
- b. Detoxification services are eligible for reimbursement by the NC Health Choice Program only when consistent with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.
- c. Medical policies and a link to medical necessity criteria are available at <http://www.ncdhhs.gov/dma/healthchoice/XXXXXXX>

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the member does not meet the eligibility requirements listed in **Section 2.0**;
- b. the member does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

Note: Notwithstanding General Criterion d. above, coverage is provided for eligible clinical trials for treatment of life-threatening conditions; see NCHC Policy No. 2009.10, Experimental and Investigational Procedures for specifics regarding this coverage.

4.2 Specific Criteria

- a. For a list of noncovered services and coverage limitations and exclusions, refer to Medical Policy Number NCHC2009.57, "Mental Health and Chemical Dependency Case Management."
- b. Inpatient hospital care for medical detoxification rendered in a facility which is not licensed as a hospital and accredited by a nationally recognized accreditation organization approved by the state-wide vendor is not covered. .

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

All services for inpatient medical detoxification must be precertified by the state-wide vendor prior to the start of treatment with emergency inpatient admissions being the only exception (see Section 5.1, Item a).

- a. For emergency inpatient admissions, requests for certification by the state-wide vendor must be made within two business days. See NCHC Medical Policy number NCHC2009.56, "Inpatient Psychiatric and Chemical Dependency Care" for the definition of an emergency admission. The state-wide vendor is accessible 24-hours a day, 7 days a week, 365 days per year, to accommodate requests for certification of emergency admissions.
- b. Failure to comply with the approval process may result in ineligibility for reimbursement.

5.2 Other

Continuing treatment must also be precertified by the state-wide vendor prior to the end of the previously certified period.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: December 1989

Revision Information:

Date	Section Revised	Change
October 2009	All	Converted NCHC policy to DMA format. Implementation anticipated July 2010 per Session Law 2009-451, Senate Bill 202, Part X DHHS, "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY" "SECTION 10.32. Chapter 108A of the General Statutes is amended by adding a new section to read: " § 108A-54.3. Procedures for changing medical policy. "
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

0116, 0126, 0136, 0146, 0156, H0009

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

F. Place of Service

Inpatient Hospital

G. Co-payments

See NCHC General Policy Number NCHC 2009.01.

H. Reimbursement

Providers must bill their usual and customary charges.