

In this document

Requirements for residential treatment for members with substance use disorders	1
Where the treatment takes place	1
What services are provided.....	2
Which members are served	2
What residential treatment facilities must provide.....	2
Qualifications of staff.....	4
Prior authorization requirements	4
Services that are covered	5
Services that aren't covered.....	5
Requirements to qualify as a substance abuse/substance use disorder treatment facility	7
Information about other types of behavioral health treatment.....	8
Additional behavioral health resources	8

This document shows the specifications for behavioral health residential treatment programs for Blue Cross and Blue Shield of Michigan commercial and Blue Care Network commercial members with substance use disorders.

Requirements for residential treatment for members with substance use disorders

Where the treatment takes place

A residential program that treats members with substance use disorders provides medical and other services to live-in residents of a licensed facility that is legally constituted and operates 24 hours a day, seven days a week.

Providers must always check a member's coverage to see if it includes benefits for residential treatment for substance use disorders. Providers should use our provider portal ([availity.com](https://www.availity.com)*) to check each member's benefits and eligibility and to understand specific policy limitations.

Important: Before providing residential treatment for members with substance use disorder treatment services for Blue Cross or BCN members, providers must meet the Blue Cross or BCN requirements to qualify as a facility that treats substance use disorders. For information about those requirements, refer to "Requirements to qualify as a substance abuse/substance use disorder treatment facility" on page 7 in this document.

What services are provided

For eligible members, the program provides:

- Rehabilitation services
- Subacute detoxification, as necessary

Detoxification is the process of withdrawing the member from dependence on one or more addictive substances. The two categories of services, acute and subacute, are based on the level of severity of the physiologic dysfunction caused by withdrawal.

Subacute detoxification services are provided during residential or outpatient treatment for members who:

- May suffer physiologic dysfunction during withdrawal, but for whom the withdrawal is not life threatening
- Require a coordinated rehabilitation treatment program to assist them in attaining an unimpaired or improved level of physiological, psychological and social functioning

Note: For more information about detoxification, refer to these documents:

- [Outpatient detoxification and follow-up care protocols for treating substance use disorders](#)
- [Obtaining, initiating and continuing long-acting medications for behavioral health](#)

Which members are served

To be considered for admission, the member must have a clearly documented history of excessive use of alcohol or other psychoactive substances. A physician should:

- Certify the member as having a substance-related disorder classified in the ICD-diagnosis code range
- Use placement criteria from the following resources to make severity of illness and intensity of service determinations:
 - [American Society of Addiction Medicine](#)^{*}, or ASAM
 - [LOCUS](#), or Level of Care Utilization System for Psychiatric and Addiction Services

What residential treatment facilities must provide

A residential treatment facility for substance use disorders must be able to provide room and board for patients as well as supervision and treatment as outlined below:

- A face-to-face/audio-visual (virtual) evaluation by the attending psychiatrist must occur within 48 hours of admission.

- Provide these services 24 hours a day, seven days a week:
 - Supervision
 - Nursing care — onsite or on call and no more than 60 minutes away
 - A psychiatrist on call
- A psychiatrist is onsite a minimum of two days per week.
- An individualized plan of active substance use disorder treatment and residential living support is provided in a timely manner:
 - The initial plan of care should be developed within 72 hours of admission.
 - A more robust plan of care should be developed by the end of week 2.
- Each member's plan of care should be updated at least weekly. At minimum, the plan must include the following elements:
 - A weekly face-to-face/audio-visual (virtual) meeting scheduled with the patient and their caretaker, guardian or family members. This must occur unless there is an identified, valid reason why it is not clinically appropriate or feasible.
 - Medication management by a board-certified psychiatrist, advanced practice nurse practitioner, physician assistant or clinical nurse specialist under the supervision of the attending psychiatrist provided a minimum of twice per week until the patient is stable. After that, it must be provided a minimum of once weekly.
 - Ongoing medical services to evaluate and manage comorbid medical conditions.
 - Integrated treatment, rehabilitation and support provided by a multidisciplinary team. There should be connection and coordination with the patient's community resources with the goal of returning the patient to their regular social environment as soon as possible.
- Individual therapy should occur twice a week.
- Group therapy should take place for a minimum of 12.5 hours a week and should adhere to the following guidelines:
 - Group sessions should be from 60 to 90 minutes in length.
 - At least two group therapy sessions should be psychological sessions, such as process groups and dialectal behavior therapy.
 - The remaining group sessions may be expressive — for example, art therapy, dance therapy, psychodrama therapy, vocational groups and psychoeducational groups.

- Recreational activities should be available for those able to participate, including a minimum of four hours of treatment or activities planned for each weekend day.
- Therapies such as equestrian therapy or "ropes" exercises may be included but not at an additional cost to the member.

Note: Wilderness programs are excluded.

- Clinical judgment should be used to determine whether the member can tolerate the designated amount of group activity. If the member is unable to participate to the extent described above, the reason should be documented in the member's chart for each activity.
- For children and adolescents, a certified school program must be provided.
- For geriatric facilities, the care is expected to include activities and resources available to meet the social needs of older members with chronic mental illness. These needs would typically include, at a minimum, company (either external visitors or individuals inside the facility), daily activities and having a close confidant.

Qualifications of staff

Residential program treatment staff must hold the appropriate academic degrees, licensure or certification and must have experience with the particular population being treated. In addition:

- Core clinical staff must come from diverse disciplines such as psychiatry, psychology, social work, counseling, addiction medicine, medicine and nursing.
- Each program should have an identified medical director. This role is typically held by a person with advanced training in psychiatry, such as a psychiatrist.

Prior authorization requirements

Residential treatment for members with substance use disorders requires prior authorization. Requests must meet the criteria for medical necessity, use and quality.

- For members whose care is managed by Blue Cross Behavioral HealthSM, refer to the document [Blue Cross Behavioral Health: Frequently asked questions for providers](#) for information about requesting prior authorization.

Blue Cross Behavioral Health uses medical necessity criteria to make determinations on prior authorization requests. Providers can access these criteria in the Behavioral Health Services section of the [Services That Need Prior Authorization](#) webpage at bcbsm.com.

- For Blue Cross commercial members whose behavioral health care is managed by an entity other than Blue Cross Behavioral Health, refer to the list of [Utilization Management and Care Management Opt-outs](#).

Note: Some groups administer their substance use disorder treatment benefit under a managed care program that requires the use of network providers.

If prior authorization is not obtained:

- Participating or in-network facilities that provide the care cannot bill the member for the cost of the admission and services.
- Nonparticipating or out-of-network facilities that provide the care may require the member to pay for the admission and services.

Services that are covered

The substance use disorder treatment benefit provides payment for substance use disorder services for individuals.

Subacute detoxification is covered when provided by a Blue Cross-approved hospital-based or freestanding substance use disorder treatment facility as follows:

- In conjunction with a 24-hour residential rehabilitation treatment program
- As a part of an outpatient rehabilitation treatment program

Note: Acute detoxification is provided in the inpatient medical hospital setting for members with severe physiological dysfunction during withdrawal that threatens life or significant bodily functions.

Services that aren't covered

Blue Cross and BCN don't pay for the following services under the substance use disorder treatment benefit:

- Admission to a residential substance use disorder treatment facility or services provided by such a facility if prior authorization was not obtained
- Staff consultations required by a facility's or program's rule
- Marital counseling
- Continued stay in a rehabilitation program without documentation of a thorough evaluation, individualized treatment and convincing justification
- Services or continued stay after the physician discharges the member from a treatment program
- Additional charges for subacute detoxification (for example, a mild withdrawal syndrome) while the member is in a residential program, unless the member's condition is severe enough to require active medical management on a daily basis

Clinical program requirements

For behavioral health residential treatment for substance use disorders

For Blue Cross commercial and BCN commercial

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- Admission or continued stay in rehabilitation when participation is initiated or prolonged solely for socioeconomic, domestic or housing purposes
- Services provided during the portion of any residential admission that occurs before the effective date of coverage
- Services provided when the member fails to be engaged or is not participating, or both, after a reasonable period of time
- Extra charges for:
 - Group psychotherapy or counseling that lasts more than 90 minutes
 - Individual therapy or counseling that lasts more than 90 minutes
- Repeated services (such as redundant didactic presentation or physical exam when the report of one performed within three months is available, with no reason to expect a change in the member's condition)
- Services provided by a facility that does not participate with Blue Cross/BCN (for facilities located in Michigan) or participate with its local Blue Cross Blue Shield plan (for facilities located outside of Michigan)
- Services that are not focused on improving the member's functioning
- Services that are primarily for the purpose of maintaining long-term gains made by the member while in another treatment program
- A residential program that:
 - Is a long-term substitute for a member's lack of available supportive living environment within the community
 - Serves to protect family members and other individuals in the member's living environment
- Services or treatment that are cognitive in nature or supplies related to such services or treatment
- Services, treatment or supplies that are court ordered or related to a court order
- Diversional therapy
- Dispensing methadone or testing urine specimens, unless therapy, counseling or psychological testing is provided
- Transitional living centers such as halfway and three-quarter-way houses
- A private room or an apartment

- Therapeutic boarding schools
- Milieu therapies, such as wilderness programs, supportive houses or group homes
- Domiciliary foster care
- Custodial care
- Treatment or programs for sex offenders or perpetrators of sexual or physical violence
- Services to hold or confine a member under chemical influence when the member does not require medical treatment
- Nonmedical services including but not limited to enrichment programs, dance therapy, art therapy, music therapy, equine therapy, yoga and other movement therapies, “ropes” courses, guided imagery, consciousness raising, socialization therapy, social outings and educational or preparatory courses or classes

Note: These services may be paid as part of a treatment program. They are not payable separately.

Requirements to qualify as a substance abuse/substance use disorder treatment facility

Before providing residential or any other kind of substance use disorder treatment services, providers must meet the Blue Cross and BCN requirements to qualify as a facility that treats substance abuse or substance use disorders that are explained in the document [Substance Abuse Facility General Information](#).

In addition, a facility that treats substance abuse/substance use disorders must:

- Be licensed by the state of Michigan as a child-caring institution, an adult foster care facility or another type of health care facility that can accommodate the requirements of the Blue Cross or BCN substance use disorder residential treatment benefit for individuals who:
 - Require psychiatric or substance use disorder treatment that is longer term than the traditional inpatient program and more intensive than outpatient psychiatric or substance use disorder treatment
 - No longer require the intensity of service provided in a traditional inpatient psychiatric or substance use disorder treatment facility
 - Continue to require supervision 24 hours a day, seven days a week because they cannot safely be treated in a less restrictive setting such as a day treatment program
- Use the services of a multidisciplinary treatment team

- Participate with Blue Cross/BCN (for facilities located in Michigan) or with its local Blue Cross Blue Shield plan (for facilities located outside of Michigan)

Note: The outpatient substance abuse benefits are separate from, and in addition to, the mental health benefits provided under the outpatient psychiatric care, or OPC, provider type or the substance abuse/use facility provider type. Facilities that are interested in applying for participation as these provider types must complete a separate application for each provider type.

Information about other types of behavioral health treatment

Information about the clinical program requirements for other types of treatment can be found in these documents:

- [Adult intensive and child intensive services](#)
- [Urgent care and crisis services](#)
- [Opioid treatment programs](#)
- [Partial hospitalization and intensive outpatient programs](#)
- [Feeding and eating disorder partial hospitalization and intensive outpatient programs](#)
- [Residential psychiatric treatment services](#)

Use this document to access links to all requirements documents: [Various behavioral health programs and services](#).

Additional behavioral health resources

For more behavioral health resources, refer to the [Behavioral Health](#) page on authorizations.bcbsm.com.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

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