

**CMS National Coverage Determination (NCD) for Outpatient Hospital Withdrawal Treatments for Narcotic Addictions**

130.7

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c06.pdf>

**Indications and Limitations of Coverage**

Withdrawal is an accepted treatment for narcotic addiction, and Part B payment can be made for these services if they are provided by the physician directly or under his personal supervision and if they are reasonable and necessary. In reviewing claims, reasonableness and necessity are determined with the aid of the B/Medicare Administrative Contractor's medical staff.

Drugs that the physician provides in connection with this treatment are also covered if they cannot be self-administered and meet all other statutory requirements.

**Cross Reference**

Medicare Benefit Policy Manual, Chapter 6, "Hospital Services Covered Under Part B," §20.4.1

*\*Definition of "outpatient hospital" may be found here <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-loms-Items/Cms012673.html> Chapter 6 section 20.2*

| Admission Criteria  | Continued Stay Criteria  | Discharge Criteria  |
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| <p><b>All of the following must be met:</b></p> <ol style="list-style-type: none"> <li>1. Member's clinical presentation does not require the availability and intensity of services found only in an inpatient hospital setting.</li> <li>2. Services must be reasonable and necessary for treatment of the individual's condition. (See the Medicare BPM, Chapter 16, "General Exclusions from Coverage," §90 below.)</li> <li>3. Services are provided directly by a physician or under the direct supervision of a physician</li> </ol> <p><b>Exclusions:</b></p> | <p><b>All of the following must be met:</b></p> <ol style="list-style-type: none"> <li>1. Member continues to meet all admission criteria</li> <li>2. Evidence suggests that the defined problems are likely to respond to current treatment plan.</li> <li>3. Patient progress is monitored regularly and the treatment plan modified if patient is not making substantial progress toward a set of clearly defined and measurable goals.</li> <li>4. Goals for treatment are specific and targeted to patient's clinical issues though It is not necessary that a course of therapy have as its goal restoration of the patient to the level of functioning exhibited prior to the onset of</li> </ol> | <p><b>Any of the following must be met:</b></p> <ol style="list-style-type: none"> <li>1. Patient no longer meets admission criteria and/or meets criteria for another LOC, either more or less intensive</li> <li>2. Patient or parent/guardian withdraws consent for treatment and patient does not meet criteria for involuntary/ mandated treatment.</li> <li>3. Active Treatment is no longer occurring</li> <li>4. Patient is not making progress toward goals, nor is there expectation of any progress.</li> <li>5. Patient's individual treatment plan and goals have been met.</li> </ol> |

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| <p><a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf</a></p> <p>No payment can be made under either the hospital insurance or supplementary medical insurance program for certain items and services, when the following conditions exist:</p> <ul style="list-style-type: none"> <li>• Not reasonable and necessary (§20);</li> <li>• No legal obligation to pay for or provide (§40);</li> <li>• Paid for by a governmental entity (§50);<br/>Not provided within United States (§60);</li> <li>• Resulting from war (§70);</li> <li>• Personal comfort (§80);</li> <li>• Routine services and appliances (§90);</li> <li>• Custodial care (§110);</li> <li>• Cosmetic surgery (§120);</li> <li>• Charges by immediate relatives or members of household (§130)             <ul style="list-style-type: none"> <li>4. Dental services (§140);</li> </ul> </li> <li>• Paid or expected to be paid under workers' compensation (§150);</li> <li>• Non-physician services provided to a hospital inpatient that were not provided directly or arranged for by the hospital (§170);</li> </ul> | <p>the illness, although this may be appropriate for some patients</p> |  |
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| <ul style="list-style-type: none"><li>• Services Related to and Required as a Result of Services Which are not Covered Under Medicare (§180);</li><li>• <i>Excluded investigational devices (See Chapter 14).</i></li></ul> |  |  |
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