ASSISTANT SECRETARY OF DEFENSE

WASHINGTON D C 20301

HEALTH AFFAIRS

20 MAY 1981

FINAL DECISION: OASD(HA) Case File No. 02-80
[redacted] Appeal

The Hearing File of Record, the tape of oral testimony presented at the hearing, the RECOMMENDED DECISION of the Hearing Officer, and the Memorandum of Nonconcurrence from the Director, OCHAMPUS, on OASD(HA) Appeal Case 02-80, have been reviewed. CHAMPUS extended benefits in the amount of $1,271.59 for the first twenty-one (21) days of a thirty-five (35) day hospital confinement to participate in an alcohol rehabilitation program. The amount in dispute for the last fourteen (14) days of the hospital confinement (as claimed by the appealing party) is $756.00. Because OCHAMPUS also questioned payment of benefits for the entire stay, including the first twenty-one (21) days, the total amount actually in dispute is $2,027.59.

The Hearing Officer recommended affirming the CHAMPUS Fiscal Intermediary's initial determination to deny benefits for the last fourteen (14) days of the thirty-five (35) day hospital confinement for alcoholism. He did not, however, make a recommendation relative to the first twenty-one (21) days of the confinement, even though finding that the admission did not meet CHAMPUS criteria. This omission was apparently due to a misunderstanding that the first twenty-one (21) days could not be an issue in the appeal. This was an incorrect assumption inasmuch as any aspect of a case submitted to appeal is subject to review during the appeal process.

The Director, OCHAMPUS, concurred with the Hearing Officer's RECOMMENDED DECISION relative to the last fourteen (14) days of the confinement, but did not agree that the first twenty-one (21) days should not be considered in this appeal. He recommended either remanding the appeal to the Hearing Officer for a revised RECOMMENDED DECISION or that the Office of the Assistant Secretary of Defense issue a revised decision denying benefits for the entire confinement.

After due consideration and careful review of the evidence presented, the Principal Deputy Secretary of Defense (Health Affairs), acting as the authorized designee for the Assistant Secretary, does not accept the Hearing Officer's RECOMMENDED DECISION on the basis it is deficient in that it did not address all issues in the case. This FINAL DECISION is therefore based on the evidence contained in the Hearing File of Record. It is the finding of the Principal Deputy Secretary of Defense (Health Affairs) that the entire thirty-five (35) day confinement, from

22 June to 26 July 1978, failed to meet CHAMPUS criteria for extending benefits for an inpatient alcoholic rehabilitation stay and that the entire stay should have been denied.

PRIMARY ISSUE(S)

The primary matter at issue in this appeal is whether the inpatient environment was necessary in order for the appealing party to participate in an alcohol rehabilitation program. If it had been found that the inpatient setting was necessary, a related issue would be the number of inpatient days required.

The applicable Regulation defines "medically necessary" [in part] as "...the level of services and supplies (i.e., frequency, extent and kinds) adequate for the diagnosis and treatment of illness and injury..." (Reference: CHAMPUS DoD 6010.8-R, CHAPTER II, Subsection B. 104.) The Regulation further defines "appropriate level of care" [in part] as "...the medical environment in which the medical services are performed is at a level adequate to provide the required medical care." (Reference: CHAMPUS Regulation DoD 6010.8-R, CHAPTER II, Section B., Paragraph 14.c.)

Authorized benefits for treatment of alcoholism is also specifically addressed in the Regulation, stating... "Inpatient hospital stays may be required for detoxification services during acute stages of alcoholism when the patient is suffering from delirium, confusion, trauma, unconsciousness, and severe malnutrition, and is no longer able to function. During such acute periods of detoxification and physical stabilization (i.e., 'drying out') of the alcoholic patient, it is generally accepted that there can be a need for medical management of the patient; i.e., there is a probability that medical complications will occur during alcohol withdrawal, necessitating the constant availability of physicians and/or complex medical equipment found only in the hospital setting. Therefore, inpatient hospital care, during such acute periods and under such conditions, is considered reasonable and medically necessary for the treatment of the alcoholic patient and thus covered under CHAMPUS. Active medical treatment of the acute phase of alcoholic withdrawal and the stabilization period usually takes from three (3) to seven (7) days." [Emphasis added] (Reference: CHAMPUS Regulation DOD 6010.8-R, CHAPTER IV, Subsection E.4.)

The Regulation also states ... "An inpatient stay for alcoholism (either in a hospital or through transfer to another type of authorized institution) may continue beyond the three (3) to seven (7) day period, moving into the rehabilitative program phase. Each such case will be reviewed on its own merits to determine

whether an inpatient setting continues to be required." [Emphasis added] (Reference: CHAMPUS Regulation DOD 6010.8-R, CHAPTER IV, Section E., Paragraph 4.a.)

There are also specific regulatory exclusions which affect this case. That section dealing with exclusions and limitations states ... "[Excluded are] Services and supplies which are not medically necessary for the diagnosis and/or treatment of a covered illness or injury." (Reference: CHAMPUS Regulation DOD 6010.8-R, CHAPTER IV, Subsection G.1.) Also listed as excluded are ..."Services and supplies related to inpatient stays in hospitals or other authorized institutions above the appropriate level required to provide necessary medical care." [Emphasis added] (Reference: CHAMPUS Regulation DoD 6010.8-R, CHAPTER IV, Section G.3.)

The appealing party, his wife, the attending physician, and the hospital's business office manager, submitted written statements and/or presented oral testimony detailing those factors which they believed supported the position that the hospital inpatient setting was necessary in the case under appeal, including the last fourteen (14) days of the confinement.

Nonetheless it is the position of the Principal Deputy Assistant Secretary of Defense (Health Affairs) that the entire inpatient stay (not only the final fourteen (14) days) was unnecessary; that while chronic alcoholism may well have been present, acute alcoholism was not established and that the rehabilitative program could have been accomplished on an outpatient basis.

To be sure the appealing party fully understands the bases upon which the finding that the entire inpatient stay was unnecessary and did not qualify for benefits under CHAMPUS (thus also confirming the initial denial of the last fourteen (14) days), each point raised by the appealing party, his wife, and those appearing or submitting evidence in his behalf, is addressed in this FINAL DECISION.

1. Presence of Alcoholism: Acute vs. Chronic. The appealing party asserted be had been drinking every day for many years and that at the time of the disputed hospital stay was suffering from both acute and chronic alcoholism. This assertion included the implication that this history should automatically qualify his inpatient stay for CHAMPUS benefits. The Hearing File of Record does not support a finding of acute alcoholism and this assertion is disputed. At no time, however, did CHAMPUS dispute the diagnosis of chronic alcoholism despite the lack of clinical documentation as to

the extent it was present and the degree of dysfunction it produced in the appealing party's life. The matter at issue in this case is not whether chronic alcoholism was present; rather it is the condition of the appealing party at the time of admission and during the continued hospital stay, and whether his case meets the CHAMPUS criteria for extending benefits for inpatient alcohol detoxification and rehabilitation. (Reference: CHAMPUS Regulation DoD 6010.8-R, CHAPTER IV, Subsection E.4 and Section E, Paragraph 4.a.)

2. Inpatient Admission for Alcoholic Rehabilitation: Medical Necessity. A review of the evidence made available in the Hearing File of Record indicates the first issue in this appeal is not whether the last fourteen (14) days of the inpatient stay qualify for benefits but whether any part of the stay qualifies. In order for CHAMPUS benefits to be extended for an inpatient alcoholic rehabilitation stay requires that the patient be in a state of acute alcoholism and that the rehabilitative stay be immediately preceded by an admission for detoxification where the patient is suffering from severe medical effects of alcohol--i.e., delerium tremens trauma, unconsciousness and malnutrition, and is essentially unable to function. Inpatient stays for detoxification of patient with less severe symptoms may be considered for benefits but would not qualify the rehabilitation phase to be conducted on an inpatient basis. Additionally, the rehabilitation stay must immediately follow detoxification (i.e., be continuous), although the patient can transfer from an acute hospital to an alcoholic facility for the rehabilitation phase.

- Medical Condition on Admission. According to his own testimony the appealing party was sober on admission and had discontinued use of alcohol at least two days before. Physical examination on admission showed him to be well-nourished, oriented, ambulatory, alert, and suffering no adverse reaction from discontinuing alcohol intake prior to admission. He was sober and physically and mentally in a non-acute state. There was no evidence of heart trouble, high blood pressure or trauma. Clinical documentation did not present any evidence of debilitation or malnutrition. The mental status and neurological examinations were reported to be normal. No acute condition, either medical and/or alcohol-related, was reported and there was no indication of shaking or convulsive episodes due to alcohol intake

being discontinued. The physical examination revealed no chronic or acute conditions or disabilities other than some liver enlargement and possible chronic pulmonary disease. The hospital staff apparently did not consider these latter two findings of major concern because no diagnostic tests were ordered or performed related to them nor was any specific treatment for these conditions initiated. There was no evidence presented to indicate the confinement was needed for any medical or psychiatric condition other than chronic alcoholism. There were apparently no anticipated medical complications. The only chronic condition addressed in the Hearing File of Record was glaucoma, diagnosed in 1965 and treated with ophthalmic solution eyedrops which the appealing party had been self administering prior to his admission (and which he continued to do in the hospital).

o No Prior Treatment: Degree of Dysfunction. The clinical records show (and the appealing party confirmed) that prior to the inpatient stay in dispute in this appeal, he had never sought any treatment and/or assistance of any kind related to his use of alcohol--either inpatient or outpatient. He also denied any alcohol-related medical problems which had required treatment or any emergency room care related to alcoholic behavior. There is little information in the Hearing File of Record which would support a finding of a significant degree of dysfunction due to drinking. The appealing party apparently was employed only parttime at periodic jobs but there was nothing to indicate that this was due to drinking problems as opposed to his normal retirement work pattern. Also, the appealing party denied any problems with the police due to alcoholic behavior or that he had ever been cited for driving while intoxicated (DWI), despite the fact he had continuously operated a vehicle over the years. Although his spouse claimed to be fearful of his temper if she tried to withhold alcohol from him, the appealing party denied any abusive behavior and the clinical record is silent on any history of violent or aggressive behavior. There is some indication, however, of at least perceived dysfunction within the family since his spouse and daughter had exerted pressure on him to seek help for his drinking. But here again the record

is extremely limited as to the kind and extent of family problems. The record does indicate the family was intact, however. In view of the absence of a history of prior treatment for alcoholism, the absence of acute alcoholism, the appealing party's general good condition, both mental and physical, and the fact he was a part of a supportive family structure, it must be our finding that the initial rehabilitation efforts for chronic alcoholism could have been undertaken in an outpatient setting. If the outpatient program proved unsuccessful, it would then be appropriate to consider the more structured inpatient setting.

- Detoxification. The Hearing File of Record supports the conclusion that the appealing party was placed in detoxification upon admission as a matter of standard routine practice--i.e., pro forma--as opposed to medical need. While the Progress Notes are silent as to specifics of the appealing party's condition while in the hospital's detoxification unit neither do they report any adverse reactions to discontinuing alcohol. The hospital records do not indicate any medications were administered during the first day of confinement to assist the appealing party through detoxification or, for that matter, that sedatives or tranquilizing medications were administered at any time during his entire inpatient stay. A general diet was prescribed on the first day of confinement, indicating the patient was able to eat normally. General hospital procedure was to place those patients in the detox unit on a liquid diet. That this was not required for the appealing party further supports the position that the inpatient environment was not necessary. The hospital records do not indicate how long the appealing party stayed in the detoxification unit, but in his oral testimony he stated he stayed only one day--again indicating the appealing party was not suffering from acute alcoholism upon admission.

- Complications Associated with Alcohol Withdrawal. No medical complications associated with alcohol withdrawal were reported. Progress Notes do not indicate any adverse reactions, episodes of disorientation, confusion, shaking, convulsions, insomnia or physical reactions. No hypertension or cardiovascular disease was suspected or confirmed that required close observation. No complications were reported and the records do not indicate that any were anticipated. Although the records show a diagnosis of chronic alcoholism,

the record is generally silent as to the degree of physical or mental dependence on alcohol actually experienced by the appealing party or the extent to which it interfered with his life.

- Medications. The only medication prescribed was a vitamin preparation, administered orally on a daily basis for the first fourteen (14) days of the stay--a routine procedure. The ophthalmic solution required for the appealing party's glaucoma treatment continued to be self-administered, as he had done before entering the hospital. This indicated the hospital staff believed the appealing party to be sufficiently stable to handle self-medication. Neither the oral vitamins nor the eyedrops require an inpatient hospital setting for their administration, however.

- Diagnostic Tests. After admission, routine blood studies, urinalysis, chest X-ray, and an EKG were ordered. The EKG was repeated once, and urine for drug analysis was requested. The results of these tests were not reported in the hearing file of record except that the EKG results were within normal limits. Some liver enlargement was discovered on the admission physical, but no liver function tests or other specific diagnostic tests were requested or performed to determine the specific cause or extent of the condition. A chronic respiratory condition was also noted in the report of the admitting history and physical, but again, no tests were conducted to verify the presence of the suspected condition or its extent. Psychological tests were conducted twice as part of the routine program but specific results were not made available --only vague summaries were noted by the psychologists. No other tests were recorded. The tests that were performed were of a type which could have been, and routinely are, conducted on an outpatient basis and would not require an inpatient setting for their performance.

- Consultations. The Hearing File of Record does not indicate any medical consultations were obtained relative to the liver enlargement noted on initial examination nor to establish whether a suspected chronic respiratory condition was, in fact, present. And while routine psychological tests were administered, no psychiatric evaluation was obtained. This would further support the finding that the appealing

party's medical and emotional health were considered good and stable, and no complications were present or anticipated.

- Reason for Confinement. The appealing party indicated he had never before been admitted to a hospital for alcoholism nor had he ever undergone outpatient therapy or participated in an outpatient rehab program for this purpose. The appealing party claimed that the confinement currently in dispute was precipitated solely by actions initiated by family members who were otherwise seeking ways to have him "committed." This statement was substantiated by the appealing party's wife, who stated that she and her daughter(s) were in contact with the authorities about involuntary commitment because they did not approve of his drinking and felt it was out of control. There was no evidence submitted to the Hearing File of Record as to which "authorities" had been contacted or what basis would be used for forcing an involuntary commitment. From the clinical documentation provided for the Hearing File of record, it is extremely doubtful this could have been accomplished through legal means even assuming chronic alcoholism was present. Nonetheless, the appealing party claimed be submitted to a stay in an alcoholic facility rather than face possible commitment efforts. We find this to be a somewhat startling hypotheses, but certainly not a compelling argument for the necessity of conducting the alcohol rehab program in an inpatient setting.

The CHAMPUS benefit available for inpatient care related to alcoholism, particularly the rehabilitative phase, is not unlimited. In order for such a stay to be covered first requires that the rehabilitative stay be immediately preceeded by an admission for detoxification where the patient is suffering from acute alcoholism and where his/her medical condition due to alcohol abuse has resulted in significant medical symptomotology. It is our finding that not only was there no indication of acute alcoholism at the time of admission, it appears symptoms were almost totally lacking and detoxification was a pro forma procedure only. Further, even if the detoxification requirement had been met, in order for a continued inpatient stay for the rehabilitative phase to be covered (whether in the same facility or upon immediate transfer to a special alcoholic facility) requires a determination that the condition of the patient and the

rehabilitative program itself requires a continued inpatient setting. As described, above, the Hearing File of Record does not support a finding that the appealing party's treatment history or physical or mental condition required a continuation of the inpatient setting or that the type of rehabilitative program offered was such that it could only be provided to a hospital inpatient.

Therefore, despite the assertions made by the appealing party and others, it is our finding that the circumstances of the appealing party's entire inpatient admission for alcoholism failed to meet the CHAMPUS criteria for benefits and that the CHAMPUS Fiscal Intermediary was in error in extending benefits for the first twenty-one (21) days of the stay. (References: CHAMPUS Regulation DoD 6010.8-R, CHAPTER II, Subsection B.104 and Section B., Paragraph 14.C.; CHAPTER IV, Subsection E.4; Section E., Paragraph 4.a.; Subsection G.1 and Subsection G.3.)

3. Medical Necessity: Last (14) Days of Stay. The appealing party and the physician claimed that the hospital confinement for the last 14 days was necessary for the patient to complete the alcohol program. The Business Office Manager of the Hospital claimed the full 35-day confinement was medically necessary to stabilize the patient's disease, for "apprehensive diet education," and for "sedative use." With the finding that the initial admission and the entire stay did not qualify for benefits, the issue of the last fourteen (14) days is moot. It had been found that benefits had been extended for the first twenty (21) the final fourteen (14) days still would not have qualified for benefits.

   - Medications. The only medication specifically prescribed was a vitamin preparation, administered daily for the first fourteen (14) days of the confinement. There was no evidence submitted that sedatives or any other medications prescribed by doctors in the facility were administered during the entire stay, including last fourteen (14) days. Only an ophthalmic solution is mentioned in the records and this was required by the appealing party for his glaucoma (diagnosed in 1965), was brought into the hospital by him and was self-administered.

   - Rehabilitation Program. Hospital records show the appealing party participated in a standard, organized alcohol rehabilitation program consisting of lectures

and discussions; visits with counselors, clergy, and volunteers; films; group meetings; and reading. The appealing party began this phase of the program the day after his admission and continued it until discharge. None of these activities automatically requires an inpatient setting. The facility's inpatient program is similar to those available through other out-of-hospital treatment programs. The records give no indication that the structured hospital environment, or use of complex medical equipment or specially trained or skilled medical personnel available only in a hospital inpatient setting, were required.

- o Consultations: Special Treatments. The records include no reports of consultations or special medical examinations during the last fourteen (14) days of the confinement. Neither is there evidence of surgery, special medical treatments, or other special therapy requiring use of hospital inpatient facilities.

- o Group Therapy. The specific number and types of group therapy sessions and professional status of the therapist, were not indicated in the Hearing File of Record. The patient's condition, however, would have permitted use of group therapy on an outpatient basis without adverse affect.

Even in a case where the initial phase of an inpatient rehabilitation stay for alcoholism qualifies for benefits in order for such benefits to continue beyond twenty-one (21) days there must be a determination of a medical need for the stay to continue. In this case it has been clearly established that the hospital inpatient setting was not medically necessary for any part of the treatment plan during the last fourteen (14) days of the confinement. The patient's condition did not require an inpatient setting and the level and types of care the appealing party received could have been, and routinely are, provided on an outpatient basis. (References: CHAMPUS Regulation DoD 6010.8-R, CHAPTER II, Subsection B.104; and Section B., Paragraph 14.c.; CHAPTER IV, Section E., Paragraph 4.a; Subsections G.1 and Subsection G.3.)

4. Special Review: Change in Program Policy on Inpatient Alcoholic Rehabilitative Stays. In May 1981, subsequent to the inpatient stay in dispute in this appeal, the Department of Defense revised its policy relative to extending CHAMPUS benefits for inpatient rehabilitative stays for alcoholism. Under the revised policy it is no longer required that a

rehabilitative stay be a continuation of an inpatient detoxification stay for severe physical effects of acute alcoholism. The revised policy permits the extension of benefits for direct admission to inpatient rehabilitation units, provided the cirumstances of the case require the inpatient environment in order for the rehabilitative services to be provided. Since this change in policy was made retroactive to 1 June 1977, this appeal was again reviewed under the revised policy--i.e., without the requirement for immediately preceding detoxification for acute alcoholism. It is the finding of the Principal Deputy Assistant Secretary that this change in policy does not affect the decision in this appeal. The need for the inpatient setting to provide the rehabilitative care in this case was not established. (Refer to Item 2. above, "Inpatient Admission for Alcholic Rehabilitation: Medical Necessity")

SECONDARY ISSUES

Several secondary issues were raised which the appealing party or his spouse claimed supported the extension of benefits and which, in their view, should receive special consideration in this appeal.

1. Cause of Alcoholism. The appealing party related his drinking problem to Military service, particularly his last assignment to an isolated post of duty during 1965 and 1966. The Hearing File of Record carries only his personal assertion on this matter. No evidence was presented to show that drinking was ever an issue in his service record. Even if such evidence had been presented, however, it would have no bearing on whether or not CHAMPUS benefits are payable for the disputed confinement. CHAMPUS benefits and limitations related to alcoholism are specifically set forth in the applicable regulation and are not influenced by any alledged causal relationship to the drinking problem, whether Service-related or not.

2. Physicians and Hospital Staff Control Hospital Admission and Discharge. The appealing party strongly maintained that only the attending physician and hospital staff can decide when a confinement is medically necessary and when a patient has sufficiently recovered to be discharged. He also implied that the patient can leave a hospital only when permitted to do so by hospital staff. (This latter statement is not true insofar as voluntary admissions are concerned but is irrelevant to the case issues.) The staff at the facility where the appealing party was admitted is

committed to a standard inpatient program of twenty-eight (28) to fifth-six (56) days. This pre-set alcohol rehabilitative regime does not, however, obligate CHAMPUS to automatically provide benefits for any part of a hospital confinement or for the specific program itself. The advice of a physician and the decision to admit and retain a patient as an inpatient is, we concur, solely between the physician and patient. To this extent the appealing party is correct. On the other hand, the decision on whether CHAMPUS benefits are payable in a given case is a Program decision, to be based on provisions of the applicable regulation. While an attending, physician's statements are always given careful consideration in any case review, again, the circumstances under which CHAMPUS benefits may be provided for alcoholism are specifically set forth in the applicable regulation.

4. Inpatient Alcohol Rehabilitation: Available in Military Facilities. The appealing party claimed that inasmuch as inpatient alcohol rehabilitation is available through at least some Military hospitals, that where it is not available the retiree is guaranteed CHAMPUS benefits for similar civilian care at 75% of the cost. The appealing party is correct that alcoholic rehabilitation is available at certain Uniformed Services facilities--both inpatient and outpatient programs. Since the Military hospital where the appealing party obtained the Nonavailability Statement did not have alcohol rehabilitation facilities, there is no way of knowing whether the appealing party would have been accepted as either an inpatient or outpatient, or at all, due to the limitations of space available, since most such programs are primarily for active duty members. These questions are moot, however, inasmuch as the determination of CHAMPUS benefits is totally separate and apart from the availability and extent of care in the direct care system. CHAMPUS benefits are determined on the facts in the case, based on of law and applicable regulations. In order for benefits to be provided for any civilian care requires that covered services and supplies must be provided under the circumstances set forth by the Program. In this case, regardless of all other considerations, it was determined that the hospital stay in dispute did not meet the requirements for inpatient alcohol rehabilitation specifically, and use of the inpatient setting generally, and therefore, it has been determined that not only the last fourteen (14) days of the inpatient stay were correctly denied, but also that the entire inpatient period was inappropriate and represented care that could have been provided on an outpatient basis. (References: CHAMPUS Regulation DoD 6010.8-R, CHAPTER IV, Subsection E.4.; CHAPTER IV, Section E, Paragraph 4.a.; and CHAPTER IV, Subsection G.1. and G.3.)

5. Care Available Through Veterans Administration: Discrimination. The appealing party also claimed discrimination on the basis that alcoholic rehabilitation was available through the Veterans Administration without limit. He further stated he had an acquaintance who had received similar care at a Veterans Administration Hospital and no question was raised as to length of stay. The programs administered by the Veterans Administration are not under the purvue of the Department of Defense. We cannot, therefore, speak to the conditions under which the appealing party's acquaintance was confined--i.e., whether alcohol-related medical complications were present, whether the acquaintance had had prior treatment episodes for alcoholism, etc. Further, despite his claim that his drinking problem was service-connected, there is nothing in the Hearing File of Record that indicates the appealing party made any effort to obtain alcohol rehabilitation services through the Veterans Administration. Again, the questions concerning the availability of VA alcohol rehab programs is moot. As stated previously, CHAMPUS benefits must be determined on the facts in the case, based on the law and applicable regulations. What might be available through another Federal agency's program is not pertinent to a decision under CHAMPUS.

6. Issuance of Certificate of Nonavailability (CNA): Authorization of CHAMPUS Benefits. The appealing party also strongly implied that issuance of a Nonavailability Statement entitled him to care in a civilian facility, with CHAMPUS paying seventy-five (75%) percent of the cost. A Nonavailability Statement was issued to the appealing party by the local Military hospital indicating that "neuropsychiatric services" were not available at that facility. (The Statement made no mention of alcoholism.) The CNA was issued retroactively to 22 June 1978, the date of the appealing party's admission to the civilian hosital which indicates he did not seek his care from the Military hospital before seeking admission to the civilian hospital. Although it is acknowledged that the appealing party may have believed that obtaining a Certificate of Nonavailability automatically entitled him to CHAMPUS benefits, it represents a misunderstanding of the purpose for issuing the CNA. The Nonavailability Statement only represents evidence that the type of inpatient care the patient seeks is not available at that issuing Uniformed Services facility at the time the request was made. It is not a certification of the patient's condition or his need for care. Neither is it an authorization or a guarantee that CHAMPUS benefits will be available. Correct information concerning the

Certificate of Nonavailability is clearly stated in the section of that document under the heading, "ISSUANCE OF THIS STATEMENT MEANS ..."

7. Misinformation: Retirement Sources. The appealing party also asserted that on retirement and since retirement, he had been informed verbally and through retirement bulletins, and other media that he is entitled to medical care from the Government. His statements were of such ambiguity, however, that it cannot be ascertained whether he was referring to his former Service or some retiree organization as the source of his information--or both. Nothing was included in the Hearing File of Record to support this claim so it could not be verified. If a source of retiree information did, in fact, guarantee that any and all medical care would either be provided by Service facilities or paid for by CHAMPUS, such information sources were in error. Every effort is made to assure correct general information about the Department of Defense medical programs is available to those who interact directly with active duty personnel, retirees and their dependents, because it is recognized that such sources can serve a useful purpose. Determination of whether space and/or professional capability will he available for retirees in a specific Uniformed Service facility or whether CHAMPUS benefits can be extended for specific civilian medical care, is the prerogative of the facility commander and the Program, respectively. When such "retirement sources" do disseminate inaccurate or incomplete information, it is truly unforunate. Such sources, however, have no legal status or authority.

8. Cinical Documentation. Burden of Evidence. The clinical documentation submitted to the Hearing File of Record in this case is very skimpy. In reviewing the case it appears that efforts were made by both OCHAMPUS and the appealing party to obtain complete medical records from the hospital where the desputed inpatient stay occurred. We must therefore assume that the medical evidence submitted constitutes the complete medical record available at the facility. If this assumption is correct, the records are woefully inadequate for a thirty-five (35) day inpatient stay. Very little critical information was made available and many assumptions and findings had to be based on the fact the Hearing File of Record was silent. If complete medical records were not provided in this case, it is possible the lack of information worked to the detriment of the appealing party. This is because the burden of proof rests with the appealing party to present whatsoever evidence is

necessary to overcome an initial adverse determination. In this case sufficient evidence to overturn the initial denial was not forthcoming. In fact, the paucity of documentation relative to a need for the rehab program to be accomplished in the inpatient environment, contributed to the finding that the entire inpatient stay should have been denied. (Reference: CHAMPUS Regulation DoD 6010.8-R, Chapter X, Section F, Paragraph 16.i).

SUMMARY

This FINAL DECISION in no way implies that the appealing party did not suffer from some degree of alcoholism, that his participation in an alcohol rehabilitation program was inappropriate or that is was not beneficial. It only confirms that the circumstances of the inpatient confinement for alcohol rehabilitation in dispute in this appeal do not qualify for benefits under CHAMPUS for any part of the stay. Under usual circumstances, recoupment action would be initiated to recover the amount of the CHAMPUS benefits paid in error for the first twenty-one (21) days of the disputed stay ($1,271.59). In view of the length of time since the admission occurred, such recoupment is hereby waived as authorized under the provisions of the Claims Collection Act of 1966.

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Our review indicates the appealing party has received full due process in his appeal. Issuance of this FINAL DECISION is the concluding step in the CHAMPUS appeals process. No further administrative appeal is available.

Vernon McKenzie
Principal Deputy Assistance Secretary
of Defense (Health Affairs)