

CMS National Coverage Determination (NCD) Chemical Aversion Therapy for Treatment of Alcoholism

[130.3](#)

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

Item/Service Description

Chemical aversion therapy is a behavior modification technique that is used in the treatment of alcoholism. Chemical aversion therapy facilitates alcohol abstinence through the development of conditioned aversions to the taste, smell, and sight of alcohol beverages. This is accomplished by repeatedly pairing alcohol with unpleasant symptoms (e.g., nausea) which have been induced by one of several chemical agents. While a number of drugs have been employed in chemical aversion therapy, the three most commonly used are emetine, apomorphine, and lithium. None of the drugs being used, however, have yet been approved by the Food and Drug Administration specifically for use in chemical aversion therapy for alcoholism. Accordingly, when these drugs are being employed in conjunction with this therapy, patients undergoing this treatment need to be kept under medical observation.

Indications and Limitations of Coverage

Available evidence indicates that chemical aversion therapy may be an effective component of certain alcoholism treatment programs, particularly as part of multi-modality treatment programs which include other behavioral techniques and therapies, such as psychotherapy. Based on this evidence, the Centers for Medicare & Medicaid Services' medical consultants have recommended that chemical aversion therapy be covered under Medicare. However, since chemical aversion therapy is a demanding therapy which may not be appropriate for all Medicare beneficiaries needing treatment for alcoholism, a physician should certify to the appropriateness of chemical aversion therapy in the individual case. Therefore, if chemical aversion therapy for treatment of alcoholism is determined to be reasonable and necessary for an individual patient, it is covered under Medicare.

When it is medically necessary for a patient to receive chemical aversion therapy as a hospital inpatient, coverage for care in that setting is available. (See [130.1](#) regarding coverage of multi-modality treatment programs.) Follow-up treatments for chemical aversion therapy can generally be provided on an outpatient basis. Thus, where a patient is admitted as an inpatient for receipt of chemical aversion therapy, there must be documentation by the physician of the need in the individual case for the inpatient hospital admission.

Decisions regarding reasonableness and necessity of treatment and the need for an inpatient hospital level of care should be made by A/MACs based on accepted medical practice with the advice of their medical consultant. (In hospitals under Quality Improvement Organization (QIO) review, QIO determinations of medical necessity of services and appropriateness of the level of care at which services are provided are binding on A/MACs for purposes of adjudicating claims for payment.)

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following are required:</p> <ol style="list-style-type: none"> 1. A physician has certified to the appropriateness of chemical aversion therapy in the individual case. 2. Chemical aversion therapy for treatment of alcoholism is determined to be reasonable and necessary for an individual patient. <p>Exclusions: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf</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"> • Not reasonable and necessary (§20); • No legal obligation to pay for or provide (§40); • Paid for by a governmental entity (§50); Not provided within United States (§60); • Resulting from war (§70); • Personal comfort (§80); • Routine services and appliances (§90); • Custodial care (§110); 	<p>All of the following are required:</p> <ol style="list-style-type: none"> 1. Member continues to meet admission criteria 2. Evidence suggests that the defined problems are likely to respond to current treatment plan. 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. 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 the illness, although this may be appropriate for some patients 	<p>Any of the following must be met:</p> <ol style="list-style-type: none"> 1. Patient no longer meets admission criteria and/or meets criteria for another LOC, either more or less intensive 2. Patient or parent/guardian withdraws consent for treatment and patient does not meet criteria for involuntary/ mandated treatment. 3. Active Treatment is no longer occurring 4. Patient is not making progress toward goals, nor is there expectation of any progress. 5. Patient's individual treatment plan and goals have been met.

- Cosmetic surgery (§120);
- Charges by immediate relatives or members of household (§130)
 1. Dental services (§140);
- Paid or expected to be paid under workers' compensation (§150);
- Non-physician services provided to a hospital inpatient that were not provided directly or arranged for by the hospital (§170);
- Services Related to and Required as a Result of Services Which are not Covered Under Medicare (§180);
- *Excluded investigational devices (See Chapter 14).*