

Substance Use Disorder Inpatient Services



INDEPENDENT CARE HEALTH PLAN

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Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medical/Pharmacy Coverage Policies

If no applicable Medicare coverage documents are found, please use the coverage guidelines below.

Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/ Transmittals.

[Centers for Medicare & Medicaid Services \(CMS\) - Medicare Benefit Policy Manual, Chapter 2 – Inpatient Psychiatric Hospital Services.](#)¹

[Centers for Medicare & Medicaid Services \(CMS\) - Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A](#)²

[Centers for Medicare & Medicaid Services \(CMS\) - Medicare Claims Processing Manual Chapter 3 - Inpatient Hospital Billing](#)³

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[Centers for Medicare & Medicaid Services \(CMS\) - Medicare Program Integrity Manual, Chapter 6 – Medicare Contractor Medical Review Guidelines for Specific Services](#)⁴

[Centers for Medicare & Medicaid Services \(CMS\). National Coverage Determination \(NCD\), Inpatient Hospital Stays for Treatment of Alcoholism \(130.1\) NCD - Inpatient Hospital Stays for Treatment of Alcoholism \(130.1\) \(cms.gov\)](#)⁵

Description

Services included in the Substance Use Disorder Inpatient Services designation include Substance Use Disorder Inpatient Detoxification and Substance Use Disorder Inpatient Rehabilitation.

Substance Use Disorder Inpatient Detoxification provides 24 hours of daily care during the acute stages of substance withdrawal when there is a high probability of medical complications (e.g. delirium, confusion, trauma, or unconsciousness) that requires the constant availability of physicians, nurses, and/or complex medical equipment found only in a hospital setting.⁶

Substance Use Disorder Inpatient Rehabilitation provides 24 hours of daily nursing care and physician availability for members whose subacute conditions are so severe that they require inpatient treatment, but who do not need the availability and intensity of services found only in the inpatient hospital setting.⁷ To be covered under Medicare, the services must be designated as active treatment that are:

- Provided under an individualized treatment or diagnostic plan;
- Reasonably expected to improve the patient's condition or for the purpose of diagnosis; and
- Supervised and evaluated by a physician⁸

Coverage Determination

iCare follows the CMS requirement that only allows coverage and payment for services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

iCare applies the criteria outlined under 42 C.F.R. 412.3—and related sub regulatory guidance cited below—in its coverage decisions for inpatient hospital services. An inpatient admission is generally appropriate for coverage under Medicare Part A when the admitting physician's reasonable expectation is that the patient requires medically necessary hospital care that crosses two midnights, the expectation of the physician is based on complex medical factors and is supported by the medical record documentation.^{2, 4, 9} This is referred to herein as the two-midnight benchmark.

According to CMS, complex medical factors include the following:

- Member's medical history and current medical needs;
- Types of facilities available to inpatients and to outpatients;

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- The relative appropriateness of treatment in each setting;
- The severity of the signs and symptoms exhibited by the patient;
- The medical predictability of something adverse happening to the patient;
- The need for diagnostic studies that appropriately are outpatient services (i.e., their performance does not ordinarily require the patient to remain at the hospital for 24 hours or more) to assist in assessing whether the patient should be admitted; and
- The availability of diagnostic procedures at the time when and at the location where the patient presents.²

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider [The ASAM Criteria](#).^{10, 11}

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

Medicare Part A payment is prohibited for care rendered for social purposes or reasons of convenience that are not medically necessary. Factors that may result in an inconvenience to a beneficiary, family, physician, or facility do not, by themselves, support Part A payment for an inpatient admission.⁴

Refer to:

- [Centers for Medicare & Medicaid Services \(CMS\). Medicare Benefit Policy Manual, Chapter 2 – Inpatient Psychiatric Hospital Services.](#)
- [Medicare Benefit Policy Manual, Chapter 6, §10.1 – Reasonable and Necessary Part A Hospital Inpatient Claim Denials](#)
- [Centers for Medicare & Medicaid Services \(CMS\). Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 130 – Mental Health](#)
- [US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)
- [US Government Publishing Office. Electronic code of federal regulations: part 424 – 42 CFR § 424.14 - Requirements for inpatient services of inpatient psychiatric facilities.](#)

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Coding Information

Any codes listed on this policy are for informational purposes only. These codes are inclusive of but not limited to the codes related to coverage and/or reimbursement for a service or procedure.

Revenue Code(s)	Description	Comments
0126, 0136, 0156	Substance Use Disorder Inpatient Detoxification	N/A
0128, 0138, 0158, 0911, 0944, 0945	Substance Use Disorder Inpatient Rehabilitation	N/A
CPT® Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

- Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 2 – Inpatient Psychiatric Hospital Services. <https://www.cms.gov>. Published October 1, 2003. Updated December 14, 2018. Accessed September 5, 2023.
- Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A. <https://www.cms.gov>. Accessed July 25, 2023.
- Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual Chapter 3 - Inpatient Hospital Billing. <https://www.cms.gov>. Accessed July 25, 2023.
- Centers for Medicare & Medicaid Services (CMS). Medicare Program Integrity Manual, Chapter 6 – Medicare Contractor Medical Review Guidelines for Specific Services. <https://www.cms.gov>. Accessed July 25, 2023.
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- Centers for Medicare & Medicaid Services (CMS). Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 130 – Mental Health. <https://www.cms.gov>. Published October 1, 2003. Updated March 9, 2023. Accessed September 6, 2023.

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7. American Society of Addiction Medicine (ASAM). What are the ASAM Levels of Care? <https://www.asam.org/asam-criteria/asam-criteria-software/asam-continuum/knowledge-base/details/knowledge-base-continuum/2015/05/13/what-are-the-asam-levels-of-care>. Published May 13, 2015. Accessed October 27, 2023.
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13. US Government Publishing Office. Electronic code of federal regulations: part 424 – 42 CFR § 424.14 - Requirements for inpatient services of inpatient psychiatric facilities. <https://www.ecfr.gov>. Published March 2, 1988. Updated October 11, 2023. Accessed October 18, 2023.

Change Summary

-01/01/2024 New Policy.

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