

## Uniform Medical Plan coverage limits

*Updates effective 10/1/2020*

The benefit coverage limits listed below apply to these UMP plans:

- Uniform Medical Plan (UMP) Classic (PEBB)
- UMP Consumer-Directed Health Plan (UMP CDHP) (PEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (PEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (PEBB)
  
- UMP Achieve 1 (SEBB)
- UMP Achieve 2 (SEBB)
- UMP High Deductible Plan (SEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (SEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (SEBB)

Some services listed under these benefits have coverage limits. These limits are either determined by a [Health Technology Clinical Committee](#) (HTCC) decision or a Regence BlueShield medical policy. **The table below does not include every limit or exclusion under this benefit. For more details, refer to your plan's [Certificate of Coverage](#).**

## Uniform Medical Plan Pre-authorization List

**The Uniform Medical Plan (UMP) Pre-authorization List includes services and supplies that require pre-authorization or notification for UMP members.**

## Substance Use Disorder and Mental Health

Pre-authorization is required for the services listed below. For select CPT codes, including transcranial magnetic stimulation services, Availity's electronic authorization tool automatically connects to MCG Health's website where specific clinical criteria can be documented for your patient. If all criteria are met, an approval will be received on the Auth/Referral Dashboard. **Emergency inpatient services do not require pre-authorization, but are subject to admission notification requirements.****Inpatient:**

- **Psychiatric or ASAM 4.0 Detoxification**
  - Notification of admission must be received within 24 hours of admission or the next business day (whichever comes first). Medical necessity review will be conducted.
- **Sub-Acute Detoxification/ASAM Level 3.7**
  - Requires pre-authorization before the member is admitted for services. Under certain circumstances, pre-authorization requests can be made within 24 hours of admission or the next business day.
- **Residential treatment: Psychiatric or ASAM Level 3.5 for Substance Use Disorders**
  - Requires pre-authorization before the member is admitted for services. Under certain circumstances, pre-authorization requests can be made within 24 hours of admission or the next business day.
- **Partial hospitalization: Psychiatric or ASAM level 2.5 for Substance Use Disorders**
  - Request for authorization is required no later than the day of admission.
- **Intensive outpatient: Psychiatric or ASAM level 2.1 for Substance Use Disorders**
  - Request for authorization is required no later than the day of admission.

Medical necessity for behavioral health services is determined by:

- Behavioral Health Medical Policies
  - [Aversion Therapy for Chemical Dependency](#)
  - [Eating Disorder Inpatient Treatment](#)
  - [Eating Disorder Intensive Outpatient](#)
  - [Eating Disorder Partial Hospitalization](#)
  - [Eating Disorder Residential Treatment](#)
  - [Psychiatric Inpatient Treatment](#)
  - [Psychiatric Intensive Outpatient](#)
  - [Psychiatric Partial Hospitalization](#)
  - [Psychiatric Residential Treatment](#)
- The American Society of Addiction Medicine's (ASAM) criteria for chemical dependency services

## Applied behavioral analysis (ABA) therapy

ABA Therapy is for the treatment of Autism Spectrum Disorders (ASD) when medically necessary.

- Procedure codes 0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
- Procedure codes 97151, 97152, and 0362T: Pre-authorization is not required when 97151, 97152, and 0362T are used for **initial** ABA assessments, but pre-authorization is required when 97151, 97152, and 0362T are used for ABA **reassessments**.

The following clinical providers, with expertise in using evidenced-based tools to establish or confirm the diagnosis of autism and experience in developing multidisciplinary autism treatment plans, can provide the diagnostic assessment, comprehensive evaluation report, and recommend treatment approach:

- Psychiatrist
- Neurologist
- Pediatric Neurologist
- Developmental Pediatrician
- Doctorate level psychologist
- Advanced registered nurse practitioner

Initial pre-authorizations must contain the following information; [View specific details on what each of these items need to contain.](#)

- Pre-authorization request form (or equivalent information)
- Clinical evaluation, which includes confirmation of an ASD diagnosis, and recommended treatment approach from a clinician meeting the criteria above (clinical evaluation needs to have been completed within the 12 months prior to the initial pre-authorization request)
- Written Clinical Order, Directive, or Prescription for ABA Therapy services from a clinician meeting the criteria above
- ABA initial report that includes an ABA assessment treatment plan (to be completed by the Lead Behavior Therapist). This sample [ABA assessment and treatment plan form](#) can be filled out and submitted or used as a reference tool.

A cover letter may be submitted; however it is not required. A [sample cover letter template](#) is provided for your reference. Other documentation may be submitted.

View [ABA therapy clinical considerations](#) for information about hours of service and documentation requirements.

### Concurrent Review

The following document should be submitted within 5 business days prior to the end of a current authorization:

- Updated ABA assessment treatment plan (to be completed by the Lead Behavior Therapist). This sample [ABA assessment and treatment plan form](#) can be filled out and submitted or used as a reference tool.
- A new [Pre-authorization request form](#) (or equivalent information)

View [ABA therapy clinical considerations](#) for information about hours of service and documentation requirements.

Following the submission of the concurrent review documentation, the plan may request additional information prepared and submitted by a clinician meeting the above clinical criteria. The plan will specify what must be included in this report which is intended to assess progress and prospective treatment in further detail and may include a written Clinical Order, Directive or Prescription for ABA Therapy services.

**ABA Assessment and Treatment Plan**

*This report is confidential and for professional use only. The content may not be divulged to any person or agency without consent of the parent, legal guardian, or patient, as appropriate. Fax to Regence BlueShield 1-888-496-1540 or by mail to: Regence BlueShield PO Box 1271 MS E9H, Portland, OR 97207-1271*

<b>Patient Name:</b>	<b>Treatment Agency Name:</b>
<b>Patient Birth Date:</b>	<b>Lead Behavior Therapist Name:</b>
<b>UMP ID Number (Include Alpha Characters):</b>	<b>Therapist Assistant Name(s):</b>

**RECOMMENDED TREATMENT HOURS/SESSIONS**

	<b>Direct Patient Support - hours (weekly)</b>	<b>Caregiver/Parent Training - 1 session per day (monthly)</b>
<b>Recommended Hours and Setting (indicate # of Sessions for Caregiver/Parent Training)</b>	<i>e.g., 10 hours in home 2 hours in community</i>	

	<b>Program Supervision - includes observation of the treatment being delivered, observation of the child in his/her natural setting, and communication with BCBAs/Techs delivering ABA services. (weekly)</b>	<b>ABA treatment day program in a clinic or outpatient hospital setting (weekly)</b>
<b>Recommended Hours and Setting</b>	<i>e.g., 10 hours in home 2 hours in community</i>	

*Rationale for this treatment plan should be reflected in the body of the report below, as well as the severity ratings on the [Applied Behavior Analysis Authorization Request Form](#) submitted with this treatment plan.*

**BACKGROUND AND HISTORY** *Indicate at least the following or indicate NA.*

Past psychiatric history:

*For diagnosis of autism spectrum disorder, include date of diagnosis and diagnosing provider name. Also include initial diagnosis documentation and comorbid diagnoses if this is an initial preauthorization request.*

Chief Complaint and History of Present Illness (HPI): *Include all core deficit areas of autism, challenging behaviors, adaptive, motor, vocational, and cognitive skills, and any other related relevant areas. In addition to addressing the chief complaint, one should be able to understand the patient's level of functioning by reading this section. Please provide a detailed summary of information below for both Preauthorization and Concurrent review requests.*

*Social Communication: includes persistent deficits in social communication and social interaction, as outlined in DSM-5*

*Behavior: includes restricted interests and repetitive behaviors, as well as related challenging behaviors (e.g., tantrums, aggression, etc.)*

Adaptive skills:

Motor:

Vocational:

Cognitive:

Family history: *Focus on relevant family psychiatric history and related family training in support of performing ABA therapy*

Social history: *Information about where the patient lives, with whom, as well as any other relevant information about social context or stressors.*

Medical history:

Active medical problems:

Current medical providers:

Current medications, dose, purpose, and potential major side effects:

Allergies, special diets, etc.:

Past medical problems:

Educational History: *Summarize past and current educational plan, including what services are being provided in the educational setting. Discuss whether functional behavior assessments, behavior plans, and/or aversive plans have been used in the school setting. State where the information was obtained (e.g., review of records, interview, etc.).*

History:

Current:

Past and Current Services: *Outline all additional services being provided outside school through any other agency or funding source. Include frequency, provider, and funding source.*

*Ensure there is not redundancy with recommended ABA treatment plan.*

*Outline previous courses of ABA therapy; including dates, setting, and the outcome.*

### **ASSESSMENTS COMPLETED FOR EVALUATION**

Measures used: *Discuss all sources of information used in evaluating the patient, including standardized (norm-referenced) and curriculum-based measures, interviews (e.g., parent, caregivers, teacher), direct observation at home/school/community, etc. Please complete the [Applied Behavior Analysis Authorization Form](#) and attach to this treatment plan.*

Evaluation Findings: Briefly summarize findings, including test scores if available. Summary can be brief; a couple sentences per measure. E.g., Vineland-II results demonstrated delays in communication and socialization are present. Tables and score reports can be used if easier to present information. Present in appendices if desired. Briefly summarize findings derived from observations in natural settings (e.g., home, school).

Functional behavior assessment/analysis findings: Functional assessment or analysis results should be included here. The following components should be included:

- 1) Operational definition of behavior
- 2) Hypotheses or analysis about functions supported by indirect and direct assessment results
- 3) Functional assessment or analysis data to support function hypotheses or analyses
- 4) Baseline data, including frequency, duration, and intensity data, as appropriate to behavior.

Include assessment of risk (e.g., due to elopement or other unsafe behavior) as appropriate.

Goal domains derived from assessment: Include statement about how the information obtained supports goals in specific areas. E.g., Assessment information suggests CHILD needs treatment goals in the areas of Social Communication, Behavior, Adaptive skills, Motor skills, Vocational skills, and Cognitive skills.

## **TREATMENT PLAN IMPLEMENTATION**

Treatment Plan: *This section should include a brief overview of the treatment plan, including:*

- 1) *How ABA will be applied to the patient (e.g., ABA as applied to CHILD will include home and community based 1-1 intervention for (x) hours per week to target social, communication, and adaptive goals)*
  
- 2) *Whether a positive behavior support plan is required to address challenging behaviors*
  
- 3) *The parent/caregiver training plan*
  
- 4) *How the treatment plan will be coordinated with other providers, including school (e.g., speech pathologist, medical providers, outpatient psychologist, teachers, etc.).*

Goals and objectives can be found in Appendices A, B and C of this report.

Maintenance/Generalization/Discharge Plan: *This section should include a statement about how maintenance and generalization will be addressed, how services will be reduced or transitioned to the parents and/or how the patient will be transitioned into other less intensive services (e.g., school, outpatient, etc.). This should be more specific as the patient progresses in therapy. The transition or discharge plan should be specific, data driven, and include criterion for discharge.*

Goals and objectives can be found in Appendix D of this report.

ABA Agency or ABA Service Coordinator: \_\_\_\_\_

\_\_\_\_\_

Print Name of Lead Behavior Therapist

\_\_\_\_\_

Signature of Lead Behavior Therapist

\_\_\_\_\_

Print Name of Therapist Assistant

\_\_\_\_\_

Signature of Therapist Assistant

\_\_\_\_\_

Print Name of Therapist Assistant

\_\_\_\_\_

Signature of Therapist Assistant

\_\_\_\_\_

Print Name of parent/caregiver

\_\_\_\_\_

Signature of parent/caregiver

### Appendix A: Goals and Objectives for Skill Acquisition

*Include goals and objectives in all relevant areas. Goals should be worded in such a way that they can be measured to track progress. Objectives should be clear steps toward a goal. Goals and objectives should be worded in such a way that they are easily interpretable to readers who are not familiar with behavioral terminology (i.e., parents, case managers, etc). The specified domains were decided upon by the HCA and include social communication, behavior (restricted interests, repetitive behaviors, other challenging behaviors), adaptive, motor, vocational, and cognitive. Broadly defined, all relevant goals (e.g., play skills, self-help, etc.) should fit into one of these categories. Goals for reduction of problem behavior should be outlined in Appendix B: Positive Behavior Support Plan.*

*Skill Acquisition Goals: All skill acquisition goals and their corresponding objectives should be outlined here. Goals should be organized by skill area (e.g., social communication), should be titled with a short 2-3 word title, should include a broad goal that demonstrates the expected outcome, and then be broken down into specific objectives(also titled) that clearly outline target skills to be taught (e.g., within communication, expressive labels and requesting might be two specific objectives). Objectives should be measurable and measurement strategies, including mastery criteria, should be clearly stated (e.g., mastery criteria are met when a correct response occurs on 9 out of 10 opportunities across three sessions). Goals should be written in a manner that is consistent with how the therapists are taking data so data can easily be reported back for utilization review of progress. If progress will be documented by using a formal assessment tool (e.g., a measure associated with a curriculum), this should be stated in how the goal is written (e.g., patient will show improvement according to the \_\_\_ assessment).*

*If the patient is receiving ABA therapy services primarily to address reduction of challenging behaviors, this section may be marked NA and the Positive Behavior Support Plan should be outlined in Appendix B.*

<b>DOMAIN: Social Communication</b>
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<b>Goal 1:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 1A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

<b>Goal 2:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 2A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

**DOMAIN: Adaptive**

<b>Goal 1:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 1A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>
<b>Goal 2:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 2A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

**DOMAIN: Motor**

<b>Goal 1:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 1A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>
<b>Goal 2:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 2A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

**DOMAIN: Vocational**

<b>Goal 1:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 1A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

<b>Goal 2:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 2A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

**DOMAIN: Cognitive**

<b>Goal 1:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 1A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>
<b>Goal 2:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 2A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

### Appendix B: Positive Behavior Support Plan

Positive Behavior Support (PBS) Plan for Reducing Challenging Behaviors: *Should follow from functional assessment/analysis results discussed above and include, 1) operational definitions of behaviors, 2) a brief statement of identified functions of behavior, 3) suggested parent/caregiver/staff response to behaviors when they occur, 4) recommended antecedent interventions to prevent behaviors, 5) plan for teaching replacement behaviors with clear goals, 6) statement about how the proposed interventions were derived from the functional assessment/analysis, 7) plan for coordinating PBS Plan across settings.*

*If the patient has minimal challenging behaviors and the primary focus of their ABA treatment plan is on skill acquisition, this section may be marked NA and the skill acquisition goals should be outlined in Appendix A.*

<b>DOMAIN: Behavior</b>	
<b>Goal 1:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 1A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>
<b>Goal 2:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 2A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

### Appendix C: Parent/Caregiver Training Goals

*This section should address caregiver goals for skill acquisition (e.g., parents will learn to implement the PBS Plan). It should include clear goals and objectives, written in the same format as the patient's skill acquisition goals.*

*All children should have parent/caregiver training goals in their treatment plan, regardless of the nature of the child's goals/objectives. If the treatment plan is for an adult or an individual living in a group setting, this portion of the plan should focus on training caregivers. This section may not be marked NA.*

<b>Goal 1:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 1A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>
<b>Goal 2:</b>	
	<b>Baseline:</b>
	<b>Treatment Approaches to be Used:</b>
	<b>Progress:</b>
<b>Objective 2A</b>	
	<b>Baseline:</b>
	<b>Progress:</b>

### Appendix D: Maintenance/Generalization/Discharge Plan

*This section should include a statement about how maintenance and generalization will be addressed, how services will be faded and/or how the patient will be transitioned into other less intensive services (e.g., school, outpatient, etc.). This should be more specific as the patient progresses in therapy. The fading plan should be specific, data driven, and include criterion for discharge.*

Statement about how maintenance and generalization will be addressed, etc.

<b>DOMAIN: Social Communication</b>
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<b>Goal 1:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 1A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Goal 2:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 2A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>

**DOMAIN: Adaptive**

<b>Goal 1:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 1A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Goal 2:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 2A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>

**DOMAIN: Motor**

<b>Goal 1:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 1A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>

<b>Goal 2:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 2A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>

**DOMAIN:** Vocational

<b>Goal 1:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 1A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Goal 2:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 2A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>

**DOMAIN: Cognitive**

<b>Goal 1:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 1A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Goal 2:</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>
<b>Objective 2A</b>	
	<b>Criterion for Discharge:</b>
	<b>Referral Program:</b>

## ASD DOCUMENTATION REQUIREMENTS

Documentation of the diagnosis of an Autism Spectrum Disorder will be based on criteria defined by the most current DSM version (such as DSM-5 299.00). The diagnosis must be made by a neurologist, pediatric neurologist, developmental pediatrician, psychiatrist, or doctorate level psychologist for an Autism Spectrum Disorder (ASD).

For a diagnosis to be accepted there must be:

- Documentation of the confirmed presence of the core symptoms of autism: communication, behavioral, and social impairments; AND
- Documentation of the tool **and/or** observations used to make/confirm the diagnosis.

To determine eligibility for services, there must be a report documenting a diagnostic assessment, comprehensive evaluation, and treatment plan with recommendations. The report must include these elements:

### **Specific to Diagnostic Assessment & Comprehensive Evaluation Report (cannot be more than a year old)**

For children who are current patients, it is acceptable to send the initial evaluation, most current notes or recent evaluation, as well as a letter certifying the diagnosis and providing any other required elements below that are not in other documentation being submitted. The letter should serve as an addendum and refer to the documentation being submitted, rather than reiterate this content. The following documentation is required:

- a. Documentation of routine developmental surveillance performed by providers at well child visits; Examples of source documentation are: IEP, primary care practitioner or health care provider who referred the child, e.g. Occupational therapist, etc. if available;
- b. Audiology and vision assessment results if available; or that vision and hearing were determined to be within normal limits during assessment and not a barrier to completing a valid evaluation;
- c. If applicable, name of screening questionnaire, date completed, and significant results;
- d. If applicable, documentation of formal diagnostic procedures performed by an experienced clinician, including name of measure, date and results, including scores. Examples of diagnostic measures are:
  - Autism Diagnostic Observation Schedule (ADOS);
  - Autism Diagnostic Interview (ADI);
- e. Documentation of formal cognitive and/or developmental assessment performed by a qualified clinician, including name of measure, dates, results, and standardized scores providing verbal, nonverbal, and full scale scores, as available. Examples are:
  - Mullen;
  - Weschler; or
  - Bayley;

- f. Documentation of formal adaptive behavior assessment performed by a qualified clinician, including name of measure, dates, results, and standardized scores providing scores for each domain as available. Examples are:
  - Vineland Adaptive Behavior Scales; or
  - Adaptive Behavior Assessment System (ABAS);
- e. Documentation of the observed or family reported behaviors having an adverse impact on development, communication and of the injurious behavior, as applicable;
- f. Expanded laboratory evaluation, if clinically indicated;
- g. Documentation of less intrusive or less intensive behavioral interventions have been tried and not been successful; **OR** that there is no equally effective and substantially less costly alternative available for reducing interfering behaviors, increasing pro-social behaviors, or maintaining desired behaviors, if ABA is included on the treatment plan;

**Specific to Treatment Plan with Recommendations:**

(If child not a new patient, can be in prescription.)

A multi-disciplinary Individualized Treatment Plan (ITP) with recommendations that consider the full range of autism treatments with ABA as one treatment component, if clinically indicated;

**The Prescription must include these elements:**

- a. The order or prescription for ABA for the child, without specifying hours or how services are to be provided;
- b. Documentation that the child's behaviors are having an adverse impact on development and/or communication, and/or demonstrating injurious behavior, such that
  - The child cannot adequately participate in home, school, or community activities because behavior interferes; OR
  - The child presents a safety risk to self or others;
- c. A statement that the requested ABA services will result in measurable improvement in the child's behavior and/or skills.

01/22/2014

## ***Aversion Therapy for Chemical Dependency***

**Effective:** February 1, 2020

**Next Review:** October 2020

**Last Review:** December 2019

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Aversion therapy is an in-patient substance abuse treatment strategy that has been used for alcohol and cocaine dependence at the Schick Shadel Hospitals (Universal Health Inc.). The treatment generally includes aversion counter conditioning designed to make the sight, smell, taste and thought of the alcohol and/or cocaine unpalatable.

### **MEDICAL POLICY CRITERIA**

Aversion therapy and pentothal interviews are considered **investigational** for all indications including but not limited to the treatment of chemical dependency.

*NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.*

### **CROSS REFERENCES**

None

### **BACKGROUND**

Aversion therapy is an in-patient substance abuse treatment strategy that has been used for many years for alcohol and cocaine dependence at the Schick Shadel Hospitals (Universal

Health Services, Inc.). The treatment generally includes a 10-day in-patient stay during which the patient receives aversion counter conditioning designed to make the sight, smell, taste and thought of the alcohol and/or cocaine unpalatable. Narcotherapy (pentothal interview) is a component of the aversion therapy program designed to gather initial psychological diagnostic information and to monitor the development of aversion to the addictive substances. Under light anesthesia, patients are queried about the level of desire for each type of substance. Aversion therapy with pentothal interview is provided within a comprehensive treatment program that includes detoxification, counseling, addiction education, and introduction to a 12-step program for follow-up care.

## EVIDENCE SUMMARY

Currently, the components of standard outpatient substance abuse therapy consist of individual, group and family psychotherapy, relapse prevention therapy, and introduction to a 12-step program for follow up. Agonist substitution therapy (methadone or levo-alpha-acetyl-methadol [LAAM]) and medications to decrease the reinforcing effects of abused substances, also known as withdrawal drugs (e.g., naltrexone, clonidine/naltrexone, buprenorphine), may also be included as a component of standard therapy.

Long-term outcomes from prospective, randomized controlled trials comparing aversion therapy to standard substance abuse therapy are needed to demonstrate the independent contribution of aversion therapy in the overall treatment program.

### **RANDOMIZED CONTROLLED TRIALS**

There are no randomized controlled trials comparing aversion therapy or pentothal interviews to other treatments for chemical dependency.

### **NONRANDOMIZED STUDIES**

The available published evidence consists of outcomes from patients treated at Schick Shadel Hospitals which are summarized below.

In a pilot study, by Frawley and Smith, 20 patients (9 treated for cocaine only and 11 treated for cocaine/alcohol) completed a program which included chemical aversion therapy to develop a conditioned aversion to the sight, smell, and taste of a cocaine substitute (tetracaine, mannitol, and quinine with Psychem).<sup>[1]</sup> Ninety-five percent of patients were followed up in six months with a total abstinence rate from cocaine of 56% in the cocaine only group and total abstinence from cocaine of 70% for the cocaine/alcohol group. After 18 months out of the ninety percent of patients that were followed up, 38% of the cocaine only group had been totally abstinent (75% were currently abstinent) and 50% of the cocaine/alcohol group had been totally abstinent (80% were currently abstinent).

Smith and Frawley reported outcomes for 200 patients randomly selected from a group of patients that completed an initial 10 days of treatment at a Schick Shadel Hospital in 1983.<sup>[2]</sup> During the initial 10-day hospitalization, patients received 5 days of aversion therapy and 5 days of narcotherapy, given on alternating days. This was followed at 30-day and 90-day intervals with 2-day inpatient admissions for reinforcement treatment consisting of 1 day each of aversion therapy and narcotherapy. Follow up was by telephone interview at 12-months. Of the 200 patients, 20% were lost to follow up. In addition, 22 patients were known to have relapsed prior to the 12-month telephone interview.

The same authors followed several other groups of patients for up to 20 months post-aversion therapy, reported in 1990 and 1993.<sup>[3,4]</sup> Patients in these cohorts were addicted to alcohol alone, cocaine alone, cocaine and alcohol, or cocaine and marijuana. As with the first study, there was either significant loss to follow-up (29%-36%) or small initial sample size (n=20) and therefore conclusions about the study effects could not be determined.

In a 1991 retrospective matched case-control study, 249 patients in the Schick Shadel System were matched to an equal number of patients in the alcohol treatment database and were followed for up to 12 months.<sup>[5]</sup> As with previous studies there was significant patient attrition: only 33% (248/754) of patients who were contacted for participation remained in the study at 6 months and at 12 months another 17% (41/248) were lost to follow-up.

Based on the same study described above, the same 249 patients were compared for faradic aversion and chemical aversion.<sup>[6]</sup> The two groups were separately analyzed and authors concluded that no significant differences in outcomes were found.

## SECTION SUMMARY

Conclusions concerning the impact of aversion therapy and narcotherapy on health outcomes cannot be reached from the current evidence base. The evidence is limited due to methodological limitations including but not limited to lack of randomization, selection bias (individuals may not be representative of all those with chemical dependency issues), high loss to follow-up, and the inability to isolate the independent contribution of aversion therapy and pentothal interview from the overall substance abuse treatment program.

## PRACTICE GUIDELINE SUMMARY

There are no evidence-based clinical practice guidelines that recommend the use of aversion therapy for the treatment of chemical dependency.

## SUMMARY

The use of aversion therapy has been proposed as an alternative treatment for chemical dependency. There is not enough research to show that aversion therapy improves health outcomes. More research is needed with longer term follow-up. In addition, no evidence-based clinical practice guidelines recommend aversion therapy. Therefore, aversion therapy is considered investigational for all indications.

## REFERENCES

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6. Smith, JW, Frawley, PJ, Polissar, NL. Six- and twelve-month abstinence rates in inpatient alcoholics treated with either faradic aversion or chemical aversion compared with matched inpatients from a treatment registry. *Journal of addictive diseases.* 1997;16(1):5-24. PMID: 9046442

## CODES

Codes	Number	Description
CPT	90899	Unlisted psychiatric service or procedure
HCPCS	None	

**Date of Origin:** November 2001

## ***Eating Disorder Inpatient Treatment***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Eating Disorder Inpatient (IP) is a 24-hour acute treatment setting that is licensed as a hospital by the appropriate agency and under the direct supervision of an attending psychiatrist.

### **MEDICAL POLICY CRITERIA**

**Note:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. An Inpatient Hospitalization (IP) for an Eating Disorder provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. -B.) are met:
  - A. All the following must be met (1. – 4.):
    1. The member has been given a severe Eating Disorder diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
    2. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

3. The treatment is not primarily for the convenience of the provider or member (e.g. primarily for lack of housing options, respite care, or custodial needs).
  4. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.
- B. One or more of the following criteria must be met:
1. The member presents with medical risks due to one or more the following:
    - a. Heart Rate: <40 in Adults; <50 in Child/Adolescent
    - b. Blood Pressure: <90/60 mm Hg in Adults; <80/50 mm Hg in Child/Adolescent
    - c. Orthostatic Pulse Increase: (Lying to standing) Change of more than 20 beats per minute
    - d. Orthostatic Blood Pressure Decrease: (Lying to standing) Change of more than 10 mm Hg
  2. The member presents with one or more of the following abnormal labs resulting from disordered eating and require inpatient stabilization:
    - a. Low serum glucose: < 60 mg/dl
    - b. Low Potassium (Hypokalemia): <3.2 mEq/L
    - c. Low Phosphorus (Hypophosphatemia): <2.5 mg/dL
    - d. Low Magnesium (Hypomagnesemia): <1.5 mg/dL
    - e. Low Sodium (Hyponatremia): <135 mEq/L
  3. The member presents with medical conditions either secondary to or exacerbated by disordered eating such as: severe dehydration with corresponding lab findings, poor liver function, poor kidney function, cardiac abnormalities, uncontrolled or risky diabetes, etc.
  4. The member meets one of the following biometric criteria:
    - a. A body mass index (BMI) less than 16 and requires re-feeding
    - b. BMI is greater than or equal to 16, AND there is evidence of one of the following:
      - i. The member has been losing >2 lbs per week resulting in physiological abnormalities that require inpatient stabilization; or
      - ii. Weight loss associated with medical instability that is not primarily due to a general medical condition.
  5. The individual's eating disorder symptoms require around the clock medical/nursing intervention for one or more of the following:
    - a. For issues of imminent risk of harm to self or others.
    - b. There is a need to provide immediate interruption of food restriction, excessive exercise, bingeing/purging, and/or use of laxatives/diet pills/diuretics because acute medical complications are imminent without intervention.

- c. To avoid impending life-threatening complications due to a co-morbid medical condition (e.g. pregnancy, diabetes, etc.).
  - d. Due to the severity of food restriction/malnutrition, medically managed re-feeding is indicated to mitigate risks of Refeeding Syndrome.
- II. A continued stay in Inpatient Hospitalization (IP) for an Eating Disorder under the supervision of an attending psychiatrist may be indicated when all of the following (A. - B.) are met:
- A. The individual continues to meet admission criteria (I.A. – B.).
  - B. One or more of the following criteria must be met:
    1. The active treatment being provided to the member is demonstrating meaningful improvements in the member’s clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.
    2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member’s condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
    3. Member is experiencing complications arising from medications or other treatments (such as Electroconvulsive Therapy) with such severity that require further stabilization and 24-hour observation.
    4. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

## POLICY GUIDELINES

### Treatment Expectations

Within 24 hours of admissions, members should receive: an initial assessment by a licensed behavioral health clinician, a psychiatric evaluation by a psychiatrist, a history/physical completed by medical staff and a completed preliminary treatment plan. Inpatient treatment is provided under the direct supervision of an attending psychiatrist with 24-hour nursing and behavioral health care available on the unit. Patients should receive, at a minimum, daily face-to-face assessments by a psychiatrist, with documented active treatment of behavioral health symptoms by a multidisciplinary treatment team consisting of 6 hours daily of therapeutic programming. A psychiatrist must be available for consultation 24 hours a day, 7 days a week. For children/adolescents, family therapy should be provided once weekly, at a minimum. Family therapy is recommended for adult members, when appropriate, at least once weekly. Members should also receive active discharge planning starting at admission to identify appropriate step-down plan including scheduling follow-up behavioral health appointments within 7 days of discharge. It is assumed that discharge planning for aftercare will address a patient’s social determinates of health needs, such as home environment needs, and begins at admission. Lack of early discharge planning does not merit extension of authorization when medical necessity criteria is not met.

Inpatient treatment is intended for immediate stabilization of acute medical symptoms secondary to disordered eating, providing safety for those at risk of harming themselves or others and active medical management or re-feeding. Inpatient treatment is not designed to provide long term treatment of eating disorders.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Recent lab results
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

#### Request for Extension/Concurrent Review:

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

## CROSS REFERENCES

1. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
2. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
3. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
4. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
5. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
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4. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 1/9/2019]; Available from: [https://www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Practice\\_Parameters\\_and\\_Resource\\_Centers/Practice\\_Parameters.aspx](https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx)
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  6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
  7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
  8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
  9. Medicare Benefit Policy, Outpatient Hospital Psychiatric Services, Manual, Chapter 6, Section 70 - Hospital Services Covered Under Part B, A3-3112.7, HO-230.5 (Rev. 157, 06-08-12).
  10. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
  11. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0114	R&B Private, Psychiatric
	0124	R&B Semi-Private, Psychiatric
	0134	R&B Multi-Bed, Psychiatric
	0144	R&B Deluxe Private, Psychiatric
	0154	R&B Ward, Psychiatric
	0204	ICU, Psychiatric

**Date of Origin:** January 2019

## ***Eating Disorder Intensive Outpatient***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Intensive Outpatient (IOP) is an outpatient program that is licensed as an appropriate facility/agency by the appropriate state agency and is provided under the supervision of a psychiatrist. Intensive Outpatient (IOP) is intended to provide treatment on an outpatient basis, does not include boarding/housing and is intended to provide treatment interventions in a structured setting, with patients returning to their home environments each day.

### **MEDICAL POLICY CRITERIA**

**Notes:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. An Intensive Outpatient Program (IOP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – H.) are met:
  - A. The member has been given a severe Eating Disorder diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
  - B. The member is able to actively participate in and comply with treatment in this level of care.

- C. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.
  - D. Members reporting non-acute safety concerns can develop a safety plan and access crisis intervention so that a more intensive level of care can be avoided.
  - E. The member's family and/or support system is willing to engage in the treatment process through family therapy as appropriate.
  - F. The member is experiencing significant disruption in multiple areas of functioning due to disordered eating behaviors (e.g. work, school, social relationships, family relationships).
  - G. Lack of external supports alone is not sufficient for continued treatment at this level of care.
  - H. Treatment could not be safely provided at a lower level of care or safe lower level of care is not available.
- II. A continued stay in an Intensive Outpatient Program (IOP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
- A. All the following (1. – 3.) must be met:
    1. Member continues to meet admission criteria (I.A. – H.).
    2. The member and family are involved to the best of their ability in the treatment and discharge planning process.
    3. Continued stay is intended to provide active treatment and is not primarily to provide a safe and supportive environment.
  - B. One or more of the following criteria must be met:
    1. The treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.
    2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
    3. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

## POLICY GUIDELINES

### Treatment Expectations

Members participating in an IOP program will be provided with face-to-face psychiatric evaluations provided as medically necessary. Members receive programming at least 9 hours per week for adults and 6 hours per week for child/adolescent. Intensive Outpatient is intended

to be a less intense outpatient program and reimbursement does not include lodging/boarding of any kind. If the daily program are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment'.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Recent lab results
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

#### Request for Extension/Concurrent Review

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

## CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
3. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
4. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
5. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
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  6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
  7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
  8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
  9. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
  10. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0905	Intensive Outpatient Program, Psychiatric

**Date of Origin:** January 2019

## ***Eating Disorder Partial Hospitalization***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Partial Hospitalization (PHP) is an outpatient program that is provided under the supervision of an attending psychiatrist. Partial Hospitalization (PHP) is intended to provide treatment on an outpatient basis, does not include boarding/housing and is intended to provide treatment interventions in a structured setting, with patients returning to their home environments each day.

### **MEDICAL POLICY CRITERIA**

**Notes:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. A Partial Hospitalization (PHP) outpatient program for an Eating Disorder provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
  - A. All the following must be met (1. – 8.):
    1. The member has been given a severe Eating Disorder diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.

2. The member is able to actively participate in and comply with treatment at this level of care.
  3. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.
  4. Members reporting non-acute safety concerns can develop a safety plan and access crisis intervention so that a more intensive level of care can be avoided.
  5. The member's family and/or support system are willing to participate in the treatment process as appropriate.
  6. If member has comorbid medical issues, the issues can be safely managed in a partial hospitalization level of care.
  7. Lack of external supports alone is not sufficient for continued treatment at this level of care.
  8. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.
- B. One or more of the following must be met:
1. The member is demonstrating significant impairments in functioning due to an Eating Disorder not requiring 24-hour monitoring, as evidenced by both of the following:
    - a. The patient's symptoms or behavioral manifestations are of such severity that there is significant interference with one or more of the following:
      - i. Family functioning.
      - ii. Vocational functioning.
      - iii. Educational functioning.
      - iv. Other age-appropriate social role functions.
    - b. The member is unable to employ the appropriate coping skills outside of a structured setting which puts member at risk of the condition worsening.
  2. The member has recently demonstrated non-lethal self-injurious behavior (superficial cutting) or made serious threats of self-harm or harm to others but does not require 24-hour monitoring.
  3. The member's eating disorder is interfering with their ability to manage a serious medical condition which, left unmanaged, could be life-threatening.
- II. A continued stay in a Partial Hospitalization (PHP) outpatient program for an Eating Disorder provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
- A. All the following must be met:
    1. Member continues to meet admission criteria (I.A. – B.)
    2. Treatment could not be safely provided at a lower level of care OR no safe lower level of care is available.

3. The member and family are involved to the best of their ability in the treatment and discharge planning process.
  4. The member continues to demonstrate motivation for change, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan, and other markers of treatment engagement. If member is not engaged, there are documented interventions by the treatment team to address.
- B. One or more of the following criteria must be met:
1. The treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.
  2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
  3. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

## POLICY GUIDELINES

### Treatment Expectations

Members should receive a diagnostic evaluation by a psychiatrist within 48 hours of admission. An individualized treatment plan should be completed within 5 days of admission. Member should be evaluated daily by a licensed behavioral health clinician, including individual therapy once weekly. Members should also receive, at a minimum, weekly face to face evaluations by a psychiatrist or physician extender with evidence of active treatment. Partial hospitalization should provide at least 20 hours/week of programming (individual and group therapy, psychoeducation, etc.) with nursing care available on site. Partial hospitalizations can be 5-7 days per week. Partial hospitalization is intended to be an outpatient program and does not include lodging/boarding of any kind. If the daily program are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment'.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment

- Nursing Assessment/ History & Physical (if available)
- Recent lab results
- Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

### Request for Extension/Concurrent Review:

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

## CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
3. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
4. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
5. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
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5. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 1/9/2019]; Available from: <http://psychiatryonline.org/guidelines.aspx>
6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>

8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
9. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
10. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0912	Partial Hospitalization, Low Intensity
	0913	Partial Hospitalization, High Intensity

**Date of Origin:** January 2019

## ***Eating Disorder Residential Treatment***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Residential treatment (RTC) is a 24-hour sub-acute treatment setting that is licensed by the appropriate agency to provide residential treatment and is under 24-hour care and monitoring of an attending psychiatrist.

### **MEDICAL POLICY CRITERIA**

**Notes:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. An Eating Disorder Residential Treatment (RTC) program provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
  - A. All the following must be met (1. – 8.):
    1. The member has been given a severe Eating Disorder diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
    2. The member is able to actively participate in and comply with treatment at this level of care.

3. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.
  4. The treatment is not primarily for the convenience of the provider or member (e.g. lack of housing options, respite care or custodial needs)
  5. The member has significant functional impairment in more than one area that requires 24-hour monitoring and intervention: Home, School/Work, Health/Medical, maintaining safe behaviors towards self or others, inability to maintain healthy eating and exercise behaviors despite active, recent attempts to self-manage in a less restrictive setting.
  6. Member can function independently and is able to effectively participate in structured group and individual therapy.
  7. Either treatment could not be effectively provided at a lower level of care (supported by clinical documentation) OR the member's home environment is not conducive to treatment/recovery, such that treatment at a lower level of care is unlikely to be successful OR no safe lower level of care is available.
  8. The family members and/or support system are committed to change through participation in the treatment process as appropriate.
- B. One or more of the following:
1. Member requires 24-hour structure and supervision at each meal to prevent disordered eating patterns (food restriction, binging/purging, etc.) that member's family or support system are unable to provide at a less restrictive level of care.
  2. Member requires 24-hour observation to interrupt/avoid compensatory behaviors such as: excessive exercise, food restriction, purging, taking laxatives/diuretics/diet pills that would otherwise lead to imminent medical risks, complications or deterioration of a co-morbid medical condition.
  3. In addition to a primary eating disorder requiring active treatment, member presents with a co-occurring psychiatric disorder requiring active treatment or risk of harm that requires 24-hour supervision.
- II. Continued stay in an Eating Disorder Residential Treatment (RTC) program provided under the supervision of an attending psychiatrist may be indicated when all of the following are met (A. – H.):
- A. The member continues to meet admission criteria (I.A. – B.).
  - B. There is reasonable expectation that continued treatment provided at this level of care will produce improvement that is sustainable after discharge.
  - C. The individual and family are involved to the best of their ability in the treatment and discharge planning process.
  - D. The member continues to demonstrate motivation for change, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments actively developing discharge plan and other markers of treatment

engagement. If member is not engaged, there are documented interventions by the treatment team to address.

- E. Continued stay is not primarily due to a lack of external supports, housing or custodial care. (See Policy Guidelines)
- F. There is evidence of active discharge planning.
- G. The member's family and/or support system is willing to engage in the treatment process through family therapy as appropriate.

## POLICY GUIDELINES

### Treatment Expectations

Initial psychiatric diagnostic evaluation should be completed by a psychiatrist within 48 hours of admission with a preliminary treatment plan. Patients should receive, at a minimum, weekly face-to-face assessments by a psychiatrist with evidence of active treatment. Active treatment should be multidisciplinary, including a minimum of 6 hours/day of programming, daily assessment by a licensed behavioral health clinician and weekly member therapy by a licensed therapist. The residential unit should be staffed with a licensed behavioral health clinician who is on site and available 24/7. Nursing care must also be available on site 24/7. Psychiatrist should be available for consultation 24/7. For children/adolescents, family therapy should be provided once weekly, at a minimum. If the daily program are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment' in a residential treatment facility. Authorization of residential treatment is based on clinical appropriateness/necessity of that level of care, and not based on a pre-set number of days or program presented by a facility. Residential treatment is not intended to act as a substitute for housing or supportive living in the community. It is assumed that discharge planning for aftercare will address a patient's social determinates of health needs, such as home environment needs, and begins at admission. Lack of early discharge planning does not merit extension of authorization when medical necessity criteria is not met.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Recent lab results
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

## Request for Extension/Concurrent Review

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

## CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
3. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
4. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
5. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
3. American Academy of Child and Adolescent Psychiatry. Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers. 2010. [cited 1/9/2019]; Available from: [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/principles\\_of\\_care\\_for\\_children\\_in\\_residential\\_treatment\\_centers.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf)
4. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 1/9/2019]; Available from: [https://www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Practice\\_Parameters\\_and\\_Resource\\_Centers/Practice\\_Parameters.aspx](https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx)
5. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 1/9/2019]; Available from: <http://psychiatryonline.org/guidelines.aspx>
6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
9. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>

10. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	1001	Residential Treatment, Psychiatric

**Date of Origin:** January 2019

## ***Psychiatric Inpatient Hospitalization***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Inpatient Psychiatric Hospitalization is a 24-hour acute treatment setting occurring on a locked unit that is licensed as a hospital by the appropriate agency and under the direct supervision of an attending psychiatrist.

### **MEDICAL POLICY CRITERIA**

**Notes:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. An Inpatient Psychiatric Hospitalization (IP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
  - A. All the following (1. – 4.) must be met:
    1. The member has been given a severe mental health diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
    2. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

3. The treatment is not primarily for the convenience of the provider or member (e.g. primarily for lack of housing options, respite care, custodial needs or extended discharge planning).
  4. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.
- B. One or more of the following must be met:
1. There is significant evidence that member is an imminent risk of harm to self or to others due to one or more of the following reasons:
    - a. The member has made a recent and serious attempt to substantially harm self or someone else in a way that was intended to be deadly.
    - b. The member is verbalizing intent and plan to harm self or someone else in a way that would either be deadly or cause serious bodily harm.
    - c. Recent self-injurious behaviors that are substantial enough to require 24-hour observation and safety planning (example: Cutting self substantially enough to require sutures).
    - d. Recent violent, impulsive, and/or agitated behavior that cannot safely be controlled outside of 24-hour monitoring and intervention to prevent serious harm to self or others.
  2. The member is experiencing severe deterioration in their ability to care for himself/herself due to the severity of their psychiatric condition. Examples of this level of deterioration are:
    - a. The member is not taking care of basic tasks such as eating, drinking, caring for hygiene or taking prescribed psychiatric medications which contributes to deterioration.
    - b. The member is experiencing a recent onset or exacerbation of psychotic symptoms that are resulting in significant deterioration of functioning that can only be safely managed with 24-hour observation and treatment. (Examples include: delusional thinking with limited to no awareness of reality, auditory and/or visual hallucinations, severe paranoia).
  3. Member has a comorbid medical condition in addition to active psychiatric symptoms and requires the resources of an inpatient hospital for safe and appropriate treatment.
- II. Continued stay in an Inpatient Psychiatric Hospitalization (IP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – C.) are met:
- A. The individual continues to meet admission criteria (I.A-B).
  - B. Treatment could not be safely provided at a lower level of care or safe lower level of care is not available.
- C. One or more of the following criteria must be met:
1. The active treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be

helping the member reach a level of stability that step-down to a lower level of care will be possible.

2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
3. Member is experiencing complications arising from medications or other treatments (such as Electroconvulsive Therapy) with such severity that require further stabilization and 24-hour observation.
4. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

## POLICY GUIDELINES

### Treatment Expectations

Within 24 hours of admissions, members should receive: an initial assessment by a licensed behavioral health clinician, a psychiatric evaluation by a psychiatrist, a history/physical completed by medical staff and a completed preliminary treatment plan. Inpatient treatment is provided under the direct supervision of an attending psychiatrist with 24-hour nursing and behavioral health care available on the unit. Patients should receive, at a minimum, face-to-face assessments by a psychiatrist (or physician extender where state laws allow) 6 days/week, with documented active treatment of behavioral health symptoms by a multidisciplinary treatment team consisting of 6 hours daily of therapeutic programming. A psychiatrist must be available for consultation 24 hours a day, 7 days a week. For children/adolescents, family therapy should be provided once weekly, at a minimum. Family therapy is recommended for adult members, when appropriate, at least once weekly. Members should also receive active discharge planning starting at admission to identify appropriate step-down plan including scheduling follow-up behavioral health appointments within 7 days of discharge. It is assumed that discharge planning for aftercare will address a patient's social determinates of health needs, such as home environment needs, and begins at admission. Lack of early discharge planning does not merit extension of authorization when medical necessity criteria is not met.

Inpatient treatment is intended for immediate stabilization of acute psychiatric symptoms, providing safety for those at risk of harming themselves or others and active medication management. Inpatient treatment is not designed to provide long term treatment of psychiatric conditions.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

### Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

### Request for Extension/Concurrent Review

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

## CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
3. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
4. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
5. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
3. American Academy of Child and Adolescent Psychiatry. Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers. 2010. [cited 1/9/2019]; Available from: [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/principles\\_of\\_care\\_for\\_children\\_in\\_residential\\_treatment\\_centers.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf)
4. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 1/9/2019]; Available from: [https://www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Practice\\_Parameters\\_and\\_Resource\\_Centers/Practice\\_Parameters.aspx](https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx)
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7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
9. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
10. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0114	R&B Private, Psychiatric
	0124	R&B Semi-Private, Psychiatric
	0134	R&B Multi-Bed, Psychiatric
	0144	R&B Deluxe Private, Psychiatric
	0154	R&B Ward, Psychiatric
	0204	ICU, Psychiatric

**Date of Origin:** January 2019

## ***Psychiatric Intensive Outpatient***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Intensive Outpatient (IOP) is an outpatient program that is licensed as a facility/agency by the appropriate state agency and is provided under the supervision of a psychiatrist. Intensive Outpatient (IOP) is intended to provide treatment on an outpatient basis, does not include boarding/housing and is intended to provide treatment interventions in a structured setting, with patients returning to their home environments each day.

### **MEDICAL POLICY CRITERIA**

**Note:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. An Intensive Outpatient Program (IOP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. - H.) are met:
  - A. The member has been given a severe mental health diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
  - B. The member is able to actively participate in and comply with treatment in this level of care.

- C. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.
  - D. Members reporting non-acute safety concerns can develop a safety plan and access crisis intervention so that a more intensive level of care can be avoided.
  - E. The member's family and/or support system are willing to participate in the treatment process as appropriate.
  - F. The member is experiencing significant disruption in multiple areas of functioning due to psychiatric condition (e.g. work, school, social relationships, family relationships).
  - G. Lack of external supports alone is not sufficient for continued treatment at this level of care.
  - H. Treatment could not be safely provided at a lower level of care or safe lower level of care is not available.
- II. Continued stay in an Intensive Outpatient Program (IOP) provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
- A. All the following must be met (1. – 3.):
    1. Member continues to meet admission criteria (I.A. – H.)
    2. The member and family are involved to the best of their ability in the treatment and discharge planning process.
    3. Continued stay is intended to provide active treatment and is not primarily to provide a safe and supportive environment.
  - B. One or more of the following must be met:
    1. The treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.
    2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
    3. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

## POLICY GUIDELINES

### Treatment Expectations

Facility is licensed by the appropriate agency to provide IOP and is provided under the supervision of a psychiatrist with face-to-face psychiatric evaluations provided as medically necessary. Members receive at least 9 hours per week of programming for adults and at least

6 hours per week for child/adolescent. Intensive Outpatient is intended to be a less intense outpatient program and does not include lodging/boarding of any kind. If the daily program are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

#### Request for Extension/Concurrent Review

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

## CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
3. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
4. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
5. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
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- [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/principles\\_of\\_care\\_for\\_children\\_in\\_residential\\_treatment\\_centers.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf)
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  6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
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  8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
  9. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
  10. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0905	Intensive Outpatient Program, Psychiatric

**Date of Origin:** January 2019

## ***Psychiatric Partial Hospitalization***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Partial Hospitalization (PHP) is an outpatient program that is provided under the supervision of an attending psychiatrist. Partial Hospitalization (PHP) is intended to provide treatment on an outpatient basis, does not include boarding/housing and is intended to provide treatment interventions in a structured setting, with patients returning to their home environments each day.

### **MEDICAL POLICY CRITERIA**

**Note:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. A Partial Hospitalization (PHP) outpatient program provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
  - A. All the following (1. – 8.) must be met:
    1. The member has been given a severe mental health diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.

2. The member is able to actively participate in and comply with treatment at this level of care.
  3. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.
  4. Members reporting non-acute safety concerns can develop a safety plan and access crisis intervention so that a more intensive level of care can be avoided.
  5. The member's family and/or support system are willing to participate in the treatment process as appropriate.
  6. If member has comorbid medical issues, they can be safely managed in a partial hospital level of care.
  7. Lack of external supports alone is not sufficient for continued treatment at this level of care.
  8. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.
- B. One or more of the following must be met:
1. The member is demonstrating significant impairments in functioning due to a psychiatric disorder not requiring 24-hour monitoring, as evidenced by both of the following (a. – b.):
    - a. The patient's symptoms or behavioral manifestations are of such severity that there is significant interference with one or more of the following:
      - i. Family functioning.
      - ii. Vocational functioning.
      - iii. Educational functioning.
      - iv. Other age appropriate social role functions.
    - b. The member is unable to employ the appropriate coping skills outside of a structured setting which puts member at risk of the condition worsening.
  2. The member has recently demonstrated non-lethal self-injurious behavior (example: superficial cutting) or made serious threats of self-harm or harm to others but does not require 24-hour monitoring.
  3. The member's psychiatric condition is interfering with their ability to manage a serious medical condition which, left unmanaged, could be life-threatening.
- II. A continued stay in a Partial Hospitalization (PHP) outpatient program provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – B.) are met:
- A. All the following must be met:
    1. Member continues to meet admission criteria (I.A. - B.).
    2. Treatment could not be safely provided at a lower level of care or safe lower level of care is not available.

3. The member and family are involved to the best of their ability in the treatment and discharge planning process.
  4. The member continues to demonstrate motivation for change, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If member is not engaged, there are documented interventions by the treatment team to address.
  5. Lack of external supports alone is not sufficient for continued treatment at this level of care.
- B. One or more of the following criteria must be met:
1. The treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.
  2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
  3. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

## POLICY GUIDELINES

### Treatment Expectations

Members should receive a diagnostic evaluation by a psychiatrist within 48 hours of admission. Members should also receive, at a minimum, weekly face to face evaluations by a psychiatrist or physician extender with evidence of active treatment. An individualized treatment plan should be completed within 5 days of admission. Member should be evaluated daily by a licensed behavioral health clinician, including individual therapy once weekly. Partial hospitalization should provide at least 20 hours/week of programming (individual and group therapy, psychoeducation, etc.) with nursing care available on-site. Partial hospitalizations can be 5-7 days per week. Partial hospitalization is intended to be an outpatient program and does not include lodging/boarding of any kind. If the daily program are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment'.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Pre-Authorization Request Form

- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

### Continued Stay/Concurrent Review:

- Supporting clinical documentation, including:
  - Most recent psychiatric evaluation
  - MD Notes
  - Individualized Treatment Plan/Progress Reports

## CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25
2. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
3. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
4. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
5. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
6. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. United States, 2015. p. 46-52.
3. American Academy of Child and Adolescent Psychiatry. Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers. 2010. [cited 1/9/2019]; Available from: [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/principles\\_of\\_care\\_for\\_children\\_in\\_residential\\_treatment\\_centers.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf)
4. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 1/9/2019]; Available from: [https://www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Practice\\_Parameters\\_and\\_Resource\\_Centers/Practice\\_Parameters.aspx](https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx)
5. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 1/9/2019]; Available from: <http://psychiatryonline.org/guidelines.aspx>
6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>

9. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
10. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Codes	0912	Partial Hospitalization, Low Intensity
	0913	Partial Hospitalization, High Intensity

**Date of Origin:** January 2019

## ***Psychiatric Residential Treatment***

**Effective:** June 1, 2020

**Next Review:** January 2021

**Last Review:** April 2020

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Residential treatment (RTC) is a 24-hour sub-acute treatment setting that is licensed as a residential treatment center by the appropriate agency to provide residential treatment and is under 24-hour care with an attending psychiatrist available for consultation 24/7.

### **MEDICAL POLICY CRITERIA**

**Note:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. A Psychiatric Residential Treatment (RTC) program provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – H.) are met:
  - A. The member has been given a severe mental health diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
  - B. The member is able to actively participate in and comply with treatment at this level of care.
  - C. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

- D. The treatment is not primarily for the convenience of the provider or member (e.g. primarily for lack of housing options, respite care or custodial needs).
  - E. The member has significant functional impairment in more than one area that requires 24-hour monitoring and intervention: Home, School/Work, Health/Medical, maintaining safe behaviors towards self or others.
  - F. Member can function independently and is able to effectively participate in structured group and individual therapy.
  - G. Treatment could not be effectively provided at a lower level of care (supported by clinical documentation) OR The member's home environment is not conducive to treatment/recovery, such that treatment at a lower level of care is unlikely to be successful OR no safe lower level of care is available.
  - H. The family members and/or support system are committed to change through participation in the treatment process as appropriate.
- II. Continued stay in a Psychiatric Residential Treatment (RTC) program provided under the supervision of an attending psychiatrist may be indicated when all of the following (A. – G.) are met:
- A. Member continues to meet admission criteria (I.A. – H.)
  - B. There is reasonable expectation that continued treatment provided at this level of care will produce improvement that is sustainable after discharge.
  - C. The individual and family are involved to the best of their ability in the treatment and discharge planning process.
  - D. The member continues to demonstrate motivation for change, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments actively developing discharge plan and other markers of treatment engagement. If member is not engaged, there are documented interventions by the treatment team to address.
  - E. Continued stay is not primarily due to a lack of external supports, housing or custodial care. (See Policy Guidelines)
  - F. There is evidence of active discharge planning.
  - G. The member's family and/or support system is willing to engage in the treatment process through family therapy as appropriate.

## POLICY GUIDELINES

### Treatment Expectations

Initial psychiatric diagnostic evaluation should be completed by a psychiatrist within 48 hours of admission with a preliminary treatment plan. Patients should receive, at a minimum, weekly face-to-face assessments by a psychiatrist with evidence of active treatment. Multidisciplinary treatment including a minimum of 6 hours/day of programming, daily assessment by a licensed behavioral health clinician and weekly member therapy by a licensed therapist. The residential unit should be staffed with a licensed behavioral health clinician who is on site and

available 24/7. Nursing care must also be available on site 24/7. Psychiatrist should be available for consultation 24/7. For children/adolescents, family therapy should be provided once weekly, at a minimum. If the daily program are primarily activities that are recreational or diversional in nature, this does not qualify as 'active treatment' in a residential treatment facility. Authorization of residential treatment is based on clinical appropriateness/necessity of that level of care, and not based on a pre-set number of days or program presented by a facility. Residential treatment is not intended to act as a substitute for housing or supportive living in the community. It is assumed that discharge planning for aftercare will address a patient's social determinates of health needs, such as home environment needs, and begins at admission. Lack of early discharge planning does not merit extension of authorization when medical necessity criteria is not met.

## Custodial Care

Custodial care is understood to be:

1. Non-health related services, such as assistance with activities of daily living (ADLs)
2. Health-related services provided for the primary purpose of meeting the personal needs of the member or maintaining a level of function (even if the specific services are considered to be skilled services), that will be required regardless of setting.
3. Remaining in treatment for the purpose of supportive living environment or avoidance of returning to home environment.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Prior Authorization Form
- Initial Psychiatric Evaluation/Intake Assessment
- Other supporting clinical documentation, such as:
  - Nursing Assessment/ History & Physical (if available)
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

#### Continued Stay/Concurrent Review:

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation
  - MD Notes
  - Treatment Plan/Progress Reports
  - Any other supporting clinical evidence

## CROSS REFERENCES

1. [Eating Disorder Inpatient Treatment](#), Behavioral Health, Policy No. 25

2. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
3. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
4. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
5. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
6. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
7. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31

## REFERENCES

1. Mee-Lee D, SG, Fishman MJ, Gasfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®; 2013.
2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
3. American Academy of Child and Adolescent Psychiatry. Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers. 2010. [cited 1/9/2019]; Available from: [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/principles\\_of\\_care\\_for\\_children\\_in\\_residential\\_treatment\\_centers.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf)
4. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 1/9/2019]; Available from: [https://www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Practice\\_Parameters\\_and\\_Resource\\_Centers/Practice\\_Parameters.aspx](https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx)
5. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 1/9/2019]; Available from: <http://psychiatryonline.org/guidelines.aspx>
6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
9. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
10. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	1001	Residential Treatment, Psychiatric

**Date of Origin:** January 2019



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

**Pre-authorization Request Form  
Behavioral Health**

**Fax:** 1 (888) 496-1540

**Mail to:** PO Box 1271, WW5-53  
Portland, OR 97207-1271

**Instructions:** This form should be completed and filled out by the requesting provider. Prior to completing this form, please confirm the patient's benefits, eligibility and whether pre-authorization is required.

Is this for a Medicare Preservice Benefit Organization Determination Request?  Yes  No

**Expedited request. I attest that this request meets the definition indicated below by checking the expedited request box.**  **Fax to 1 (855) 240-6498.**

**Expedited is defined as:** When the member or his/her provider believes that waiting for a decision within the standard timeframe could place the member's life, health or ability to regain maximum function in serious jeopardy.

**SECTION 1 – PATIENT INFORMATION**

Patient Name (Last)				First				MI	Patient's Phone #			
Patient's Regence Member ID #				Group #				Date of Birth				

**SECTION 2 – PROVIDER INFORMATION**

Please check one:  Requesting/Prescribing Provider  Rendering/Treating Provider

Provider Name				Tax ID #			
NPI #		Office Phone #		Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No		Fax #	
Mailing Address				City		State	ZIP Code
Provider Specialty				Email Address			

**Who should we contact if we require additional information?**

Name		Phone #		Confidential Voice Mail		Fax #	
		Ext.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**If a physician reviewer needs a peer to peer discussion before a determination, please provide the treating provider's direct phone number and availability for the next 3 to 5 days.**

Phone #:		Date:		Date:		Date:		
Ext:		Time:		Time:		Time:		
Facility Name				Tax ID #		NPI #		
Mailing Address				Fax #				
City		State	ZIP Code		Phone #		Confidential Voice Mail	
					Ext.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Acute				Email Address				

### SECTION 3 – PREAUTHORIZATION REQUEST

Date of Services/Anticipated Admission \_\_\_\_\_

Substance Use Disorders: ASAM Level of Care Requested:  2.0/2.1  2.5  3.5  3.7  4.0

Mental Health Care Requested:

- Inpatient  Residential Treatment  Partial Hospitalization  
 Intensive Outpatient  Other, please specify \_\_\_\_\_

**Note:** This form does not serve as a notification of admission. Please reference our provider website for instructions about how to notify us of an admission.

**Please provide all diagnosis, CPT or HCPCS codes and their descriptions.**

Diagnosis code(s) and description(s)	CPT or HCPCS code(s) and description(s)
Primary:	
Second:	
Third:	

### SECTION 4 – DOCUMENTATION SUBMISSION

**Please submit the following documentation, as appropriate for this request:**

Psychiatric or substance use disorder evaluation or intake assessment including:

- Family history
- Medical, psychiatric and substance use history
- Mental status exam
- Personal and social history (psychosocial)
- History of current complaint/clinical status
- Member's current complaint/clinical status

History and physical/nursing assessment (if available) including:

- Current vitals
- Current medical concerns/risks

Substance use disorders only:

- Clinical Institute Withdrawal Assessment (CIWA) or
- Clinical Opiate Withdrawal Scale (COWS) score or
- Description of active withdrawal symptoms

Any other supporting documents you would like considered, such as letters from outpatient providers, etc.

## SAMPLE COVER LETTER

**CHILD** was formally evaluated on **DATE** at **SITE OF EXAM** by **PROVIDER**. **CHILD** demonstrated impairments in social interaction, social communication and atypical behavior consistent with an Autism Spectrum Disorder. **CHILD**'s behaviors and/or impairments are having an adverse impact on development and/or communication as documented on **DATE** by the presence of severe behaviors and/or functional impairments that interfere with **CHILD**'s ability to participate adequately in their home, school or community environments and/or the health and safety of **CHILD** or others are at significant safety risk. Please see the attached report/COE report/treatment plan and DSM-IV-TR checklist for details.

Applied behavioral analysis services are recommended given the adverse impact of **CHILD**'s behaviors and/or core impairments. **CHOOSE HERE** [Less intensive behavioral treatment or other therapy has been tried and not been successful, or it is not accessible, or there is no equally effective alternative available for reducing severe interfering or disruptive behaviors, increasing pro-social behaviors, or achieving desired behaviors]; and Applied Behavioral analysis services are reasonably expected to result in a measureable improvement in **CHILD**'s skills and behaviors.

Effective November 21, 2016

### **Uniform Medical Plan ABA Therapy Clinical Considerations**

ABA Therapy hours of service should reflect the number of and type of behavioral targets and key functional skills to be addressed and include a clinical summary justifying the hours requested for each behavioral target. The total hours of ABA Therapy requested should be comprised of fewer than 40 hours per week.

Any requests for greater than 40 hours per week should show documentation as to why more than 40 hours of therapy is medically necessary.

ABA therapy documentation should show the following:

- The client's response to ABA therapy services and progress being made
- Meaningful, measurable, and functional improvement, changes, or progress
  - Meaningful changes should be demonstrated by:
    - Data confirming the changes or progress
    - Documentation in charts and graphs
    - Durability over time beyond the end of the actual treatment session
    - Generalizable outside the treatment setting to the client's residence or the community within which the client resides
- Compliance with treatment plan, including keeping appointments, attending and participating in treatment and family training sessions, completion of homework assignments, and family application of training techniques as directed by the therapy assistant or LBAT.