Priority Health

MEDICAL POLICY
No. 91625-R2

BEHAVIORAL HEALTH RESIDENTIAL TREATMENT

Effective Date: August 23, 2023 | **Review Dates: 11/19, 11/20, 11/21, 11/22, 8/23, 8/24**
Date Of Origin: November 13, 2019 | **Status: Current**

POLICY/CRITERIA

Note: Behavioral 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 prior to admission or within 24 hours of admission, physical exam and lab tests completed upon admission (unless completed and received prior to admission), and nursing services according to facility type:

- Detox, Adult SUD Residential Facilities, and Eating Disorder Residential Treatment Facilities require 24-hour on-site nursing (RN/LVN/LPN) with 24-hour medical on-call availability within 30 minutes to manage medical problems and crisis intervention.
- Crisis Residential Settings:
    - 6 beds or fewer: require on-site nursing be provided at least one hour per day, per resident, seven days per week, with 24-hour availability on call.
    - 7-16 beds: on-site nursing must be provided eight hours per day, seven days per week, with 24-hour availability on-call.
- Mental Health Residential Treatment Facilities and Adolescent Substance Use Disorder treatment Facilities have licensed or registered nursing staff and other licensed clinical staff on-site or available 24/7.

AND

D. Within 72 hours, evaluation by a psychiatrist or addictionologist, 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 or addictionologist 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. Treatment is focused on stabilization and improvement of functioning; ***AND***
I. Unless contraindicated, the patient's primary support system including the individual's guardian/caregiver for children and adolescents 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 including the individual's guardian/caregiver for children and adolescents 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, or parent/guardian for children and adolescents, 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 or substance use disorder 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, supportive living environments in the community, or housing. For children and adolescents this includes admissions being used as alternatives to juvenile justice or protective services system, including predatory behaviors, or as an alternative to specialized schooling, or as simple respite or housing.
F. 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.

(See also: Priority Health Provider Manual: Behavioral Health Services)

MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the Priority Health Provider Manual.

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) and/or the Evidence of Coverage (EOC); 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) licensed or registered nursing staff and other licensed clinical staff on-site or available twenty-four (24) hours per day, seven (7) days per week;
> (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 or substance use 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 or addictionologist 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.

Note about non-participating substance use disorder facilities and substance use disorder facilities not providing evidence-based treatment:

Priority Health provides a substance use disorder residential care benefit for our members in approved facilities. Priority Health participating facilities have been vetted and demonstrate a commitment to provide appropriate, high quality, cost-effective evidence based treatment. For some Priority Health policies treatment provided in non-participating facilities are not reimbursed to either the facility or the member. For Priority Health policies that do allow the use of non-participating facilities the facility must show a commitment to the same ideals as our participating facilities. Participating facilities are assured to provide services that are:

(a) widely accepted as effective;
(b) appropriate for the condition or diagnosis;
(c) essential, based upon nationally accepted evidence-based standards;
(d) cost no more than a treatment that is likely to yield a comparable health outcome; and
(e) the most appropriate level of care and site of service which can be safely and reasonably provided.

CODING INFORMATION

Diagnosis Codes:
Not specified

Revenue Codes:
1001 Behavioral Health Accommodations – Residential- Psychiatric
1002 Behavioral Health Accommodations – Residential – Chemical Dependency
1003 Behavioral Health Accommodations – Supervised Living
0128 Room & Board- Semiprivate (Two-Beds)-Rehabilitation

AMA CPT Copyright Statement:

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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.