

# Chemical Dependency/Substance Abuse Rehabilitation

**Policy Number:** BIP140.N  
**Effective Date:** September 1, 2025

[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> <li><a href="#">Chemical Dependency/Substance Abuse Detoxification</a></li> </ul>

## Federal/State Mandated Regulations

None

## 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.

**Note:** Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility. Also refer to the behavioral health supplement to the EOC.

Refer to the Benefit Interpretation Policy titled [Chemical Dependency/Substance Abuse Detoxification](#).

## Not Covered

Refer to the member's EOC/SOB for specific exclusions. Also refer to the behavioral health supplement to the EOC.

## Policy History/Revision Information

Date	Summary of Changes
09/01/2025	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> <li>Archived previous policy version BIP140.M</li> </ul>

## 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.