

**UnitedHealthcare® West
 Benefit Interpretation Policy**

Chemical Dependency/Substance Abuse Detoxification

Policy Number: BIP036.L
Effective Date: September 1, 2024

[➔ 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 (OAC) Section 365:40-5-20 (7)

[Oklahoma Administrative Code, Part 5, Section 365:40-5-20 - Basic health care services | Oklahoma Administrative Code | Justia](#)

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.

2023 Oklahoma Statutes

Title 43A, Mental Health

Section 43A-2-401.2, Emergency Opioid Antagonists for Hospitals

[Oklahoma Statutes §43A-2-401.2 \(2023\) - Emergency opioid antagonists for hospitals. :: 2023 Oklahoma Statutes :: US Codes and Statutes :: US Law :: Justia](#)

- A. As used in this section:
 - 1. "Emergency opioid antagonist" means a drug including but not limited to naloxone that blocks the effects of opioids and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose; and
 - 2. "Health benefit plan" has the same meaning as provided by Section 6060.4 of Title 36 of the Oklahoma Statutes.
- B. Subject to allocation of federal funding for the purchase of emergency opioid antagonists, the Department of Mental Health and Substance Abuse Services shall distribute emergency opioid antagonists to hospitals for distribution by hospitals of emergency opioid antagonists to patients not covered by the state Medicaid program or by a health benefit plan as described in subsection C of Section 2 of this act.
- C. The State Department of Health shall provide necessary technical assistance for the implementation of this section and Section 2 of this act.

2023 Oklahoma Statutes

Title 63, Public Health and Safety

Section 63-1-706.21, Distribution of Opioid Antagonists at Hospitals

[Oklahoma Statutes Section 63-1-706.21 \(2023\) - Distribution of opioid antagonists at hospitals. :: 2023 Oklahoma Statutes :: US Codes and Statutes :: US Law :: Justia](#)

- A. As used in this section:
1. "Emergency opioid antagonist" means a drug including but not limited to naloxone that blocks the effects of opioids and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose; and
 2. "Health benefit plan" has the same meaning as provided by Section 6060.4 of Title 36 of the Oklahoma Statutes.
- B. A hospital shall distribute to a person who presents to an emergency department with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use, two doses of an emergency opioid antagonist upon discharge, unless:
1. The treating practitioner determines in his or her clinical and professional judgment that distributing the emergency opioid antagonist is not appropriate or the practitioner has confirmed that the patient already has at least two doses of an emergency opioid antagonist; or
 2. The hospital is not required to distribute the emergency opioid antagonist due to the conditions described in paragraph 2 of subsection C of this section.
- C. 1. The provisions of subsection B of this section shall apply without exception in cases where a patient is covered by the state Medicaid program or by a health benefit plan.
2. The provisions of subsection B of this section shall apply in cases where a patient is not covered by the state Medicaid program or by a health benefit plan only if the hospital receives a supply of one or more emergency opioid antagonists from the Department of Mental Health and Substance Abuse Services under Section 1 of this act.
- D. To comply with the requirements of this section, a hospital may, notwithstanding any other provision of state law, utilize any of the following individuals employed by or under contract with the hospital to distribute emergency opioid antagonists under this section:
1. Any health care provider licensed or certified in this state including, but not limited to, a licensed pharmacist; or
 2. Any mental health or substance abuse provider licensed or certified in this state.
- E. 1. In cases where a patient to whom an opioid antagonist is distributed under this section is covered under the state Medicaid program, the hospital may bill the state Medicaid program for the emergency opioid antagonist utilizing the appropriate billing codes established by the Oklahoma Health Care Authority. The state Medicaid program shall reimburse such claims in accordance with applicable law, rules, and contract terms. This billing shall be separate from and in addition to the payment for the other services provided during the hospital visit.
2. In cases where a patient to whom an opioid antagonist is distributed under this section is covered by a health benefit plan, the hospital may bill the patient's health benefit plan for the cost of the emergency opioid antagonist, and the health plan shall reimburse such claims.
- F. When a hospital distributes an emergency opioid antagonist, it shall provide:
1. Directions for use; and
 2. Information and resources about medication for opioid use disorder and harm reduction strategies and services which may be available, such as substance use disorder treatment services and substance use disorder peer counselors.
- This information shall be available in all languages relevant to the communities that the hospital serves.
- G. This section does not prohibit a hospital from distributing an emergency opioid antagonist to a patient at no cost to the patient and at no cost to a third-party payor out of the hospital's pre-purchased supply.
- H. Nothing in this section prohibits or modifies a hospital's ability or responsibility to bill a patient's health benefit plan or to provide financial assistance as required by state or federal law.
- I. A hospital, its employees, its contractors, and its practitioners are immune from suit in any action, civil or criminal, or from professional or other disciplinary action, for action or inaction in compliance with this section.

Oregon

Oregon Revised Statute (ORS) Section 743B.425

- <https://www.oregonlaws.org/ors/743B.425>
- [Oregon Revised Statutes Section 743B.425 \(2021\), Prior authorization prohibited for first 60 days of treatment for opioid or opiate withdrawal and for post-exposure prophylactic antiretroviral drugs; exceptions, 2021 Oregon Revised Statutes, US Codes and Statutes, US Law, Justia](#)

Prior authorization prohibited for first 60 days of treatment for opioid or opiate withdrawal and for post-exposure prophylactic antiretroviral drugs

(1) An insurer offering a health benefit plan as defined in ORS 743B.005 may not:

(a) Require prior authorization:

(A) During the first 60 days of treatment, including medication therapy, prescribed for opioid or opiate withdrawal;
or

(B) For post-exposure prophylactic antiretroviral drugs or at least one preexposure prophylactic antiretroviral drug;
or

(b) Restrict the reimbursement for medication therapies, preexposure prophylactic antiretroviral drugs or post-exposure prophylactic antiretroviral drugs to in-network pharmacists or pharmacies.

(2) This section is not subject to ORS 743A.001.

(3) This section does not prohibit prior authorization for opioids or opiates prescribed for purposes other than medication therapy or treatment of opioid or opiate abuse or addiction.

(4) Subsection (1)(b) of this section does not apply to a health maintenance organization as defined in ORS 750.005. [2017 c.683 Section 4; 2021 c.365 Section 5]

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.

Texas

Texas Insurance Code (TIC) Section 1368.006, Limitation on Coverage

[Insurance Code Chapter 1368. Availability of Chemical Dependency Coverage \(Texas.Gov\)](#)

(a) In this section, "treatment series" means a planned, structured, and organized program to promote chemical-free status that:

(1) May include different facilities or modalities; and

(2) Is completed when the covered individual:

(A) Is, on medical advice, discharged from:

(i) Inpatient detoxification;

(ii) Inpatient rehabilitation or treatment;

(iii) Partial hospitalization or intensive outpatient treatment; or

(iv) A series of those levels of treatments without a lapse in treatment; or

(B) Fails to materially comply with the treatment program for a period of 30 days.

(b) Notwithstanding Section [1368.005](#), coverage required under this chapter is limited to a lifetime maximum of three separate treatment series for each covered individual.

Washington

Washington Administrative Code (WAC) Section-284-53-010, Standards for Coverage of Chemical Dependency

<https://lawfilesext.leg.wa.gov/law/WACArchive/2012/WAC-284-53-CHAPTER.pdf>

(6) Medically necessary detoxification must be covered as an emergency medical condition according to RCW 48.43.093, and may be provided in hospitals licensed under chapter 70.41 RCW. Medically necessary detoxification services must not require prenotification, and may not be included when calculating payments within the chemical dependency payment minimum required in this chapter, as long as the enrollee is not yet enrolled in other chemical dependency treatment.

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 Evidence of Coverage (EOC)/ Schedule of Benefit (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.

Texas and 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

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
09/01/2024	All	Supporting Information <ul style="list-style-type: none">• Removed <i>Definitions</i> section• Archived previous policy version BIP036.K
	Oklahoma	Federal/State Mandated Regulations <ul style="list-style-type: none">• Revised language pertaining to <i>2023 Oklahoma Statutes Section 43A-2-401.2</i>

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.