The way that a member's benefits can form an obstacle for treatment or treatment limitation. Benefits must not be managed in a more restrictive way compared to medical and surgical benefits. Denial of addiction treatment after medical detoxification, for instance, is a major way that managed care organizations limit treatment for patients with covered benefits in this area. Refusing to authorize partial hospital services (5 days/week) after psychiatric hospitalization - instead forcing patients to access intensive outpatient programs (3 days/week) - represent another way insurance companies make arbitrary financially influenced decisions to dictate treatment, at odds with the treatment providers recommendations, serving as a detriment to patients.