

Chemical Dependency/Substance Abuse Detoxification

Policy Number: BIP036.H
 Effective Date: July 1, 2021

[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> Medical Necessity Chemical Dependency/Substance Abuse Rehabilitation

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Oklahoma

Oklahoma Administrative Code 365:40-5-20 (7)

<http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedp pmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00>

Basic health care services shall include:

- (7) Diagnosis, medical treatment and referral services (including referral services to appropriate ancillary services) for the abuse of or addiction to alcohol and drugs, including
 - (A) Diagnosis and medical treatment for the abuse of or addiction to alcohol and drugs including detoxification for alcoholism or drug abuse on either an outpatient or inpatient basis, whichever is medically determined to be appropriate, in addition to the other required basic health care services for the treatment of other medical conditions.

Oregon

743B.425

<https://www.oregonlaws.org/ors/743B.425>

Prior authorization prohibited for first 30 days of treatment for opioid or opiate withdrawal.

- (1) In reimbursing the cost of medication prescribed for the purpose of treating opioid or opiate withdrawal, an insurer offering a health benefit plan as defined in ORS 743B.005 may not require prior authorization of payment during the first 30 days of treatment.
- (2) This section is not subject to ORS 743A.001.
- (3) Nothing in this section shall be interpreted to prohibit prior authorization for reimbursement for payment for prescribing opioids or opiates for purposes other than medical management or treatment of opioid or opiate abuse or addiction. [2017 c.683 §4]

Note: 743B.425 was added to and made a part of the Insurance Code by legislative action but was not added to ORS chapter 743B or any series therein. See Preface to Oregon Revised Statutes for further explanation.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Members may have additional benefit coverage for Alcohol and/or Substance Abuse Detoxification (Refer to the Behavioral Health Supplement to the EOC.) Refer to the member's EOC/SOB or contact the Customer Service Department for member specific coverage and limitations.

Inpatient Coverage

Alcohol and/or Substance Abuse Detoxification in an acute care setting is covered for the acute stage of Alcohol or Substance Abuse withdrawal when medical complications occur or are highly probable.

- The inpatient hospital stay may be extended when medically necessary (Refer to the Benefit Interpretation Policy titled [Medical Necessity](#)).
- There are no limits to the number of treatment episodes per year for detoxification.
- Washington: Preauthorization is not required for emergent medically necessary detoxification when Covered Services are rendered in a licensed Hospital.

Outpatient Coverage

Medically necessary alcohol and/or substance abuse detoxification is covered. In most cases of Substance Abuse and/or Alcohol and/or Alcohol toxicity, outpatient treatment is appropriate unless another medical condition requires close inpatient monitoring.

Oregon

UnitedHealthcare cannot deny a court-ordered screening or treatment of a policyholder who is convicted of driving under the influence of intoxicants.

Washington

Unlimited visits of acupuncture treatment for Chemical Dependency

Oregon, Texas, Washington

Methadone treatment is covered and requires preauthorization.

Not Covered

- Acute inpatient detoxification for the main purpose of removing the member from his/her environment to prevent access to alcohol and/or substance abuse
- Chemical or electrical aversion therapy
- Electro-shock therapy, also known as electro-convulsive therapy (ECT), as treatment for alcoholism and/or chemical dependency
- Meals, transportation and recreational/social activities for outpatient hospital services
- Methadone maintenance or treatment unless mandated by State or Federal law as stated in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections
- Non-medically necessary services required by the court as part of parole or probation, or instead of incarceration
- Employer requested Substance Abuse testing
- Rapid anesthesia opioid Detoxification
- Services that are not medically necessary for the treatment of Substance Abuse Disorders

Definitions

Abuse: Improper use of or physical and/or psychological addiction to alcohol or other substance

Chemical Dependency: The addictive relationship with any drug or alcohol characterized by a physical or psychological relationship, or both, that interferes on a recurring basis with the person's social, psychological or physical adjustment to common problems. For purposes of this section, "chemical dependency" does not include addiction to, or dependency on, tobacco, tobacco products or foods.

Detoxification: The period of time necessary to reduce the toxic level of a substance to a medically safe level

Substance: Alcohol or other substances such as narcotics and prescription or illegal drugs

Substance-Related and Addictive Disorder: Alcoholism and substance-related and addictive disorders that are listed in the current Diagnostic and Statistical Manual of Mental Disorders, unless those services are specifically excluded or determined not to be Medically Necessary. The fact that a disorder is listed in the Diagnostic and Statistical Manual of Mental Disorders does not mean that every treatment of the disorder is a Covered Health Care Service.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
07/01/2021	All	<ul style="list-style-type: none">• Routine review; no change to benefit coverage guidelines• Archived previous policy version BIP036.G

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.