



CMS National Coverage Determination (NCD) Guideline NCD Inpatient Hospital Stay for Alcohol Detoxification 130.1

130.1

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c06.pdf>

Many hospitals provide detoxification services during the more acute stages of alcoholism or alcohol withdrawal. When the high probability or occurrence of medical complications (e.g., delirium, confusion, trauma, or unconsciousness) during detoxification for acute alcoholism or alcohol withdrawal necessitates the constant availability of physicians and/or complex medical equipment found only in the hospital setting, inpatient hospital care during this period is considered reasonable and necessary and is therefore covered under the program. Generally, detoxification can be accomplished within two to three days with an occasional need for up to five days where the patient's condition dictates. This limit (five days) may be extended in an individual case where there is a need for a longer period for detoxification for a particular patient.

In such cases, however, there should be documentation by a physician which substantiates that a longer period of detoxification was reasonable and necessary. When the detoxification needs of an individual no longer require an inpatient hospital setting, coverage should be denied on the basis that inpatient hospital care is not reasonable and necessary as required by §1862(a)(1) of the Social Security Act (the Act). Following detoxification a patient may be transferred to an inpatient rehabilitation unit or discharged to a residential treatment program or outpatient treatment setting.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The member has a high probability or occurrence of medical complications (e.g., delirium, confusion, trauma, or unconsciousness) during detoxification for acute alcoholism or alcohol withdrawal necessitates the constant availability of physicians and/or complex medical equipment found only in the hospital setting, inpatient hospital care during this period is considered reasonable and necessary and is therefore covered under the program. <p>Exclusions: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf</p>	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet admission criteria 2. An inpatient hospital stay for alcohol detoxification may be extended if a longer period of alcohol rehabilitation is medically necessary and there is documentation by a physician which substantiates the need for such care 	<p>Any of the following may be met:</p> <ol style="list-style-type: none"> 1. The detoxification needs of the member no longer requires an inpatient hospital setting on the basis that inpatient hospital care is not reasonable and necessary as required by §1862(a)(1) of the Social Security Act (the Act). 2. Following detoxification a patient may be transferred to an inpatient rehabilitation unit or discharged to a residential treatment program or outpatient treatment setting.

No payment can be made under either the hospital insurance or supplementary medical insurance program for certain items and services, when the following conditions exist:

- Not reasonable and necessary (§20);
- No legal obligation to pay for or provide (§40);
- Paid for by a governmental entity (§50);
- Not provided within United States (§60);
- Resulting from war (§70);
- Personal comfort (§80);
- Routine services and appliances (§90);
- Custodial care (§110);
- Cosmetic surgery (§120);

<ul style="list-style-type: none"> • Charges by immediate relatives or members of household (§130); • Dental services (§140); • Paid or expected to be paid under workers' compensation (§150); • Non-physician services provided to a hospital inpatient that were not provided directly or arranged for by the hospital (§170); • Services Related to and Required as a Result of Services Which are not Covered Under Medicare (§180); • <i>Excluded investigational devices (See Chapter 14).</i> 		
---	--	--