

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

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[➔ Instructions for Use](#)

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Related Medicare Advantage Policy Guideline

- [Multiple Electroconvulsive Therapy \(MECT\) \(NCD 160.25\)](#)

Coverage Guidelines

Alcohol and/or chemical/substance abuse detoxification and rehabilitation are covered when Medicare coverage criteria are met.

Detoxification

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.
- 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.

Refer to the:

- [National Coverage Determination \(NCD\) for Inpatient Hospital Stays for Treatment of Alcoholism \(130.1\)](#)
- [NCD for Treatment of Drug Abuse \(Chemical Dependency\) \(130.6\)](#)

(Accessed September 23, 2020)

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 (Refer to [Detoxification Services](#)).

Refer to the:

- [NCD for Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic \(130.5\)](#)
- [NCD for Treatment of Drug Abuse \(Chemical Dependency\) \(130.6\)](#)

(Accessed September 23, 2020)

Examples of covered detoxification services:

- 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.

Refer to the:

- [NCD for Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic \(130.5\)](#).
- [NCD for Treatment of Drug Abuse \(Chemical Dependency\) \(130.6\)](#).

(Accessed September 23, 2020)

- Withdrawal treatment of narcotic addiction is covered if the services are:
 - Provided by the physician directly or under his personal supervision; and
 - 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.

Refer to the [NCD for Withdrawal Treatment for Narcotic Addictions \(130.7\)](#). (Accessed September 23, 2020)

Rehabilitation

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.

Refer to the:

- [NCD for Inpatient Hospital Stays for Treatment of Alcoholism \(130.1\)](#)
- [NCD for Treatment of Drug Abuse \(Chemical Dependency\) \(130.6\)](#)
- Medicare.gov reference for the [Mental Health Care \(Inpatient\) Coverage Statement](#)

(Accessed September 23, 2020)

- Coverage Summary for [Mental Health Services and Procedures](#)

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 "services furnished by a physician".
- 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).

Refer to the:

- [NCD for Outpatient Hospital Services for Treatment of Alcoholism \(130.2\)](#)
- [NCD for Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic \(130.5\)](#)
- [NCD for Treatment of Drug Abuse \(Chemical Dependency\) \(130.6\)](#)

(Accessed September 23, 2020)

Covered Rehabilitation Services

Examples of services covered in rehabilitation:

- Extended inpatient stay for alcohol rehabilitation when medically necessary; refer to the [NCD for Inpatient Hospital Stays for Treatment of Alcoholism \(130.1\)](#). (Accessed September 23, 2020)
- Coordinated educational and psychotherapeutic services provided on a group basis; refer to the [NCD for Inpatient Hospital Stays for Treatment of Alcoholism \(130.1\)](#). (Accessed September 23, 2020)
- Group therapy session led by a physician, psychologists, or alcoholism counselors; refer to the [NCD for Inpatient Hospital Stays for Treatment of Alcoholism \(130.1\)](#). (Accessed September 23, 2020)
- Individual psychotherapy and family counseling; refer to the [NCD for Outpatient Hospital Services for Treatment of Alcoholism \(130.2\)](#). (Accessed September 23, 2020)
- Chemical aversion therapy for treatment of alcoholism is covered when medical necessity is documented for the individual patient; refer to the [NCD for Chemical Aversion Therapy for the Treatment of Alcoholism \(130.3\)](#). (Accessed September 23, 2020)

Non-Covered Detoxification and Rehabilitation Services

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

- Meals, transportation and recreational/social activities for outpatient hospital services; refer to the [NCD for Outpatient Hospital Services for Treatment of Alcoholism \(130.2\)](#). (Accessed September 23, 2020)
- Methadone maintenance for the treatment of opioid dependence
Refer to the *Medicare B Newline Article Education from Provider Relations Research Specialist - Methadone Coverage* at <http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/determine.pdf>. (Accessed September 23, 2020)
 - For information regarding Medicare Part D* coverage refer to the MLN Matters® Number: SE1604 released on April 28, 2016 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1604.pdf>. (Accessed September 23, 2020)
* 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.
 - Refer to the:
 - [Medicare Prescription Drug Benefit Manual, Chapter 6, §10.8 - Drugs Used to Treat Opioid Dependence.](#)
 - Medicare Interactive link for the [Medicare Coverage of Treatment for Alcoholism and Drug Abuse](#) for additional information.(Accessed September 23, 2020)
- Court-ordered substance abuse testing unless medically necessary; refer to the Coverage Summary for [Court, Attorney or Agency Requested Services](#).
- Electrical aversion therapy for treatment of alcoholism; refer to the [NCD for Electrical Aversion Therapy for Treatment of Alcoholism \(130.4\)](#). (Accessed September 23, 2020)
- Multiple electroconvulsive therapy (MECT); refer to the [NCD for Multiple Electroconvulsive Therapy \(MECT\) \(160.25\)](#). (Accessed September 23, 2020)
- Outpatient drug therapy, unless the member has a Part D pharmacy benefit.
Note: Drugs must be obtained from the member’s Part D carrier.

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
10/20/2020	Definitions <ul style="list-style-type: none">Removed definition of:<ul style="list-style-type: none">Chemical Aversion TherapyElectrical Aversion TherapyInpatient DetoxificationInpatient Hospital Rehabilitation for Alcoholism and Drug/Substance AbuseOutpatient Hospital Rehabilitation for Alcoholism and Drug/Substance Abuse

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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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