



ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

27 NOV 1984

HEALTH AFFAIRS

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

Appeal of)	
Sponsor:)	OASD(HA) File 84-30
SSN:)	FINAL DECISION

This is the FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) in the CHAMPUS Appeal OASD(HA) Case File 84-30 pursuant to 10 U.S.C. 1071-1092 and DoD 6010.8-R, chapter X. The appealing party is the CHAMPUS beneficiary, a retired enlisted member of the United States Air Force. The appeal involves the denial of inpatient hospitalization for alcohol detoxification/rehabilitation beyond the normal 21-day period provided in the CHAMPUS regulation. The amount in dispute is \$1,748.25.

The hearing file of record, 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 hospitalization and medical services provided the beneficiary beyond the normal 21-day period for alcoholic rehabilitation be denied CHAMPUS cost-sharing. The Hearing Officer found that the inpatient hospitalization at Brookwood Lodge from February 19, 1983, through February 28, 1983, was not medically necessary and was provided at an inappropriate level of care. Further, the Hearing Officer found that the appealing party had failed to establish the existence of severe medical effects of alcohol which would necessitate inpatient care beyond the normal 21-day limitation.

The Director, OCHAMPUS, concurs in the Recommended Decision and recommends adoption of the Recommended Decision as the FINAL DECISION. The Assistant Secretary of Defense (Health Affairs), after due consideration of the appeal record, concurs in the recommendation of the Hearing Officer and hereby adopts the recommendation of the Hearing Officer as the FINAL DECISION.

The FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) is, therefore, to deny CHAMPUS cost-sharing of the appealing party's claims for the inpatient care and medical services related to the inpatient alcoholic rehabilitation program beyond February 18, 1983. This determination is based on findings that: (1) the hospitalization beyond the normal 21-day limit was not medically necessary and was above the appropriate

level of care and, (2) there has been no evidence presented to indicate the existence of severe medical effects of alcohol which require an inpatient setting beyond the normal 21-day limit.

FACTUAL BACKGROUND

The sponsor, a retired enlisted member of the United States Air Force, was admitted to Tampa Memorial Hospital, Tampa, Florida, on January 28, 1983, for alcoholism. The sponsor remained at this hospital for 3 days. On the day following his discharge from this hospital, the beneficiary was admitted to Brookwood Lodge for inpatient alcoholic rehabilitation. The beneficiary remained at Brookwood Lodge for 28 days. Combined with the 3-day hospitalization at the Tampa Memorial Hospital the hospitalization for this episode of care was 31 days.

The Hearing Officer's Recommended Decision described in detail the beneficiary's medical condition, the events leading to the alcoholic detoxification at Tampa Memorial Hospital, and the inpatient rehabilitation at Brookwood Lodge. The Hearing Officer has provided a detailed summary of the factual background, including the appeals that were made and previous denials, as well as the medical opinions of the American Psychiatric Association medical reviewers and the OCHAMPUS Medical Director. Because the Hearing Officer adequately discussed the factual record, it would be unduly repetitive to summarize the record, and the Hearing Officer's Recommended Decision is adopted and incorporated in full in this FINAL DECISION.

The hearing was held on the record by OCHAMPUS Hearing Officer Hanna M. Warren. The Hearing Officer has issued her Recommended Decision and issuance of a FINAL DECISION is proper.

ISSUES AND FINDINGS OF FACT

The primary issue in this appeal is whether the extended inpatient alcoholic rehabilitation care at Brookwood Lodge from February 19, 1983, through February 28, 1983, was medically necessary and appropriate care under the CHAMPUS laws and regulation.

The Hearing Officer in her Recommended Decision correctly stated the issues and correctly referenced the applicable law, regulations, and prior precedential FINAL DECISIONS (OASD(HA) Case File 02-80 dated May 30, 1981, and OASD(HA) Case File 80-04 dated June 8, 1982) on this issue.

The Hearing Officer found that:

"The record does not document the continued medical necessity under the applicable CHAMPUS Regulation for cost sharing of inpatient care and treatment beyond the normal 21 day period for alcohol detoxification/stabilization and rehabili-

tation. Since the beneficiary was admitted to the hospital for three days of detoxification from January 28 through January 31, 1983, and for inpatient alcohol rehabilitation from February 1 through March 1, 1983, the inpatient care from February 19th through February 28th, exceeded the normal 21-day period and it is my recommended decision that the care for these dates be denied CHAMPUS coverage."

I concur in the Hearing Officer's findings and recommendations. There is nothing in the record to indicate the appealing party suffered severe medical effects of alcoholism necessitating hospitalization beyond the normal 21-day limit nor does the record document any other basis supporting the medical necessity of inpatient rehabilitation beyond the normal 21-day limit. I hereby adopt in full the Hearing Officer's Recommended Decision, including the findings and recommendations, as the FINAL DECISION in this appeal.

SUMMARY

In summary, the FINAL DECISION of the Assistant Secretary of Defense (Health Affairs) is to deny CHAMPUS cost-sharing of the hospitalization and related medical services at Brookwood Lodge from February 19, 1983, through February 28, 1983, for the treatment of alcoholism because this period of inpatient care was not medically necessary and was above the appropriate level of care. The appealing party has failed to document that the continued hospitalization was necessary to treat the severe medical effects of alcoholism or any other basis to support the medical necessity of inpatient rehabilitation beyond the normal 21-day limit. In view of the erroneous payments made in this matter, the Director, OCHAMPUS, is directed to initiate appropriate recoupment action under the Federal Claims Collection Act. 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.

RECOMMENDED HEARING DECISION

Claim for Benefits under the
Civilian Health & Medical
Program of the Uniformed Services
(CHAMPUS)

Beneficiary: M.Sgt., USAF (Retired)
SSN:

This is the recommended decision of CHAMPUS Hearing Officer Hanna M. Warren in the CHAMPUS appeal of _____ and is authorized pursuant to 10 U.S.C. 1079-1089 and DoD 6010,8-R, Chapter X. The appealing party is the beneficiary, _____, M.Sgt., USAF (Retired). The appeal involved the denial of CHAMPUS cost-sharing for care at Brookwood Lodge, Palmetto Springs, from February 19 through March 1, 1983. The amount in dispute is approximately \$1,748.25.

The hearing file of record has been reviewed. It is the OCHAMPUS position that the Formal Review determination, issued November 17, 1983, be upheld on the basis that the care provided during the above period was not medically necessary nor an appropriate level of care under the CHAMPUS Law and Regulation.

The Hearing Officer, after due consideration of the appeal record concurs in the recommendation of OCHAMPUS to deny CHAMPUS cost-sharing. The Recommended Decision of the Hearing Officer is, therefore, to deny cost-sharing for the beneficiary's inpatient hospitalization at Brookwood Lodge, Palmetto Springs, from February 19 through March 1, 1983, because no medical necessity has been shown justifying inpatient hospitalization beyond the normal 21-day period provided in the CHAMPUS Regulation. Therefore, the care was not medically necessary nor rendered at the appropriate level for coverage under the CHAMPUS program.

FACTUAL BACKGROUND

The beneficiary was admitted to Memorial Hospital of Tampa January 28, 1983; and was discharged on January 31, 1983. The total charge for this hospitalization was \$1,024.45. The CHAMPUS fiscal intermediary, Blue Shield of California, denied coverage for this claim. The beneficiary was admitted to Brookwood Lodge, Palmetto Springs, on February 1, 1983, and discharged on March 1, 1983. A statement was submitted for one day in a semi-private room for detoxification at \$236; 27 days in a semi-private room at \$189 daily and charges for lab work, physical exam, EKG, drugs and medicine, psychological tests, and a patient entrance package; with a total charge of \$5,626.30 (Exhibit 1, page 3). This too was denied in its entirety by the fiscal intermediary on original submission.

Memorial Hospital then submitted a non-availability statement (Exhibit No. 4) in response to this denial and the beneficiary requested informal review (Exhibit No. 5). Brookwood Lodge also asked for a review (Exhibit No. 6) and enclosed the medical records which included a discharge summary, admission summary, physical exam with neurological tests and lab reports (including liver profile and chemical screen). Unfortunately in the hearing file of record the

lab reports are of such poor quality they are not readable. Along with these medical records, a letter was enclosed from Juan P. Boudet, M.D. (Exhibit No. 6, page 10). The letter does not identify Dr. Boudet's position at Brookwood Lodge but he does "certify that it was medically necessary for to remain in our rehabilitative program for the entire 28-day period while he was a patient at our facility." The medical records show Dr. Boudet listed as the attending physician and he signed the physical exam form, what appears to be the discharge summary and the doctor's progress notes.

The fiscal intermediary wrote to Brookwood Lodge and Memorial Hospital and requested additional information (Exhibit No. 7 and 8). The charges by Memorial Hospital of Tampa and Brookwood Lodge were again denied on review by the fiscal intermediary (Exhibit No. 9). Peer review was then instituted and Brookwood Lodge was advised that benefits for 21 days would be approved (Exhibit No. 11). The beneficiary then requested an OCHAMPUS formal review and in this request stated that he felt the Memorial Hospital claim had been denied because of lack of requested information being provided by the hospital (Exhibit No. 13 and 14). OCHAMPUS then sent the file to its medical director and asked for a peer review opinion as to whether: (a) The treatment program and services were medically necessary and appropriate; (b) whether inpatient hospitalization was the appropriate level of care and (c) what was an appropriate length of stay. Memorial Hospital was again asked to provide Mr. Cordell's medical records (Exhibit No. 18).

An OCHAMPUS Formal Review Decision was issued November 17, 1983. This decision approved three days hospitalization from January 28 through 31, 1983, at Memorial Hospital of Tampa and 18 days at Brookwood Lodge (February 1 through 18, 1983), for a total of 21 days. Care at Brookwood Lodge from February 19 through March 1 was denied on the basis that it was not documented to be medically necessary or appropriate. After making a timely request for hearing the beneficiary waived his right to appear at a hearing and requested that a decision be made on the record (Exhibit 26). He was given an opportunity to submit additional information or discuss this claim with me, but no response was received.

The amount in dispute is \$1,748.25, which consists of \$756 presently under recoupment for the care provided at Brookwood Lodge from February 19 through 21, 1983, and \$992.25 which would be the CHAMPUS share of the allowable charge for February 22 through 28, at Brookwood Lodge. The reasonable charge allowance for these dates was \$1,323. The patient's cost share would be \$330.75 leaving the amount in dispute to be \$992.25.

ISSUES AND FINDINGS OF FACT

The issue in this hearing is whether inpatient alcohol rehabilitation care at Brookwood Lodge, Palmetto Springs, from February 19 through February 28, 1983, was medically necessary and appropriate care under the provisions of the CHAMPUS Law and Regulation. A secondary issue to be discussed is burden of evidence.

Regulation DoD 6010.8-R is issued under the authority of and in accordance with Chapter 55, Title 10, United States Code. It establishes uniform policy for the worldwide operation of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Chapter IV of the Regulation defines basic program benefits and paragraph A-1 provides in pertinent part as follows:

"Scope of Benefits. Subject to any and all applicable definitions, conditions, limitations, and/or exclusions specified or enumerated in this Regulation, the CHAMPUS Basic Program will pay for medically necessary services and supplies required in the diagnosis and treatment of illness or injury, including maternity care. Benefits include specified medical services and supplies provided to eligible beneficiaries from authorized civilian sources such as hospitals, other authorized institutional providers, physicians and other authorized individual professional providers..."

Paragraph B(1) of Chapter IV authorizes benefits for institutional care as follows:

"Institutional Benefits.

1. General. Benefits may be extended for those covered services and supplies described in this Section B of this CHAPTER VI, provided by a hospital or other authorized institutional provider (as set forth in CHAPTER VI of this Regulation, 'Authorized Providers') when such services and supplies are ordered, directed and/or prescribed by a physician and provided in accordance with good medical practice and established standards of quality. Such benefits are subject to any and all applicable definitions, conditions, limitations, exceptions and/or exclusions as may be otherwise set forth in this or other CHAPTERS of this Regulation." (Emphasis added)

Chapter IV, paragraph G, provides "Exclusions and Limitations: In addition to any definitions, requirements, conditions and/or limitations enumerated and described in other Chapters of this Regulation, the following are specifically excluded from the CHAMPUS Basic Program: (emphasis theirs)

1. Not Medically Necessary. Services and supplies which are not medically necessary for the diagnosis and/or treatment of a covered illness or injury or a definitive set of symptoms.
3. Institutional Level of Care. Services and supplies related to inpatient stays in hospitals or other authorized institutions above the appropriate level required to provide necessary medical care."

In Chapter II(B)(103), medically necessary is defined as "the level of services and supplies (i.e. frequency, extent and kind) adequate for the diagnosis and treatment of illness or injury. Medically necessary includes concept of appropriate medical care."

This general requirement of "medically necessary" is further defined in relation to CHAMPUS coverage of inpatient care for treatment of alcoholism by 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 alcohol 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 and rehabilitation will normally not be approved for more than a maximum of three (3) weeks per episode.

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. (Refer to Section C of this CHAPTER IV; also refer to CHAPTER VII of this Regulation, 'Claims Submission, Review and Payment.')

The beneficiary was admitted to Memorial Hospital of Tampa on January 28, 1983. The history taken at the time of his admission (Exhibit No. 19, page 5) shows the patient was admitted for alcohol withdrawal with a long history of excessive alcohol use, "drinking this time for approximately eight weeks. He drinks in excess of 20 cans of beer each day. His last alcohol was approximately 48 hours ago." There were no tremors, hallucinations or seizures reported. The patient's past history included acute rheumatic fever in 1976, hemorrhoidectomy in 1965, acute myocardial infarction in 1969 and a right popliteal cyst removed in 1979. The patient had a heart murmur since the time of his rheumatic fever and was on Isordil and Procan. The physical examination stated he was not tremulous and was alert and oriented (exhibit 19, page 7). Dr. Zamore found

"mitral regurgitation, probably not hemodynamically significant; alcohol abuse, acute and chronic without evidence of alcohol withdrawal despite no alcohol for two days; coronary atherosclerotic heart disease with previous myocardial infarction and ectopy".

The discharge summary was as follows: "The patient's hospital course was unremarkable with his blood pressure returning to normal. He showed no evidence of alcohol withdrawal and therefore he was felt ready for discharge. His condition was unchanged." He was continued on the Procan and Isordil he had been taking previous to his hospitalization (Exhibit 19, page 3).

The next day after his discharge from Memorial Hospital the beneficiary was driven to Brookwood Lodge/Palmetto Springs by his wife and was admitted there on February 1, 1983. He remained in that treatment facility until March 1, 1983. The termination summary from Brookwood Lodge states the patient was given Thiamin, Vitamin B-12 and was maintained on Surbex, 750 mgs. He was continued on Isordil and Procan he been taking previously. During his stay he developed symptoms of mild respiratory infection which was treated with Co-Tylenol and Ascorbic acid "until he recovered well." The report continues: "Patient was started on group therapy and residential treatment on February 2, 1983, where a modified multidisciplinary approach to the treatment of alcoholism and chemical dependence was used with the patient, including the diagnosis and treatment of the medical, psychological, social and further aspects of his illness. He was involved in daily individual counseling, group therapy and lectures which focused on the problems of living and chemical dependency." (Exhibit 6, page 3). He was started on antabuse during his stay and given a prescription on discharge. The doctor's progress notes were written infrequently, approximately every five days to a week (Exhibit 1, page 5). The physical exam again shows the patient to be alert, reflexes normal and the heart murmur being the only identified medical findings apart from the alcoholism. Diagnosis was "Alcohol Dependence (alcoholism) continues." (Exhibit 6, page 6).

The medical records were sent by the fiscal intermediary for peer review to the American Psychiatric Association. Of the three physicians who reviewed the record, one found there was justification to exceed the CHAMPUS 21-day limit but no basis was given for this statement and the reviewer wrote: "Nothing documented in the course of treatment which would justify need for extended inpatient stay." (Exhibit 10, page 4). The other two reviewers found nothing to justify exceeding the CHAMPUS 21 day limit (Exhibit No.10, pages 2 and 3). The medical record was also reviewed by the OCHAMPUS Medical Director who found that the inpatient level of care was appropriate and the services rendered were both medically necessary and appropriate: "Appropriate from the standpoint that he required the inpatient level of care, and that it was not reasonable or efficacious to have provided this at a lower level of care." Although Dr. Rodriquez found the initial hospital admission to be necessary and appropriate, he could find no specific medical necessity for extending the treatment beyond the normal 21 day period provided in the CHAMPUS Regulation Exhibit 17).

Although the medical records in the hearing file do not show a very detailed statement of what treatment was provided, the hospital stay and related medical care involved in this hearing would appear to meet all of the requirements for CHAMPUS coverage for treatment of alcoholism except the requirement of Chapter IV, E 4(b) which limits rehabilitative stays for alcoholism to a normal period of three weeks per episode. All of the peer reviewers found the beneficiary needed to be hospitalized initially for treatment of his alcoholism, and their opinion was that the inpatient hospitalization was appropriate and necessary medical care to treat the beneficiary's problem with alcohol abuse. They were also nearly unanimous in their opinion there was no medical necessity shown in the hospital records to extend CHAMPUS coverage beyond the normal 21 day period.

The specific CHAMPUS regulation dealing with alcoholism bears repeating. When the inpatient setting is medically required a combined program of detoxification/stabilization and rehabilitation will normally not be approved for more than a maximum of three weeks per episode.

Several previous decisions of the Assistant Secretary of Defense (Health Affairs) involved alcohol rehabilitation and applied the above regulatory provision. It was held that "Even in a case where the initial phase of inpatient rehabilitation stay for alcoholism qualifies for benefits, in order for such benefits to continue beyond 21 days there must be a determination of a medical need for the stay to continue" (OASD-HAO2-80). Another decision specifically stated: "In order to extend CHAMPUS coverage for inpatient care beyond 21 days, the specified regulation norm, the hospitalization must be necessary for treatment of the medical complications associated with alcohol withdrawal." (OASD-HABO-04). The decision concluded, "The exception to the normal 21 day limit is the existence of severe medical effects of alcohol, medically requiring an inpatient setting." Without these conditions inpatient care beyond the normal period of 21 days is an inappropriate level of care under the CHAMPUS Regulation.

I have considered the arguments made by the beneficiary in his letters of August 8, 1983 and January 9, 1984 (Exhibits No. 14 and 24). He states that alcoholism is a disease and the length of treatment is determined by the needs of the individual. His treatment was successful in that he has achieved one year of complete sobriety and has attended follow-up programs and regular meetings to continue his fight against this disease. He suggests that if he had needed a surgical operation he would not be limited to a certain number of days and asks that Regulation 6010.8R be used as a guide only, and not a final determination. It is always satisfying to hear of a successful treatment with any type of medical problem and my decision is certainly not based on disagreement with the appealing party's statement that alcoholism is a disease. His perseverance in treatment and follow-up after his discharge from Brookwood Lodge is commendable. It is clear that the beneficiary feels his hospitalization beyond 21 days was beneficial, but this is not the basis on which I can make my decision. The CHAMPUS Regulation is specific. The normal period of benefits for alcoholism rehabilitation is 21 days, combining care for both detoxification and rehabilitation. This becomes the appropriate level of care for CHAMPUS coverage unless there are unusual and continued medical needs and circumstances to extend this period. Whether the treatment was successful or not for this particular patient cannot be the deciding factor. I must use as my guide the Regulation which is published under the authority of statute. While there are provisions in the Regulation that allow discretion regarding

payment both to the fiscal intermediary and to the hearing officer, this area is not one of those and I cannot do as the appealing party asks in his letter of August 12, 1983. The CHAMPUS Regulation has certain specific exclusions and I am bound by them. If the appealing party would read the Regulation he would find there are also specific exclusions related to surgical care and coverage for all types of medical care has certain requirements and limitations.

While the attending physician, Dr. Boudet, wrote to the fiscal intermediary that it was necessary for the beneficiary to remain in the rehabilitative program for the entire 28 days, he neither gave nor discussed any medical reasons or conditions which formed the basis of his opinion. The records received from Brookwood Lodge show no severe medical effects of alcohol nor any active medical treatment rendered save for a cold. The progress notes show only that antabuse was started after the 21-day period and this is specifically excluded as a reason for continued hospitalization in the example given in the Regulation. No other medication was given except for vitamins and Isordil and Procan, which the patient had been taking prior to his admission. I want to emphasize that my findings do not involve whether Dr. Boudet was right or wrong in his decision that the patient should stay until March 1, 1983. I am only deciding whether the cost of treatment beyond the 21 days will be cost-shared by CHAMPUS. Length and type of treatment is always the choice of the patient and his decision is based upon the physician's recommendations but this cannot be the basis for CHAMPUS coverage. Department of Defense Regulation 6010.8-R, Chapter IV, G.78 in Notes and Exclusions to Coverage states: "The fact that a physician may prescribe, order, recommend, or approve a service or supply does not of itself make it medically necessary or make the charge an allowable expense."

My decision must be made on the basis of the substantive issues and the factual situation involved, along with the statutory and regulatory provisions which are binding upon me as hearing officer. The record does not document the continued medical necessity under the applicable CHAMPUS Regulation for cost sharing of inpatient care and treatment beyond the normal 21 day period for alcohol detoxification/stabilization and rehabilitation. Since the beneficiary was admitted to the hospital for three days of detoxification from January 28 through January 31, 1983, and for inpatient alcohol rehabilitation from February 1 through March 1, 1983, the inpatient care from February 19th through February 28th, exceeded the normal 21-day period and it is my recommended decision that care for these dates be denied CHAMPUS coverage.

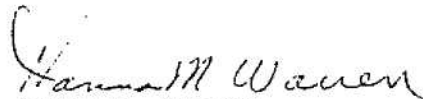
BURDEN OF EVIDENCE

The decision on the CHAMPUS claim on appeal must be based on evidence in the hearing file of record. Under the CHAMPUS Regulation, the burden is on the appealing party to present whatever evidence he can to overcome this initial adverse decision (Chapter X, 16, h, i). It is my decision that the beneficiary has not met this burden and the OCHAMPUS denial of benefits beyond 21 days for combined alcohol detoxification/rehabilitation is amply supported by evidence in the record.

RECOMMENDED DECISION

It is the recommended decision of the hearing officer that the formal review determination of OCHAMPUS, dated November 17, 1983, be upheld on the basis that benefits were correctly denied for continued inpatient care and related medical services at Brookwood Lodge from February 19, 1983 through February 28, 1983 for the treatment of alcoholism beyond the normal 21 day period for detoxification/stabilization and rehabilitative care under CHAMPUS Regulation DoD 6010.8-R, Chapter IV E(4).

Dated this 10th day of April, 1984.


HANNA M. WARREN
Hearing Officer