CHEMICAL AVERSION THERAPY FOR TREATMENT OF ALCOHOLISM (NCD 130.3)

Table of Contents

INSTRUCTIONS FOR USE .................................................. 1
POLICY SUMMARY ............................................................... 1
REFERENCES ........................................................................ 2
GUIDELINE HISTORY/REVISION INFORMATION ........... 2

Related Medicare Advantage Policy Guidelines

- Electrical Aversion Therapy for Treatment of Alcoholism (NCD 130.4)
- Inpatient Hospital Stays for Treatment of Alcoholism (NCD 130.1)
- Outpatient Hospital Services for 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)

Related Medicare Advantage Coverage Summary

- Alcohol, Chemical and/or Substance Abuse: Detoxification and Rehabilitation

INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
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.

**Guidelines**
Available evidence indicates that chemical aversion therapy may be an effective component of certain alcoholism treatment programs, particularly as part of multimodality treatment programs which include other behavioral techniques and therapies, such as psychotherapy. Based on this evidence, CMS’s 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 multimodality treatment programs.) Followup 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 intermediaries based on accepted medical practice with the advice of their medical consultant. (In hospitals under QIO review, QIO determinations of medical necessity of services and appropriateness of the level of care at which services are provided are binding on the title XVIII fiscal intermediaries for purposes of adjudicating claims for payment.)

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/](http://www.unitedbehavioralhealth.com/).

REFERENCES
CMS National Coverage Determinations (NCDs)
NCD 130.3 Chemical Aversion Therapy for Treatment of Alcoholism

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

GUIDELINE HISTORY/REVISION INFORMATION

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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>10/12/2016</td>
<td>• Annual review, no changes</td>
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