Coverage Summary

Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation

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Related Medicare Advantage Policy Guidelines:

- Chemical Aversion Therapy for Treatment of Alcoholism (NCD 130.3)
- Electrical Aversion Therapy for Treatment of Alcoholism (NCD 130.4)
- Inpatient Hospital Stays for Treatment of Alcoholism (NCD 130.1)
- Multiple Electroconvulsive Therapy (MECT) (NCD 160.25)
- Outpatient Hospital Services for Treatment of Alcoholism (NCD 130.2)
- Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (NCD 130.5)
- Treatment of Drug Abuse (Chemical Dependency) (NCD 130.6)
- Withdrawal Treatments for Narcotic Addictions (NCD 130.7)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Alcohol and/or chemical/substance abuse detoxification and rehabilitation are covered when Medicare coverage criteria are met.
Guidelines/Notes:

1. Detoxification
   a. Inpatient hospital detoxification services are covered during the more acute stages of alcoholism or alcohol withdrawal, drug abuse or chemical abuse 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.

   Notes:
   - Generally, detoxification can be accomplished within two (2) to three (3) days with an occasional need for up to five (5) 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.
   - There are no limits to the number of treatment episodes per year for detoxification.
   - When the detoxification needs of an individual no longer require an inpatient hospital setting, a patient may be transferred to an inpatient rehabilitation unit or discharged to outpatient treatment setting. Some members are also transitioned to a residential treatment program which is not covered by Medicare.

See the NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1). Also see the NCD for Treatment of Drug Abuse (Chemical Dependency) (130.6). (Accessed September 27, 2018)

b. Outpatient detoxification is covered when Medicare coverage criteria are met. In most cases of substance abuse and/or alcohol toxicity, outpatient treatment is sufficient unless another medical condition requires close inpatient monitoring (See #1 above)

See the NCD for Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (130.5). Also see the NCD for Treatment of Drug Abuse (Chemical Dependency) (130.6). (Accessed September 27, 2018)

c. Examples of covered detoxification services:
   1) Chemical aversion therapy for treatment of alcohol is covered when medical necessity is documented for the individual patient.

      Note:
      While a number of drugs have been employed in chemical aversion therapy, the three most commonly used are emetine, apomorphine, and lithium. None of the drugs being used, however, have yet been approved by the Food and Drug Administration specifically for use in chemical aversion therapy for alcoholism. Accordingly, when these drugs are being employed in conjunction with this therapy, patients undergoing this treatment need to be kept under medical observation.

      See the NCD for Chemical Aversion Therapy for the Treatment of Alcoholism (130.3). (Accessed September 27, 2018)

   2) Withdrawal treatment of narcotic addiction is covered if the services are:
      a) provided by the physician directly or under his personal supervision; and
b) reasonable and necessary

*Note:* Drugs that the physician provides in connection with this treatment are also covered if they cannot be self-administered and meet all other statutory requirements.

See the [NCD for Withdrawal Treatment for Narcotic Addictions (130.7)](Accessed September 27, 2018)

2. **Rehabilitation**

a. Inpatient rehabilitation for alcohol and/or drug abuse **is covered** when Medicare coverage criteria are met.

*Notes:*

- Alcohol and/or substance abuse rehabilitation provided as an inpatient in a psychiatric hospital **are limited to within the total of 190 days** of inpatient psychiatric hospital services during the member’s lifetime. This limitation applies only to services furnished in a psychiatric hospital (the limit for psychiatric care provided in a general acute care hospital is not subject to the 190-day limit).

- **Psychiatric care provided in an acute care hospital does not count towards the 190-day lifetime limit unless the psychiatric care is provided in a psychiatric facility/hospital operating as a separate functioning entity** (i.e., it is located in a separate building, wing, or part of a building and has its own administration and maintains separate fiscal records).

- Subsequent admissions to the inpatient hospital setting for alcohol rehabilitation follow-up, reinforcement, or “recap” treatments are considered to be readmissions (rather than an extension of the original stay) and must meet the requirements of this section for coverage under Medicare. Prior admissions to the inpatient hospital setting - either in the same hospital or in a different hospital - may be an indication that the “active treatment” requirements are not met (i.e., there is no reasonable expectation of improvement) and the stay should not be covered. Accordingly, there should be documentation to establish that “readmission” to the hospital setting for alcohol rehabilitation services can reasonably be expected to result in improvement of the patient’s condition. For example, the documentation should indicate what changes in the patient’s medical condition, social or emotional status, or treatment plan make improvement likely, or why the patient’s initial hospital treatment was not sufficient.

- Combined inpatient alcohol detoxification and rehabilitation programs require that member meet criteria for inpatient for both detoxification and rehabilitation.

See the [NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1)](Accessed September 27, 2018) and the [NCD for Treatment of Drug Abuse (Chemical Dependency) (130.6)](Accessed September 27, 2018).

Also see the Medicare.gov reference for the [Mental health care (inpatient) Coverage Statement](Accessed September 27, 2018).

b. Outpatient alcohol and drug abuse rehabilitation **is covered** when Medicare coverage criteria are met.

*Notes:*

- Drug rehabilitation in a freestanding clinic is subject to rules applied to clinics
• There are no specific limits on the length of time that outpatient services may be covered due to factors affecting the outcomes of treatment (prior history, goals of treatment and member response).

See the NCD for Outpatient Hospital Services for Treatment of Alcoholism (130.2) and the NCD for Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic (130.5). Also see the NCD for Treatment of Drug Abuse (Chemical Dependency) (130.6).

(Accessed September 27, 2018)

c. Examples of services covered in rehabilitation:

1) Extended inpatient stay for alcohol rehabilitation when medically necessary NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1) (Accessed September 27, 2018)

2) Coordinated educational and psychotherapeutic services provided on a group basis; see the NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1) (Accessed September 27, 2018)

3) Group therapy session led by a physician, psychologists, or alcoholism counselors; see the NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1) (Accessed September 27, 2018)

4) Individual psychotherapy and family counseling; see the NCD for Outpatient Hospital Services for Treatment of Alcoholism (130.2). (Accessed September 27, 2018)

5) Chemical aversion therapy for treatment of alcoholism is covered when medical necessity is documented for the individual patient; see the NCD for Chemical Aversion Therapy for the Treatment of Alcoholism (130.3). (Accessed September 27, 2018)

3. Examples of detoxification and rehabilitation services that are not covered include, but are not limited to:

a. Meals, transportation and recreational/social activities for outpatient hospital services; see the NCD for Outpatient Hospital Services for Treatment of Alcoholism (130.2). (Accessed September 27, 2018)

b. Methadone maintenance for the treatment of opioid dependence


* A Part D drug is defined, in part, as “a drug that may be dispensed only upon a prescription.” Consequently, methadone is not a Part D drug when used for treatment of opioid dependence because it cannot be dispensed for this purpose upon a prescription at
a retail pharmacy. (NOTE: Methadone is a Part D drug when indicated for pain). State Medicaid Programs may continue to include the costs of methadone in their bundled payment to qualified drug treatment clinics or hospitals that dispense methadone for opioid dependence.

Also refer to the Medicare Prescription Drug Benefit Manual, Chapter 6, §10.8 - Drugs Used to Treat Opioid Dependence. (Accessed September 27, 2018)

Also see the Medicare Interactive link for the Medicare Coverage of Treatment for Alcoholism and Drug Abuse. For additional information. (Accessed September 28, 2018)

c. Court-ordered substance abuse testing unless medically necessary; see the Coverage Summary for Court, Attorney or Agency Requested Services.

d. Electrical aversion therapy for treatment of alcoholism; see the NCD for Electrical Aversion Therapy for Treatment of Alcoholism (130.4). (Accessed September 27, 2018)

e. Multiple Electroconvulsive Therapy (MECT); see the NCD for Multiple Electroconvulsive Therapy (MECT) (160.25). (Accessed September 27, 2018)

f. Outpatient drug therapy, unless the member has a Part D pharmacy benefit (Note: Drugs must be obtained from the member’s Part D carrier).

II. DEFINITIONS

Chemical Aversion Therapy: A behavior modification technique that is used in the treatment of alcoholism. Chemical aversion therapy facilitates alcohol abstinence through the development of conditioned aversions to the taste, smell, and sight of alcohol beverages. This is accomplished by repeatedly pairing alcohol with unpleasant symptoms (e.g., nausea) which have been induced by one of several chemical agents. NCD for Chemical Aversion Therapy for the Treatment of Alcoholism (130.3). (Accessed September 27, 2018)

Detoxification: The period of time necessary to reduce the toxic level of a substance to a medically safe level. NCD for Treatment of Drug Abuse (Chemical Dependency) (130.6). (Accessed September 27, 2018)

Electrical Aversion Therapy: A behavior modification technique to foster abstinence from ingestion of alcoholic beverages by developing in a patient conditioned aversions to their taste, smell and sight through electric stimulation. NCD for Electrical Aversion Therapy for Treatment of Alcoholism (130.4). (Accessed September 27, 2018)

Inpatient Detoxification: 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. NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1). (Accessed September 27, 2018)

Inpatient Hospital Rehabilitation for Alcoholism and Drug/Substance Abuse: These programs are composed primarily of coordinated educational and psychotherapeutic services provided on a group basis. Depending on the subject matter, a series of lectures, discussions, films, and group therapy sessions are led by a physician, psychologist, or alcoholism counselor from the hospital or
various outside organizations. In addition, individual psychotherapy and family counseling may be provided in selected cases. These programs are conducted under the supervision and direction of a physician. Patients may directly enter an inpatient hospital rehabilitation program after having undergone detoxification in the same hospital or in another hospital or may enter an inpatient hospital rehabilitation program without prior hospitalization for detoxification. NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1). (Accessed September 27, 2018)

Outpatient Rehabilitation for Alcoholism and Drug/Substance Abuse: These services may include, for example, drug therapy, psychotherapy, and patient education and may be furnished by physicians, psychologists, nurses, and alcoholism counselors to individuals who have been discharged from an inpatient hospital stay for treatment of alcoholism and require continued treatment or to individuals from the community who require treatment but do not require the inpatient hospital setting. Coverage is available for both diagnostic and therapeutic services furnished for the treatment of alcoholism and drug/substance abuse by the hospital to outpatients subject to the same rules applicable to outpatient hospital services in general. NCD for Outpatient Hospital Services for Treatment of Alcoholism (130.2). (Accessed September 27, 2018)

III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019 Updated policy introduction; added language to clarify:
- There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
- In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)

10/16/2018 Annual review with the following update:
Guideline 1.c.1 (Examples of covered detoxification services) – Removed the following language “Most chemical aversion therapy can be done on an outpatient basis. Documentation is required to support the medical necessity for inpatient chemical aversion therapy.”; unable to find CMS reference.

01/16/2018 Re-review with the following update:
Guideline 3 (Examples of detoxification and rehabilitation services that are not covered include, but are not limited to) – Added the following language:


* A Part D drug is defined, in part, as “a drug that may be dispensed only upon a prescription.” Consequently, methadone is not a Part D drug when used for treatment of opioid dependence because it cannot be
dispensed for this purpose upon a prescription at a retail pharmacy. (NOTE: Methadone is a Part D drug when indicated for pain). State Medicaid Programs may continue to include the costs of methadone in their bundled payment to qualified drug treatment clinics or hospitals that dispense methadone for opioid dependence.

Also see the Medicare Interactive link for the Medicare Coverage of Treatment for Alcoholism and Drug Abuse. For additional information. (Accessed January 9, 2018)"

10/17/2017 Annual review with the following updates:
Guideline 2 (Rehabilitation) – Added reference link to Medicare.gov reference for the Mental health care (inpatient) Coverage Statement
Guideline 2.1 – Added reference to the NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1)
Guideline 2.2 – Updated CMS reference from NCD for Outpatient Hospital Services for Treatment of Alcoholism (130.2) to NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1)
Guideline 2.3 - Updated CMS reference from NCD for Outpatient Hospital Services for Treatment of Alcoholism (130.2) to NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1)
Guideline 3.a Deleted the following language “Acute inpatient detoxification for the main purpose of removing the member from his/her environment to prevent access to alcohol and/or substance abuse; see the NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1).” (unable to find CMS reference)

10/18/2016 Annual review with no updates.
11/17/2015 Annual review with no updates.
11/18/2014 Annual review with the following updates:
Definitions:
• Deleted the definition of:
  o Abuse (no CMS reference available)
  o Substance: (no CMS reference available)
• Updated the definition of:
  o Chemical Aversion Therapy: Added reference link to the NCD for Chemical Aversion Therapy for the Treatment of Alcoholism (130.3)
  o Detoxification: Added reference link to the NCD for Treatment of Drug Abuse (Chemical Dependency) (130.6)
  o Electrical Aversion Therapy: Added reference link to the NCD for Electrical Aversion Therapy for Treatment of Alcoholism (130.4)
  o Inpatient Detoxification: Added reference link to the NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1)
  o Inpatient Hospital Rehabilitation for Alcoholism and Drug/Substance Abuse: Added reference link to the NCD for Inpatient Hospital Stays for Treatment of Alcoholism (130.1).
Outpatient Rehabilitation for Alcoholism and Drug/Substance Abuse: Added reference link to the NCD for Outpatient Hospital Services for Treatment of Alcoholism (130.2)

12/17/2013  Annual review with no updates.

02/26/2013  Title changed from “Chemical and/or Substance Abuse – Detoxification and Rehabilitation” to “Alcohol, Chemical and/or Substance Abuse – Detoxification and Rehabilitation.”

12/17/2012  Annual review; combined Guidelines #1.d (Detoxification services that are not covered) and Guidelines #2.d (Rehabilitation services that are not covered); deleted duplicate examples and added the new Guidelines #3 (Examples of detoxification and rehabilitation that are not covered).

12/19/2011  Annual review; Guidelines #1.a was updated to include the statement that residential treatment program is not a covered benefit.

11/16/2010  Updated Guidelines #1.a to include the following note: “When the detoxification needs of an individual no longer require an inpatient hospital setting, a patient may be transferred to an inpatient rehabilitation unit or discharged to a residential treatment program or outpatient treatment setting.”

Updated Guidelines #1.d.3 and #1.d.4 as follows: deleted “and detoxification” and added the reference and link to the Medicare B Newsline Article on Methadone Coverage.