IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

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Outpatient Hospital Treatment of Alcoholism (NCD 130.2)

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Summary

Overview
Some hospitals also provide services on an outpatient basis, either individually or as part of a day hospitalization program, for treatment of alcoholism. 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.

Reimbursement Guidelines
Coverage is available for both diagnostic and therapeutic services furnished for the treatment of alcoholism by the hospital to outpatients subject to the same rules applicable to outpatient hospital services in general. While there is no coverage for day hospitalization programs, per se, individual services which meet the requirements in the Medicare Benefit Policy Manual, Chapter 6, §20 may be covered. (Meals, transportation and recreational and social activities do not fall within the scope of covered outpatient hospital services under Medicare.)

All services must be reasonable and necessary for diagnosis or treatment of the patient's condition (see the Medicare Benefit Policy Manual, Chapter 16 §20). Thus, educational services and family counseling would only be covered where they are directly related to treatment of the patient's condition. The frequency of treatment and period of time over which it occurs must also be reasonable and necessary.

Cross Reference: See the National Coverage Determination (NCD) for Consultations with a Beneficiary's Family and Associates (70.1)

These services may require pre-authorization and/or notification from the managed behavioral health care benefits administrator. Access United Behavioral Health (UBH) online at http://www.unitedbehavioralhealth.com/

References Included (but not limited to):

CMS NCD(s)
NCD 130.2 Outpatient Hospital Services for Treatment of Alcoholism
Reference NCD: NCD 70.1 Consultations with a Beneficiary's Family and Associates

CMS Benefit Policy Manual
Chapter 2 Inpatient Psychiatric Hospital Services
Chapter 3; § 30 Inpatient Days Counting Toward Benefit Maximums
Chapter 4 Inpatient Psychiatric Benefit Days Reduction and Lifetime Limitation
Chapter 6; § 20 Outpatient Hospital Services, § 70 Outpatient Hospital Psychiatric Services, § 70.2 Coverage Criteria for Outpatient Hospital Psychiatric Services
Chapter 7; § 40.1.2.15 Psychiatric Evaluation, Therapy, and Teaching
Chapter 16; § 20 Services Not Reasonable and Necessary

UnitedHealthcare Medicare Advantage Coverage Summaries
Alcohol, Chemical and/or Substance Abuse Detoxification and Rehabilitation

UnitedHealthcare Reimbursement Policies
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)
## Outpatient Hospital Treatment of Alcoholism (NCD 130.2)

- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (NCD 210.8)
- 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)

### History

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