POLICY/Criteria

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

I. Residential Admission Criteria– Severity of Need (All criteria must be met):
   A. The child or adolescent has been diagnosed with a psychiatric disorder by a licensed mental health professional prior to admission in a face-to-face encounter between the professional and the patient. Symptoms of this illness accord with those described in the Diagnostic and Statistical Manual of Mental Disorders, Edition V; AND
   B. Residential treatment takes place in a structured facility-based setting (see residential subacute treatment description below); AND
   C. The child/adolescent is experiencing emotional or behavioral problems in the home, community and/or treatment setting and is not sufficiently stable either emotionally or behaviorally, to be treated outside of a highly structured 24-hr therapeutic environment; AND
   D. There is a high degree of potential of the condition leading to acute psychiatric hospitalization in the absence of residential treatment; AND
   E. The child/adolescent demonstrates a capacity to respond favorably (i.e. respond to therapy and treatment training in areas such as problem solving, life skills development, and medication compliance training) to treatment and there should be a reasonable expectation that the illness, condition or level of functioning will be stabilized and improved and that a short term, residential treatment service will have a likely benefit on the behaviors/symptoms required at this level of care, and that the child/adolescent will be able to return to outpatient treatment; AND
   F. Without this intervention, there is clear evidence that the child/adolescent will likely decompensate and represent a proximal risk of serious harm to self or others as less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual’s needs

II. Residential Treatment – Core Components (All components must be met):
   A. 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
B. 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); 24 hour on-site nursing per day (by either a registered nurse [RN] or licensed vocational nurse/licensed practical nurse [LVN/LPN]); and 24 hour medical on-call availability within 30 minutes or less to manage medical problems; AND

C. 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

D. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and pediatrician, providing treatment to the child or adolescent, individual, and where indicated, clinicians providing treatment to other family members, is documented; AND

E. Group treatment would include community/milieu group therapy, group psychotherapy, education with teacher and tutors, and activity group therapy at least once a day and each lasting 60-90 minutes; AND

F. Individual treatment with a licensed behavioral health clinician at least once a week; AND

G. Evaluation and assessment by a board-certified psychiatrist two times per week or more frequently if medication therapy management indicated; there is documented rationales if no medication is prescribed; AND

H. Unless contraindicated, the individual’s guardian/caregiver will participate in development of the treatment plan, participate in family program and groups and receive family therapy at least once a week; AND

I. A discharge plan is completed within one week that includes who the outpatient providers will be as well as linkage/coordination with the child/adolescent/caregiver’s community resources/supports with the goal of returning the child/adolescent to his/her regular family environment as soon as possible, unless contraindicated; AND

J. 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. Continuing Care Criteria (All must be met to recommend continuing care):

A. Admission criteria above are still met and likelihood of benefit and return to outpatient (OP) treatment is shown by adherence to the treatment plan and recommendations by the child/adolescent and by progress in treatment; if progress is not occurring then the treatment plan is being amended in a timely and medically appropriate manner with treatment goals still achievable which is documented in daily progress notes, written and signed by the provider; AND

B. The disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric
illness to the degree that would necessitate continued residential treatment;

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C. There is evidence of objective, measureable, and time-limited therapeutic clinical goals that must be met before the child/adolescent can return to a new or previous living situation. There is evidence that attempts are being made to secure timely access to treatment resources and housing in anticipation of discharge, with alternative housing contingency plans also being addressed;

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D. There is documented evidence of active family therapy at least weekly or clearly documented evidence that such is either impossible or medically contraindicated.

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IV. Exclusion Criteria (Any of the following criteria is sufficient for exclusion from this level of care):

A. Parent/guardian does not voluntarily consent to admission or treatment; OR

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B. The child/adolescent exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which requires a more intensive level of care; OR

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C. The child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications; OR

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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

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E. The admission is being used for purposes of convenience or as an alternative to incarceration within the juvenile justice or protective services system, including predatory behaviors, or as an alternative to specialized schooling (which should be provided by the local school system) or simply as respite or housing.

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MEDICAL NECESSITY REVIEW

☒ Required ☐ Not Required ☐ Not Applicable

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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.
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 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/caregiver 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, 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. Academic schooling is funded through the local school system in most states. The facility is expected to provide an environment and coordinate educational activities that are age appropriate. 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 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
CODING INFORMATION

Diagnosis Codes:

Not specified

Revenue Codes:
1001   Behavioral Health Accommodations – Residential-psychiatric

REFERENCES

AMA CPT Copyright Statement:
All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. Priority Health’s medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

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.

The name “Priority Health” and the term “plan” mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.