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.

NOTE: For all plans, refer to the plan documents for specific benefit limitations and/or exclusions in addition to the information below.

Background

Mental health and Substance Use Disorders services are subject to all terms and provisions of the member’s specific health plan including limits, deductibles, copayments and/or benefit percentages shown on the Schedule. Providers must meet the credentialing and eligibility requirements of PacificSource. Behavioral health programs must be licensed as a treatment program for the particular type or level of service that is organizationally distinct within a facility and utilize evidenced based treatment during the course of care. Level of care definitions:

- **Mental Health inpatient** requires 24-hour intensive, psychiatric, medical and nursing services including continuous observation and monitoring required for stabilization of acute symptoms. This care level includes individual services with a psychiatrist on a daily basis, daily monitoring of medication effects and side effects, individualized treatment plan addressing psychological, social, and medical and substance abuse needs as well as a family assessment and conjoint family therapy as indicated, individual therapy at least twice weekly, group therapy daily. Inpatient care is to provide acute interventions to control behavior and symptoms requiring stabilization of the patient in a contained environment that could not be safely provided at a less intensive level of care.

- **Substance Use Disorder inpatient** detoxification services for withdrawal management are physician directed, providing 24-hour nursing supervision for the care of acute intoxication and withdrawal symptoms commonly associated with substances such as alcohol, drugs, or other chemicals. **(Note:** For purposes of this policy, we differentiate this level of care from an acute, emergent medically managed inpatient drug or alcohol detoxification that requires 24-hour...
medical/psychiatric and nursing care, and in which continuous observation and control of behavior are required to address a life threatening health risk. Coverage for this level of care is under the medical benefit.)

- **Residential Treatment** is defined as a 24 hour inpatient level of care that provides a range of diagnostic and therapeutic behavioral services which cannot be provided on an outpatient basis. This level of care must have four or more continuous hours of treatment per day. This treatment occurs in a facility with 7 day a week, 24-hour around-the-clock supervision on a unit that is not locked. Treatment focus is on improving function rather than maintenance of long term gains made in an earlier program.

- **Partial Hospitalization** is defined as a level of care that provides comprehensive behavioral services that are essentially the same in nature and intensity as those which would be provided in a hospital. This level is appropriate for a patient who may present with ongoing, imminent risk of harm to self or others, but is able to develop a plan to maintain safety without 24 hour psychiatric/medical and nursing care. This level of care is typically 5-8 hours per day. This level of care is time-limited, used to stabilize acute symptoms. The member’s residential benefits apply to this level of care.

- **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. This level of care is typically a structured treatment program 2-4 hours per day, 3-5 days per week.

- **Applied Behavioral Analysis (ABA)** is the design, implementation, and evaluation of environmental modification to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA therapy is covered when there is an established diagnosis of Autism Spectrum Disorder (DSM-5 299.0; ICD-10 F84.0).

- **Repetitive transcranial magnetic stimulation (rTMS)** is a noninvasive technique where brief pulses of magnetic energy are applied to the scalp at frequencies between 1 to 50 Hz via an electromagnetic coil with the goal of stimulating the areas of the brain which manage mood regulation. The Food and Drug Administration (FDA) has approved rTMS for the treatment of Major Depressive Disorder.

**Drug testing** urine or serum is performed to detect the use of prescription medications and substances of concern for the purpose of medical treatment. Confirmatory testing is an additional test completed to verify the results of the urine or serum drug test. Urine or serum drug testing should not routinely include a panel of all substances. The test should be focused on the detection of specific substances used. The frequency of testing should be at the lowest level to detect the presence of substances. The category of measure utilized for this policy is a “unit.” A “unit” is defined as each individual code utilized to capture the service of urine drug testing. Presumptive testing is used to detect the presence or absence of a drug or a drug class, they do not indicate a specific level of drug but rather give a positive or negative result possible drug use. Definitive drug testing is a test used to identify the presence or absence of a specific drug as well as a quantitative analysis.
Criteria

Notification is required within 48 hours of admission

- All Mental Health and Substance Use Disorder inpatient admissions.

Preauthorization is required

- All Mental Health and Substance Use Disorders residential admissions
- All Mental Health and Substance Use Disorder partial hospitalization program (PHP)
- All Mental Health and Substance Use Disorder intensive outpatient programs (IOP) after 36 visits have been exhausted.
- Repetitive transcranial magnetic stimulation (rTMS)
- Drug testing after exceeding 12 units of definitive testing and 36 presumptive units per PY/CY. Allowable codes: 80305, 80306, 80307, 80320-80377, 82075, 83992
- Applied Behavioral Analysis (ABA)

Exclusions:
The following services are excluded from coverage, regardless of diagnosis:

- Biofeedback (90875 – 90876, 90901, 90911), except when provided for migraine headaches and urinary stress incontinence;
- Hypnotherapy (90880);
- Environmental intervention (90882);
- Preparation of psychiatric records (90885 – 90889); and
- Unlisted psychiatric service or procedure (90899)

Other Mental Health non-covered services include, but are not limited to, the following:

- Educational services except for services that are provided by a provider and that are included in a medically necessary treatment plan.
- Correctional services;
- Sheltered living programs provided by a school or halfway house;
- Psychoanalysis or psychotherapy received as part of an educational or training program;
- Caffeine-related services;
• Support groups;
• Neurodevelopmental therapy;
• Sensory integration training;
• Equine/animal therapy;
• Aversion therapy;
• Outpatient recreation therapy;
• Marriage or couples counseling

Substance Use Disorders Non-Covered Services:
The following services are excluded from coverage, regardless of diagnosis:

• Educational classes
• Alcoholics Anonymous
• Court Ordered treatment is also excluded for plans in Idaho and Montana that do not meet medical necessity standards

Coding Information

Mental Health and Substance Use Disorders Covered Exceptions

Initial Evaluation:
• Psychiatric diagnostic evaluations (90791 – 90792) are covered services, even if billed with a non-covered diagnosis.

Family and Group Therapy:
• Family psychotherapy with or without the patient (90846 – 90847) is covered when billed with a covered mental health and/or a substance used disorder diagnosis and the patient was the main discussion. Clinical editing may apply if other therapy codes are billed on same date of service.
• Group psychotherapy (90853) is covered when billed with a covered diagnosis. It is limited to one unit UNLESS the provider’s contract specifically indicates they can bill with more than one. (Note: there are very few providers with this provision in their contract.)
  o It is not appropriate for providers to bill 90853 with a modifier 59. Claims with 90853 and modifier 59 will route to Health Services Workflow for review.

Medication Management:
• Medication management when billed with a covered diagnosis and performed by psychiatrists and psychiatric nurse practitioner, or physician assistant, is billed with an E&M code (99211-99215). If psychotherapy is also provided as part of the visit an additional add on psychotherapy code (90833, 90836 or 90838) may be billed.

Electroconvulsive Therapy (ECT/Shock Therapy):
• Electroconvulsive therapy (ECT) (90870) is covered when billed with a covered diagnosis. Preauthorization is not required.

Psychological & Neuropsychological Testing:
• Psychological testing and evaluation services (96130 and 96131), neurobehavioral status exam (96116 and 96121), neuropsychological testing (96132 and 96133) and for test administration and scoring (96136 and 96137). This must be performed by an MD or Licensed Psychologist (PhD or PsyD) and will be covered under the lab benefit if billed with a covered diagnosis.

• Psychological or neuropsychological testing 96138 and 96139 and 96146 done by either a technician or a computer, are covered under the lab benefit if billed with a covered diagnosis.

• Testing with interpretation and report (96105, 96110, and 96112, 96113) are covered under the lab benefit if billed with a covered diagnosis.

• Standardized cognitive performance testing (96125) is not covered for professional claims. This is set to automatically deny to provider write-off as non-covered when rendered by this provider type. This code is covered as physical, speech or occupational therapy only.

Health and Behavior Assessment/Intervention:
• Health and behavior assessment (96150 – 96151) and health and behavior intervention (96152 – 96155) are covered services, for covered diagnoses when billed by non-physician providers.

Case management and care coordination for Oregon:
• Case Management and Care Coordination services are reimbursable in full compliance with ORS 743A.168 as amended by the Oregon Legislature in 2017 (HB 3091) and OAR 836-053-1403.

• These services are reimbursed only when: a. the service provided is within the rendering provider’s scope of practice. b. Correctly coded and billed, in accordance with the requirements of this policy. c. Licensed providers (MD, DO, ND, PA, NP, LCSW, LPC, LMFT, Psychologist, etc.) may provide CM/CC services in any setting. d. Certified (non-licensed) providers (QMHA, Peer Support, etc.) may provide CM/CC services under the auspices of a program appropriately licensed or certified by the Oregon Health Authority.

• Behavioral Health Case Management and Care Coordination (CM/CC) services may be provided by a variety of provider types with different licensure and/or certification levels. However, not every procedure code may be reported by every provider type.

• The codes included in these services are:

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
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<tbody>
<tr>
<td>H0006</td>
<td>Alcohol and/or drug services; case management per 15 minutes</td>
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<tr>
<td>T1016</td>
<td>Case management, each 15 minutes</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>H2021</td>
<td>Community-based wrap-around services, per 15 minutes</td>
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<tr>
<td>H2022</td>
<td>Community-based wrap-around services, per diem</td>
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<tr>
<td>H0039</td>
<td>Assertive community treatment, face-to-face, per 15 minutes.</td>
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<tr>
<td>H2014</td>
<td>Skills training and development, per 15 minutes.</td>
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<tr>
<td>H0038</td>
<td>Self-help/peer services, per 15 min</td>
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<tr>
<td>G0177</td>
<td>Training and educational services related to the care and treatment of patient’s disabling mental health problems per session (45 minutes or more)</td>
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<tr>
<td>H2011</td>
<td>Crisis intervention service, per 15 minutes</td>
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**Methadone Treatment:**

- Methadone, oral (S0109) or injection (J1230), and related alcohol and/or drug services (H0020), are paid under the office service/supply benefit if billed with a covered diagnosis. These do not require preauthorization

**Standard Benefits:**

- Outpatient and Intensive Outpatient services process under the outpatient benefit.
- Partial Hospitalization and Residential services process under the residential benefit. Partial Hospitalization does not include room and board charges.
- Inpatient, Subacute, and Detoxification services process under the Inpatient benefit.
- Drug testing services process under the laboratory benefits

**Related Policies**

- Applied Behavioral Analysis ABA
- Behavioral Health Mental Health Acute Inpatient Treatment of Adults
- Behavioral Health Mental Health Acute Inpatient Treatment of Adolescents and Children
- Behavioral Health Mental Health Residential, Partial Hospitalization, or Intensive Outpatient (IOP) Adult
- Behavioral Health Mental Health Residential, Partial Hospitalization, or Intensive Outpatient (IOP) Adolescents and Children
- Behavioral Health Outpatient Treatment Adults and Children
- Drug Testing
- Substance Related Disorders Treatment of Adolescents and Children
- Substance Related Disorders Treatment of Adults
Transcranial Magnetic Stimulation

Appendix

Policy Number: [Policy Number]

Effective: 12/1/2019  Next review:  12/1/2020

Policy type: Commercial

Depts: Claims, Customer Service, Health Services

Applicable regulation(s): ORS743A.168; ORS 743A.164; ORS 743A.160; OAR 836-053-1400; and OAR 836-053-1405.

External entities affected: N/A