Mental Health Inpatient, Residential, Partial Hospitalization, Intensive Outpatient (IOP) Adult, Adolescent, Children

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*	☒ *Commercial* ☐ *Medicare* ☐ *Medicaid*

Commercial Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

"A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities.

For purposes of this policy, mental disorders are those found in the ICD-10 classification system with specific exceptions as allowed by state and federal mandates.

For substance use disorder treatment (SUD) see PS Substance Use Disorder Inpatient, Residential, Partial Hospitalization, Intensive Outpatient (IOP) Adult, Adolescent, Children

Criteria

FACILITIES: the following apply to all levels of care. For additional requirements please see specific level of care

- Facilities must hold licensure and/or accreditation for the level and type of care provided and is practicing within the scope of its license appropriate to their state.
- Treatment that is court ordered or required by a third party must also meet medical necessity criteria and will not be approved solely on the basis of court order or third party requirement.
- SAMSHA and other organizations have noted that outcomes are improved when residential care is provided in close proximity to the member's home. Therefore, treatment should occur as close as possible to the home area where the patient will be discharged to help facilitate a successful

transition to community based services. Any request to treat the member outside the area of residence must be supported by findings that demonstrate a need for the out of area admission.

I. Inpatient Treatment (acute care)

- Notification of admission is required within 48 hours (2 business days) for participating facilities.
- Documentation meets MCG Behavioral Health Care Guidelines for inpatient level of care admission and continued stay
- Inpatient care must include on-site nursing 24 hours per day
- Treatment must include daily psychiatric oversight, with MD evaluation a minimum of 7 days per week

II. Residential Treatment

Residential treatment is defined as a 24-hour level of care that provides a range of diagnostic and therapeutic behavioral health services which cannot be provided in an outpatient setting.

- Prior authorization is required for admission date and initial length of stay
- Documentation meets MCG Behavioral Health Care Guidelines for residential level of admission and continued stay
- Adult mental health residential care will not exceed 30 days without consulting with Medical Director (e.g., census). Must have initial discharge discussion starting on admission with a confirmed plan 7 days prior to discharge.
- Child and Adolescent mental health residential care will not exceed 45 days without consulting with Medical Director (e.g., census). Must have initial discharge discussion starting on admission with a confirmed plan 7 days prior to discharge.
- Residential care should include the following documented treatment components:
    - Psychiatric, medical and psychosocial evaluation must be completed within 72 hours of admission by a physician with board certification in psychiatry, or child psychiatry if pediatric program
    - Patient must be involved in a structured treatment program for at least 8 hours per day, 5 days a week under the supervision of a licensed mental health professional, consisting of ALL of the following:
        a. Documentation of the individual's participation in each treatment activity, tied to goals described in the individualized treatment plan;
        b. Daily group therapy;
        c. Individual therapy at least twice per week and family therapy at least once per week;
        d. Individualized case management activities as needed;
        e. Structured skills training, vocational training, education, recreation and/or socialization activities
    - An individualized multidisciplinary comprehensive treatment plan for the patient containing measurable treatment goals which address behavior stabilization, symptom reduction, and functional improvement, planned interventions to achieve goals with anticipated timeframe. It should not be determined by programmatic duration.
    - Nursing on site at least 8 hours per day, and on call at all times to assist with medical issues, crisis intervention and medication
    - Clinical assessment at least once per day
    - On-site supervision 24 hours per day
    - Psychiatric medication management will occur at least 1-2 times per week
    - Family involvement with family therapy sessions at least once weekly to support the post-discharge environment. If this is not possible or indicated, clinical evidence must be given and an acceptable alternative offered.

- For child and adolescent residential care school classes are on premises with instruction provided by a certified teacher.

III. Partial Hospitalization

Partial Hospitalization (Day Treatment) is defined as a level of care that provides comprehensive behavioral services that are similar in nature and intensity as those which would be provided in a residential or inpatient setting but fewer than 24 hours per day but no less than 4 hours of direct structured treatment per day. The member's residential benefits apply to this level of care.

- Prior authorization is required for admission date and initial length of stay
- Documentation meets MCG Behavioral Health Care Guidelines for partial hospitalization level of admission and continued stay
- Adult mental health partial hospitalization care will not exceed 30 days without consulting with Medical Director (e.g., census). Must have initial discharge discussion starting on admission with a confirmed plan 7 days prior to discharge.
- Child and Adolescent mental health partial hospitalization care will not exceed 45 days without consulting with Medical Director (e.g., census). Must have initial discharge discussion starting on admission with a confirmed plan 7 days prior to discharge.
- Partial Hospitalization level of care should include the following documented treatment components:
    - Psychosocial assessment within the first 2 program days
    - Psychiatric/Medication evaluation occurs within 72 hours of admission by a physician with board certification in psychiatry, or child psychiatry if pediatric program, and at least 1 time per week thereafter.
    - Substance disorder evaluation within the first 2 program days
    - Toxicology screen on admission and as appropriate during stay(See drug testing policy for specifics)
    - Individual therapy at least twice weekly, group therapy daily, family therapy weekly Clinical assessment at least 1 time per day
    - The patient must participate in structured, multidisciplinary treatment activities, including individual/group/family therapy, 5-8 hours per day, 3-5 days per week.
    - For children and adolescents treatment should meet academic needs of the patient if the school system is unable
    - Discharge planning is initiated upon admission and includes provision for ongoing behavioral health care post discharge

IV. Intensive Outpatient (IOP)

Intensive Outpatient (IOP) is defined as a level of care for those patients who are not at imminent risk of harm to self or others. It is an appropriate level of care to generate new coping skills, or reinforce acquired skills that might be lost if the patient returned to a less structured outpatient setting.

- Prior authorization is required. Check specific member plan for number of visits allowed without prior authorization (most plans require PA after 36 visits).
- Approval time period not to exceed 6 months per authorization.
- Documentation meets MCG Behavioral Health Care Guidelines for intensive outpatient level of admission and continued stay

- Structured treatment 2-4 hours per day, 3-5 days per week
- Discharge planning is initiated upon admission and includes provision for ongoing behavioral health care post discharge.

References

American Psychiatric Association Practice Guidelines, Accessed 10/4/2017 www.psychiatryonline.com/pracGuide/pracGuideHome.aspx

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Washington, DC: Author.

ICD-10-CM Expert for Physicians: The Complete Official Code Set, Optum360, LLC (2019)

MCG 23rd Edition Behavioral Health Guidelines

This procedure has been developed with consideration of medical necessity, generally accepted standards of medical practice, widely-accepted clinical guidelines published by professional associations and review of medical literature.

Appendix

Policy Number: [Policy Number]

Effective: 2/1/2020 **Next review:** 2/1/2021

Policy type: Commercial

Depts: Health Services

Applicable regulation(s): N/A

External entities affected: N/A