



ND

Medical Policies

 **Print**

Policy Number:	A-18		
Policy Name:	Ultra-Rapid Opiate Detoxification (UROD)		
Policy Type:	Medical	Policy Subtype:	Anesthesia
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

The use of relatively high doses of opioid antagonists under deep sedation or general anesthesia is a technique for opioid detoxification and is known as ultra-rapid detoxification. It is a potential alternative to standard detoxification that allows individuals to avoid the acute symptoms associated with initial detoxification. Ultra-rapid detoxification is used in conjunction with maintenance treatments, e.g., oral opioid antagonists and psychosocial support.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

UROD is considered experimental/investigational and therefore non-covered as a clinical detoxification treatment because its effectiveness has not been established.

Procedure Code

01999

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

01999	UNLISTED ANESTHESIA PROCEDURE	Commercial
01999	UNLISTED ANESTHESIA PROCEDURE	Medicaid Expansion

References

1. Di Patrizio, P., Clesse, C., Bernard, L., et. al. The remaining role and feasibility of detoxification in opioid addiction after 30 years of medication for opioid use disorder: A systematic review. *La Presse Médicale Open*, 2022;100030.

ND Committee Review

Internal Medical Policy Committee 3-13-2020 New Policy

Internal Medical Policy Committee 3-17-2021 Annual Review-no changes **Effective 5-3-2021**

Internal Medical Policy Committee 3-23-2022 Annual Review-no changes in criteria **Effective 5-2-2022**

Internal Medical Policy Committee 1-26-2023 Annual Review no changes in criteria **Effective 3-6-2023**

Internal Medical Policy Committee 7-16-2024 Annual Review - no changes in criteria **Effective 9-2-2024**

- **Added** Policy application; and
- **Added** Coverage statement.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in

adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.