

MENTAL HEALTH RESIDENTIAL TREATMENT: ADULT

Effective Date: August 27, 2019

Review Dates: 5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 8/19

Date Of Origin: May 12, 2014

Status: Current

Summary of Changes

- Additions:
 - Under Exclusion Criteria:
 - F. Luxury Treatment Program
 - G. Treatment not based in federal registry
 - Definition of luxury treatment program
 - Reference to *Medical Necessity Determination (No. 91447)*

POLICY/CRITERIA

Note: Mental health residential treatment criteria do not apply to Medicaid/Healthy Michigan Plan members. Services are managed through the local community mental health authority.

- I. Residential Admission Criteria** Residential treatment admission and continuing care criteria are determined by the clinical findings and indications recommended by Behavioral Health InterQual®.
- II. Residential Treatment – Core Facility and Program Components (All components must be met):**
 - A. Residential treatment takes place in a structured facility-based setting (see residential treatment in description below); **AND**
 - B. Program will have the ability to order blood or urine drug screens and there is evidence through program documentation that a blood or urine drug screen was completed on admission and during treatment if indicated; **AND**
 - C. Evaluation by a qualified, board-certified physician completed within 24 hours of admission, physical exam and lab tests completed upon admission (unless completed and received prior to admission), and 24 hour on-site nursing (RN/LVN/LPN) with 24 hour medical on-call availability within 30 minutes to manage medical problems; **AND**
 - D. Within 72 hours, a multidisciplinary assessment delivered or supervised by licensed health care professionals with an individualized problem-focused treatment plan completed, addressing psychiatric, academic, social, medical, family and substance use needs that includes structure, goals, and outcome measures; **AND**
 - E. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and PCP, providing treatment to the patient, and where indicated, clinicians providing treatment to other family members, is documented; **AND**

- F. Group treatment would include community/milieu group therapy, group psychotherapy, and activity group therapy at least once a day and each lasting 60-90 minutes; **AND**
 - G. Observation and assessment by a board-certified psychiatrist at least two times per week or more frequently and access to medical care, including medication management if indicated. There is documented rationale if no medication is prescribed; **AND**
 - H. Individual treatment with a licensed behavioral health clinician at least once a week; **AND**
 - I. Unless contraindicated, the patient's primary support system will participate in development of the treatment plan, participate in family program and groups and receive family therapy with the identified patient at least once a week; **AND**
 - J. A discharge plan is completed within one week prior to discharge that includes who the outpatient providers will be as well as linkage/coordination with the patient's community resources with the goal of returning the patient to his/her regular social environment as soon as possible, unless contraindicated; **AND**
 - K. The treatment is individualized and not determined by a programmatic timeframe. It is expected that patients will be prepared to receive the majority of their treatment in a community setting.
- III. Exclusion Criteria (Any of the following criteria is sufficient for **exclusion** from this level of care):**
- A. The patient does not voluntarily consent to admission or treatment; **OR**
 - B. The patient exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which requires a more intensive level of care; **OR**
 - C. The patient has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications; **OR**
 - D. The primary problem is social, economic, (i.e. housing, family conflict, etc.), or one of physical health without concurrent major psychiatric episode meeting criteria for this level of care; **OR**
 - E. The admission is being used for purposes of convenience or as an alternative to incarceration or housing.
 - F. The treatment program is a Luxury Treatment Program, as defined below. There is no evidence to support that Luxury Treatment Programs are superior to standard therapy or medically necessary.
 - G. The treatment program utilizes interventions that are not based in a federal registry of evidence-based interventions, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices Resource Center.

Definitions

Luxury Treatment Programs: Treatment programs which offer resort-style amenities including, but not limited to, spas, health hydros, nature cure clinics, resort-style geographic locations such as secluded beach, mountain, or country settings and experiences that are meant to integrate with and go beyond standard rehab activities, such as fine dining, horseback riding, or swimming. (*See also – Medical Necessity Determination (No. 91447)*)

MEDICAL NECESSITY REVIEW

☒ Required

☐ Not Required

☐ Not Applicable

APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will not apply.*

DESCRIPTION

Residential Treatment is defined as 24-hour, state-licensed subacute facility with structured, licensed health care professionals. The treatment must be medically-monitored and must include access to the following: (i) medical services twenty-four (24) hours per day, seven (7) days per week; (ii) nursing services on-site twenty-four (24) hours per day, seven (7) days per week, and (iii) physician emergency on call availability twenty-four (24) hours per day, seven (7) days per week. Residential treatment provides individuals with severe and persistent psychiatric disorders therapeutic intervention and specialized programming in a controlled environment with a high degree of supervision and structure. The services are provided in the context of a comprehensive, multidisciplinary and individualized treatment plan that is frequently reviewed and

updated based on the individual's clinical status and response to treatment. This level of care requires at least twice weekly psychiatrist visits, with more frequent visits warranted as necessary for medication therapy. Active family/social support system involvement through family therapy is a key element of treatment and is required unless contraindicated. Discharge planning must begin at admission, including plans for reintegration into the home, work/school and community. If discharge to a home/family is not an option, alternative placement must be rapidly identified and there must be regular documentation of active efforts to secure such placement. In the event the member resides in a state where admission and discharge criteria are defined under law, the state's criteria will supersede Priority Health's medical necessity criteria.

The following services do not meet the definition of residential treatment:

- (1) Services provided in a licensed foster-care facility that serves as an individual's residence
- (2) Care provided in a non-licensed residential or institutional facility
- (3) Transitional living centers
- (4) Therapeutic boarding schools
- (5) Wilderness therapy programs
- (6) Custodial care
- (7) Services provided in a Halfway House or other recovery home environment

NOTE: Residential Subacute treatment is intended for patients who need 24 hour behavioral care but do not need the high level of physical security available on an inpatient unit. Patients admitted to residential care are usually voluntary and unlikely to need physical restraint or extensive nursing care. The treatment team is generally composed of the same mix of professionals as on an inpatient unit. Although it is sometimes assumed residential care implies a longer length of stay than inpatient care, randomized controlled trials (RCTs) have shown that residential care is an efficacious short-term alternative to inpatient care for voluntary patients with urgent behavioral health conditions

CODING INFORMATION

Diagnosis Codes:

Not specified

Revenue Codes:

1001 Behavioral Health Accommodations – Residential-psychiatric

AMA CPT Copyright Statement:

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Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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