



ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

HEALTH AFFAIRS

18 JUN 1984

BEFORE THE OFFICE, ASSISTANT
SECRETARY OF DEFENSE (HEALTH AFFAIRS)
UNITED STATES DEPARTMENT OF DEFENSE

Appeal of)
Sponsor:) OASD(HA) File 83-47
SSN:) FINAL DECISION

This is the FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) in the CHAMPUS Appeal OASD(HA) Case File 83-47 pursuant to 10 U.S.C. 1071-1089 and DoD 6010.8-R, chapter X. The appealing party is the beneficiary, a retired officer in the United States Navy. The appeal involves the question of CHAMPUS coverage of inpatient care for alcoholism rehabilitation provided the beneficiary from July 23, 1980, to August 27, 1980, for a total of 35 days. The total inpatient charge of \$3,405.65 incurred by the beneficiary was denied by the CHAMPUS Fiscal Intermediary because the inpatient care was not medically necessary and was provided at an inappropriate level of care.

The hearing file of record, the tape of oral testimony presented at the hearing, the Hearing Officer's Recommended Decision, and the Analysis and Recommendation of the Director, OCHAMPUS, have been reviewed. It is the Hearing Officer's recommendation that the First Level Appeal Decision issued by OCHAMPUS be upheld and that benefits be denied for the hospitalization for the period of August 13 to August 27, 1980. The Hearing Officer also recommends that the OCHAMPUS First Level Appeal Decision authorizing CHAMPUS cost-sharing of the first 21 days of hospitalization be upheld. The Hearing Officer's recommendation to deny CHAMPUS coverage of care from August 13, 1980, to August 27, 1980, is based on findings that the hospitalization was not medically necessary, the inpatient care was provided at an inappropriate level of care, and the beneficiary did not receive any medical treatment for a physical complication during the last 14 days of inpatient care. The Director, OCHAMPUS, recommends partial adoption and partial rejection of the Hearing Officer's Recommended Decision.

The Director recommends adoption of the Recommended Decision as it concerns denial of CHAMPUS coverage of the beneficiary's rehabilitative program from August 13, 1980, to August 27, 1980. The Director, however, recommends rejection of the Recommended Decision as it concerns CHAMPUS coverage of the beneficiary's

rehabilitation program from August 7, 1980, through August 12, 1980. Prior to the beneficiary's admission to the rehabilitation program on July 23, 1980, the beneficiary underwent 6 days of detoxification at the National Naval Medical Center from July 17, 1980, to July 23, 1980. It is the position of the Director, OCHAMPUS, that the portion of the beneficiary's rehabilitation program from August 7, 1980, through August 27, 1980, exceeds the regulation limitation of 21 days for a combined detoxification/rehabilitation program.

Under DoD 6010.8-R, chapter X, the Office, Assistant Secretary of Defense (Health Affairs), may adopt or reject the Hearing Officer's Recommended Decision. In the case of rejection, a FINAL DECISION may be issued by the Assistant Secretary of Defense (Health Affairs) based on the appeal record.

The Assistant Secretary of Defense (Health Affairs), after due consideration of the appeal record, rejects the Hearing Officer's Recommended Decision insofar as it found the hospitalization from August 7, 1980, through August 12, 1980, to be medically necessary. It is the finding of the Assistant Secretary of Defense (Health Affairs) that the Hearing Officer's Recommended Decision, regarding his findings that the hospitalization from August 7, 1980, through August 12, 1980, does not reflect proper evaluation of the evidence or consideration of applicable regulation. The Assistant Secretary of Defense (Health Affairs) concurs with the findings of the Hearing Officer that the hospitalization at Melwood Farm from July 23, 1980, through August 6, 1980, was medically necessary, and the hospitalization from August 13, 1980, to August 27, 1980, was not medically necessary.

The FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) is, therefore, to allow CHAMPUS cost-sharing of inpatient hospitalization at Melwood Farm (an alcoholic treatment facility) from July 23, 1980, through August 6, 1980, but to deny CHAMPUS cost-sharing of inpatient hospitalization at Melwood Farm from August 7, 1980, to August 27, 1980. This decision to deny CHAMPUS cost-sharing of inpatient hospitalization from August 7, 1980, to August 27, 1980, is based on findings that the care provided was not medically necessary and was at an inappropriate level.

FACTUAL BACKGROUND

The beneficiary was admitted to the National Naval Medical Center, Bethesda, Maryland, on July 17, 1980, with a primary diagnosis of chronic alcoholism, hypertension, chronic low back pain, and glaucoma. The discharge summary of the National Naval Medical Center indicates the beneficiary, upon admission, was 60 years old, in fairly good health, and presently intoxicated. The beneficiary stated his last drink was approximately 8:00 a.m. on the morning of admission. The beneficiary's drinking history indicates that initially he was a moderately heavy drinker; however, approximately 10 years previous to this admission, he

began drinking quite heavily. The record indicates the beneficiary drank rum, gin, whiskey, wine, and beer and went on "binges" lasting a few weeks. The "binges" were followed by a period of no drinking for 4 to 5 days following which the beneficiary would once again begin "binge" drinking. Upon admission, the beneficiary denied previous detoxification attempts, nausea, vomiting, hematemesis, hematochezia, melena, diarrhea, jaundice, or episodes of abdominal pain. The beneficiary indicated that he usually suffered mild tremulousness on the third and fourth day following his last drink. He also denied hallucinations or seizures but indicated a history of blackout spells during some of his "binges."

Upon admission to the National Naval Medical Center, a physical examination and lab tests were conducted. The physical examination, which consisted of taking the beneficiary's vital signs and conducting a general examination, revealed that the beneficiary was well developed, well nourished, and acutely intoxicated but in no acute distress. The physical examination revealed abnormal blood pressure and pulse and indicated the beneficiary was pending delirium tremens; therefore, an intravenous line was established and the beneficiary began receiving Valium. This procedure was necessary because of the abnormal blood pressure and pulse and the fact that the beneficiary, upon admission, was pending delirium tremens. Over the next 24-hour period, the beneficiary required approximately 10 mg. of Valium every 3 to 4 hours to maintain his pulse below 100 and his blood pressure down towards the normal range. The beneficiary showed no signs of hallucination or delusion and his orientation gradually improved. During the hospitalization at the National Naval Medical Center, the beneficiary did not show signs of delirium tremens or other withdrawal reactions and was ready for discharge to an alcoholic rehabilitation unit. The attending physician noted that the patient was in severe need of an alcoholic rehabilitation program because the beneficiary's drinking problem was totally destroying the family situation as well as the beneficiary's health.

This physician also noted that a rehabilitation bed was not available at the alcoholic rehabilitation unit of the National Naval Medical Center. Therefore, arrangements were made to have the beneficiary placed at Melwood Farm outside of Olney, Maryland. The discharge summary indicates the beneficiary was to be discharged to Melwood Farms on July 23, 1980, and undergo a 28-day alcoholic rehabilitation program at that facility. The final diagnosis upon discharge was chronic alcoholism, hypertension, chronic low back pain, and glaucoma. When discharged, the beneficiary was prescribed Aldactazide, Valium, Naprosyn, and P2 E1 eye drops.

On July 23, 1980, the beneficiary was transferred to Melwood Farm. In connection with that transfer, a statement of nonavailability was secured because the National Naval Medical Center alcoholic rehabilitation program was full. The treatment program at the Melwood Farm Alcoholic Treatment Facility included

group psychotherapy (consisting of 15 sessions, each session lasting 1½ hours), peer support, individual counseling sessions (five times at 1 hour each), and family counseling (three sessions at 1 hour each). There were also three short visits of ½-hour duration with the staff doctor for initial evaluation, evaluation of back pain, and after-care consultation. While in the program the beneficiary was prescribed Antabuse, Aldactazide, Naprosyn, and Therapeutic B Complex.

The modalities of treatment at Melwood Farm included nutritional therapy, milieu therapy, self-awareness through art therapy, and recreational therapy. Also included were group therapy sessions, doctors' lectures, films, nurses' lectures, and Alcoholics Anonymous meetings approximately five times a week. The beneficiary, when admitted, exhibited an acute brain syndrome which was slowly resolved over the course of hospitalization; however, even on discharge, the patient was easily confused when given a complicated task.

The beneficiary, while at Melwood Farm, indicated that he has had a drinking problem over the last 10 to 15 years; however, prior to that he did not drink in a compulsive way. The beneficiary stated that recently he had been drinking more, averaging 1 pint a day.

For approximately the first 10 days at Melwood Farm, the beneficiary was still confused and disoriented. Initially his thinking began to improve, but when discharged, he had not completely recovered. The beneficiary's progress during the hospitalization was summarized by Melwood Farm as follows:

"He had gained weight and was sleeping well and his appearance had improved greatly. Originally the beneficiary was very anti-Alcoholics Anonymous but did come to realize that he would need the support system to stay sober."

The nursing notes indicate that the treatment plan of the beneficiary was generally uneventful. The notes reveal that the beneficiary attended his meetings and showed progress during his stay. The nursing notes indicate that throughout most of the hospitalization the beneficiary was generally confused, gained weight and was sleeping better. The nursing notes, however, did not indicate any physical problem related to alcoholism which would justify a stay beyond the initial 15 days at Melwood Farm.

The CHAMPUS Fiscal Intermediary, Pennsylvania Blue Shield, submitted the beneficiary's case file for internal peer (medical) review and the file was reviewed by three separate medical reviewers. The consensus of the reviewers was that the entire period of hospitalization was not medically necessary. The fiscal intermediary informed the beneficiary that his CHAMPUS claim for the entire period of hospitalization at Melwood Farm

was denied based on guidelines established by OCHAMPUS in cooperation with the American Psychiatric Association and a consensus of opinions resulting from medical review.

On May 13, 1981, the beneficiary requested a reconsideration of the initial determination to deny benefits. In that request the beneficiary stated that the admittance to Melwood Farm was upon the Navy's recommendation because the Navy's similar alcoholic rehabilitation facility was full. The beneficiary stated that he went directly from the hospital to Melwood Farm and that the Navy had paid Melwood Farm over \$1,800.00 on the presumed assumption that CHAMPUS, or some government agency, would pay at least the balance of all expenses.

On July 7, 1981, the beneficiary was informed that a reconsideration review had been conducted which upheld the previous denials of CHAMPUS cost-sharing of the 35-day period of hospitalization at Melwood Farm for alcoholic rehabilitation. After this notice, the beneficiary requested an OCHAMPUS First Level Appeal. In preparation of rendering a First Level Appeal Decision, OCHAMPUS referred this case to the American Psychiatric Association for medical review. The case was reviewed by a physician with a medical specialty in psychiatry and board certified by the American Board of Psychiatry and Neurology. This reviewing psychiatrist noted that, in his opinion, the beneficiary was undoubtedly suffering from chronic alcoholism. This opinion was based on the beneficiary's medical history as well as the laboratory studies which substantiated that fact, and also the fact that the beneficiary was a potential delirium tremens case while at the National Naval Medical Center.

This psychiatrist was asked to render an opinion as to whether the inpatient setting of the alcoholic rehabilitation program at Melwood Farm was at the appropriate level of care and medically necessary for the period of July 23, 1980, through August 27, 1980. It was the opinion of this psychiatrist that the beneficiary:

" . . . needed a continuing period of inpatient care particularly until his confusion, disorientation, impairment in judgement, and intellectual capabilities were assessed."

It was also the opinion of this psychiatrist that:

" . . . there should have been a more intensive level of care than the rehabilitation services at Melwood Farm. If [the beneficiary] is unable to find his room, I do not know how he could have learned from reading, AA and groups. I question the value to him of the rehabilitation program at this time except for his remaining away from alcohol."

The reviewing psychiatrist was also of the opinion that the period of hospitalization from August 13, 1980, through August 27, 1980, was at an inappropriate level of care and not medically necessary because the beneficiary should have returned to a level of care where further assessment could have been carried out. It was his opinion that the beneficiary did not receive maximum benefit from the rehabilitation program; therefore, it was not appropriate for this beneficiary to remain in the rehabilitation program from August 13, 1980, through August 27, 1980. Finally, the reviewing psychiatrist stated:

"Although I am a firm supporter of the 28-day alcohol rehabilitation program, which in this case was a 24-hour program and not a true acute inpatient program, I do not feel [the beneficiary] was receiving appropriate assessment and treatment. I certainly would not support the extension beyond 21 days.

"In closing, I would like to have some statement from the providers justifying keeping this patient in their program beyond 'needs time' to become clear mentally. I cannot find any clearcut treatment of his depression, and the follow up shows he did not comprehend the need for continued involvement with his physician, AA and marital therapy."

Based on the peer review conducted under the auspices of the American Psychiatric Association, the OCHAMPUS First Level Appeal Decision held the inpatient rehabilitative care provided to the beneficiary from July 23, 1980, through August 12, 1980, met the Regulation requirements for medically necessary care provided at the appropriate level and was thus a CHAMPUS benefit. However, this decision also held the inpatient rehabilitative care provided from August 13, 1980, to August 27, 1980, did not meet the requirements of appropriate level of care and medical necessity because this period of inpatient rehabilitation was not for the treatment of a medical complication associated with alcohol withdrawal and primarily involved Antabuse therapy. Accordingly, the fiscal intermediary, at that time, Blue Cross and Blue Shield of South Carolina, was instructed to cost-share the inpatient alcoholic rehabilitation care provided to the beneficiary at Melwood Farm for the dates of service of July 23, 1980, through August 12, 1980.

On February 3, 1983, the beneficiary requested a hearing seeking CHAMPUS cost-sharing of the final 14 days of hospitalization. The amount in dispute for this period is approximately \$1,900.00. In support of that request, the beneficiary stated that, ". . . without the additional two weeks [stay] at Melwood Farm, I would have been extremely vulnerable and highly likely to have resumed drinking." Further, the beneficiary provided a statement by a board certified psychiatrist and a member of the staff of

Melwood Farm. In this statement, the psychiatrist states that the beneficiary was extended in treatment beyond 21 days because the beneficiary needed more time in the rehabilitation process to better prepare for the personal responsibility of maintaining abstinence from alcohol. He states that the extension involved much more than administration of an Antabuse regimen. This psychiatrist further stated:

"During the period of August 13-27, [the beneficiary] participated fully in our structured therapy and educational program. He was engaged in 11 hours of group therapy, 3 hours of individual counseling with his principal alcoholism counselor, 44 hours of educational lectures and discussions by AA speakers, nursing staff, Doctors, Director, nutritionist and counselors, 10 films with discussion, 10 AA meetings in house and in community, 4 hours of self-awareness training, 2 hours of spiritual awareness counseling, 3 hours of family therapy, 2 weeks of milieu therapy in addition to being evaluated twice weekly by psychiatrists on our medical staff."

In conclusion, this psychiatrist noted that the beneficiary made remarkable progress in the final 2 weeks of treatment to the extent that the staff was confident that the beneficiary was well enough on the road to recovery to be discharged with a favorable prognosis. In his opinion, the 2-week extension in this case was medically necessary, and the fact that the beneficiary has maintained continuous sobriety for over 2 years following discharge substantiates the medical necessity of the additional stay.

The beneficiary requested a hearing which was held at Dover, Delaware, on June 29, 1983, before Edward S. Finkelstein, Hearing Officer. At the hearing, the beneficiary testified that the minimum length of stay at Melwood Farm is 28 days and that he was not evaluated after the 21st day but rather after the 28th day. The beneficiary testified that during the final 2 weeks at Melwood Farm, he received help, guidance, and moral support and not just Antabuse treatment as indicated in the American Psychiatric Association medical review. Also, the beneficiary stated that in the last 2 weeks he became less confused. Further, he indicated that if he had stayed in a motel during the final 2 weeks, rather than as an inpatient at Melwood Farm, he would not have been able to discipline himself and would not have had the will power and mental capability to progress as an outpatient as well as he did as an inpatient. Finally, the beneficiary testified that his treatment regimen during the final 14 days was essentially the same as the first 21 days; i.e., he attended films, lectures, AA meetings, and received counseling.

The Hearing Officer has submitted his Recommended Decision. All prior levels of administrative appeal have been exhausted and issuance of a FINAL DECISION is proper.

ISSUES AND FINDINGS OF FACT

The primary issues in this appeal are whether the inpatient hospitalization for treatment of alcoholism was (1) medically necessary, and (2) at the appropriate level of care for the treatment of alcoholism.

Medically Necessary

Under the CHAMPUS regulation, DoD 6010.8-R, chapter IV, A.1., the CHAMPUS Basic Program will cost-share medically necessary services and supplies required in the diagnosis and treatment of illness or injury, subject to all applicable limitations and exclusions. Services which are not medically necessary are specifically excluded (chapter IV, G.1.). Under chapter II, B.104., medically necessary is defined as:

". . . the level of services and supplies (that is, frequency, extent and kinds) adequate for the diagnosis and treatment of illness or injury"

This general concept of "medically necessary" is further defined in relation to the extent of CHAMPUS coverage of inpatient care for alcoholism by DoD 6010.8-R, chapter IV, E.4., as follows:

"4. Alcoholism. 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 a 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.

"a. Rehabilitative Phase. 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.

EXAMPLE

If a continued inpatient rehabilitative stay primarily involves administration of Antabuse therapy and the patient has no serious physical complications otherwise requiring an inpatient stay, the inpatient environment would not be considered necessary and therefore benefits could not be extended.

"b. Repeated Rehabilitative Stays: Limited to Three (3) Episodes. Even if a case is determined to be appropriately continued on an inpatient basis, repeated rehabilitative stays will be limited to three (3) episodes (lifetime maximum); and any further rehabilitative stays are not eligible for benefits. However, inpatient stays for the acute stage of alcoholism requiring detoxification/stabilization will continue to be covered. When the inpatient hospital setting is medically required, a combined program of detoxification/stabilization and rehabilitation will normally not be approved for more than a maximum of three (3) weeks per episode. (Emphasis added)

"c. Outpatient Psychiatric Treatment Programs. Otherwise medically necessary covered services related to outpatient psychiatric treatment programs for alcoholism are covered and continue to be covered even though benefits are not available for further inpatient rehabilitative episodes, subject to the same psychotherapy review guidelines as other diagnoses."

Therefore, under CHAMPUS, coverage of inpatient treatment of alcoholism consists of a detoxification phase from 3 to 7 days followed by a rehabilitation phase. The combined program will not normally be approved for more than a maximum of 3 weeks per episode. As previously determined in FINAL DECISIONS OASD(HA) 02-80, 04-80, and 82-10, the presence of severe medical effects of alcohol determines if the rehabilitative phase is authorized on an inpatient basis beyond the normal 21-day limit.

The medical records in this appeal indicate the beneficiary was initially treated at the National Naval Medical Center for detoxification for 6 days. Therefore, in considering the availability of CHAMPUS cost-sharing, for the authorized 21-day combined program of detoxification and rehabilitation, this 6-day period of detoxification at the National Naval Medical Center must be considered as part of the combined program of detoxification/stabilization and rehabilitation for the beneficiary's treatment episode. The fact that the beneficiary underwent the detoxification phase at a Government facility does not extend the 21-day limit. This period of detoxification would be considered as part of the 21-day limit if the care was received at a non-Governmental facility. The fact that the detoxification care was received at a Government facility does not alter the results. In applying the 21-day limitation, the total episode of care is considered, regardless of the status of the treating facility.

The medical records also indicate the beneficiary was not treated for any medical condition or physical complication which otherwise required an inpatient stay after August 6, 1980. Although the beneficiary contends the additional period of inpatient care was much more than Antabuse therapy, the fact remains that the beneficiary was not suffering from a serious physical complication which otherwise required an inpatient stay. Further, it should be noted that one of the psychiatrists of the facility stated that the additional 2 weeks of inpatient stay were used for the purpose of participating in the structured and educational program offered by the facility which included attending group therapy, attending individual counseling sessions, attending educational lectures and discussions, viewing films, attending Alcoholics Anonymous meetings, participating in self-awareness training, participating in spiritual awareness counseling, participating in family therapy and milieu therapy, and being evaluated on four occasions by staff psychiatrists. This was the same regimen as the previous 6 days which I have determined is not allowable for CHAMPUS coverage. Nothing in the record or the nursing notes indicates that the beneficiary was suffering from a serious medical complication requiring continued inpatient stay after August 6, 1980.

The Hearing Officer found the beneficiary's inpatient care from July 23, 1980, to August 13, 1980, to be medically necessary. The Hearing Officer also found that the continued hospitalization stay from August 13, 1980, to August 27, 1980, to be not medically necessary. I partially concur with these findings of

the Hearing Officer; however, I find that the final 20-day period of hospitalization from August 7, 1980, until the discharge of the patient on August 27, 1980, was not medically necessary and was at an inappropriate level of care. There has been no evidence provided in the record or at the hearing to justify continued need for the combined inpatient stay beyond the normal 21 days. Specifically, there has been no evidence introduced to indicate the existence of severe medical effects of alcohol which medically required a continued inpatient setting beyond the initial 21 days of the combined program of detoxification and rehabilitation.

In summary, I find the inpatient treatment at Melwood Farm to be medically necessary for the treatment of alcoholism and within the CHAMPUS regulation criteria from July 23, 1980, to August 7, 1980. Further, I find the inpatient treatment from August 7, 1980, to August 27, 1980, to be not medically necessary and provided at an inappropriate level of care. The record supports CHAMPUS coverage for the normal period authorized by the Regulation for the treatment of alcoholism. I further adopt, as indicated above, the findings of the Hearing Officer regarding the failure to document the presence of a physical complication that required inpatient care beyond August 12, 1980; however, I also find the record fails to document the presence of a physical complication that required inpatient care from August 7, 1980, to August 12, 1980. Therefore, I find the inpatient care from August 7, 1980, to August 27, 1980, to be not medically necessary and not within the CHAMPUS criteria for coverage of inpatient care for alcoholism. CHAMPUS cost-sharing of the inpatient care from August 7, 1980, through August 27, 1980, is denied.

Appropriate Level of Care

Under the CHAMPUS regulation, DoD 6010.8-R, chapter IV, B.1.y., the level of institutional care authorized under the CHAMPUS Basic Program is limited to the appropriate level required to provide the medically necessary treatment. Services and supplies related to inpatient stays above the appropriate level required to provide necessary medical care are excluded from CHAMPUS coverage.

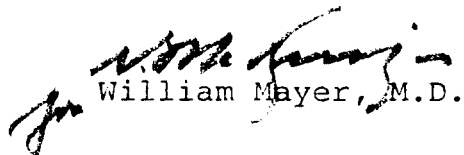
The Hearing Officer found the inpatient stay beyond August 12, 1980, was not medically necessary and was not at the appropriate level of care. From the appeal record it appears that the primary reasons for the continued hospitalization beyond August 12, 1980, were the treatment facility's philosophy of continuing inpatient care at Melwood Farm for a minimum of 28 days and the staff evaluation indicating that they did not believe the beneficiary had progressed sufficiently enough to successfully abstain from alcohol if discharged at the conclusion of 21 days. Under the CHAMPUS regulation provisions, the absence of physical complications requiring continued inpatient stay beyond August 6, 1980, the 21st day of the combined episodes of care, necessitates a finding that the inpatient setting was not required even though the staff may have felt the additional stay

was medically necessary. As stated, a physical complication is required in order to justify inpatient care beyond the initial 21 days of the combined episodes of care.

In view of the above, I find that inpatient care beyond August 6, 1980, was not medically necessary and was at an inappropriate level of care. Therefore, the inpatient care beyond August 6, 1980, was above the appropriate level of care and thus excluded from CHAMPUS coverage.

SUMMARY

In summary, it is the FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) that the inpatient care from July 23, 1980, through August 6, 1980, was medically necessary and meets the CHAMPUS criteria for coverage of inpatient treatment of alcoholism. Further, I find the inpatient care from August 7, 1980, to August 27, 1980, was (1) not medically necessary as there were no physical complications associated with alcohol withdrawal that required inpatient treatment, and (2) above the appropriate level of care required for the treatment of alcoholism as care could have been provided on an outpatient basis. Therefore, the inpatient care subsequent to August 6, 1980, is not covered under CHAMPUS and the file is returned to the Director, OCHAMPUS, for appropriate action under the Federal Claims Collection Act governing any erroneous payment made for care from August 7, 1980, to August 27, 1980. The appeal of the beneficiary for this period of inpatient care is denied. Issuance of this FINAL DECISION completes the administrative appeals process under DoD 6010.8-R, chapter X, and no further administrative appeal is available.


William Mayer, M.D.