

Outpatient Therapy including Medication Management

BEACON HEALTH STRATEGIES, LLC	ORIGINAL EFFECTIVE DATE
HAWAII LEVEL OF CARE CRITERIA	2013
	CURRENT EFFECTIVE DATE
	2016

I. Description

Outpatient Therapy is an essential component of a comprehensive health care delivery system. Individuals with major mental illnesses, chronic and acute medical illnesses, substance use disorders, family problems, and a vast array of personal and interpersonal challenges can be assisted in coping with difficulties through comprehensive outpatient treatment. The goal of BH treatment is to assist members in their achievement of a greater sense of well-being and improve their level of functioning. Efficiently designed BH interventions help individuals and families effectively cope with stressful life situations and challenges.

II. Criteria/Guidelines

A. Admission Criteria

Criteria #1 or criteria # 2 - 4 must be met; for Telehealth # 5 and 6 must also be met:

1. DSM or corresponding ICD psychiatric or substance use disorder diagnosis
2. Member is experiencing at least moderate symptomatic distress or functional impairment due to psychiatric symptoms in at least one area of functioning (e.g. self-care, occupational, school, or social function).
3. Without treatment, member would be at risk to require a more intensive level of care (LOC).
4. Treatment expectations must include:
 - a. Goal of therapy is to return member to an adequate level of functioning and to help member develop skills to deal effectively with the specific issues of concern.
 - b. Psychopharmacology assessment should be considered on initial evaluation and throughout the treatment process if progress is minimal.
 - c. Frequency of treatment contact matches the intensity/severity of the clinical situation.
 - d. Treatment planning encourages member autonomy and independent functioning (seeing the member on an intermittent basis serves this function).
 - e. From the outset of treatment, clear criteria or goals are developed (with the member) that define progress and indicate when the member will no longer require treatment.
 - f. Treatment is goal-oriented and time-limited with specific focus on the behavioral health issues that require intervention (and that would pose a further risk of impairment if not addressed).
 - g. Therapy **with children/adolescents** includes family involvement unless contraindicated and documented; individual visits with a child or young adolescent in a school, clinic or home context, where parent/guardian involvement is not indicated, does not meet LOC criteria for effective therapy.

- h. There is an expectation that member has the capacity to make significant progress toward treatment goals or that treatment will be effective in preventing the member condition from worsening.
- 5. Treatment is for psychopharmacological evaluation and management as well as psychotherapy.
- 6. Geography, specialty or linguistic capacity dictates that in-office visits are not within a reasonable distance.

Any of the following criteria is sufficient for exclusion from this LOC:

- 7. Treatment focus other than active symptoms of DSM or corresponding ICD diagnoses (e.g., marital communication.)
- 8. Therapy for personal growth or longer-term character change.
- 9. Economic or educational issues (e. g., need for housing or a special school program.)
- 10. Concerns related to physical health without a concomitant behavioral health diagnosis.
- 11. Treatment as an alternative to incarceration.

B. Continued Stay Criteria

All of the following criteria must be met:

- 1. Member continues to meet all admission criteria
- 2. Evidence suggests that the defined problems are likely to respond to current treatment plan.
- 3. Member progress is monitored regularly and the treatment plan modified if member is not making substantial progress toward a set of clearly defined and measurable goals.
- 4. Goals for treatment are specific and targeted to member's clinical issues (A specific treatment plan is in place in the member's chart).
- 5. Treatment planning is individualized and appropriate to member's changing condition with realistic goals stated.
- 6. Frequency (intensity) of treatment contact matches the severity of current symptoms (intermittent treatment allowing the member to function with maximal independence is the goal).
- 7. Evidence exists that member is at current risk for higher levels of care if treatment is discontinued.
- 8. Treatment planning for children and adolescents or adults includes family or other support systems, as appropriate.

III. Limitations/Exclusions

Discharge Criteria

Criteria #1 and any one of # 2 - 8 must be met:

- 1. Member has demonstrated sufficient improvement and is able to function adequately without any evidence of risk to self or others.
- 2. Member is able to function adequately without significant impairment in psychosocial functioning, indicating that continued outpatient therapy is not required.
- 3. Member has substantially met the specific goals outlined in treatment plan (there is resolution or acceptable reduction in target symptoms that necessitated treatment).
- 4. Member has attained a level of functioning that can be supported by self-help or other community supports.

5. Evidence does not suggest that the defined problems are likely to respond to continued outpatient treatment.
6. Member is not making progress toward the goals and there is no reasonable expectation of progress with the current treatment approach.
7. Current treatment plan is not sufficiently goal oriented and focused to meet behavioral objectives.
8. The member no longer meets admission or continued treatment criteria.

IV. Administrative Guidelines

- A. Precertification is not required. HMSA and Beacon reserves the right to perform retrospective review using the above criteria to validate if service rendered met payment determination criteria.

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

Beacon uses its LOC criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. Beacon's LOC criteria are applied to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular LOC. However, the individual's needs and characteristics of the local service delivery system are taken into consideration.

In addition to meeting Level of Care Criteria; services must be included in the member's benefit to be considered for coverage.

VI. References

1. MCG Health, LLC 19th Edition Copyright © 2014
 - a. Psychiatric evaluation of adults. Second edition. American Journal of Psychiatry 2006;163(6 Suppl):3-36. (Reaffirmed 2014 Oct)
 - b. Sowers WE, Rohland B. American Association of Community Psychiatrists' principles for managing transitions in behavioral health services. Psychiatric Services 2004;55(11):1271-5.

- c. Velligan DI, et al. Strategies for addressing adherence problems in patients with serious and persistent mental illness: recommendations from the expert consensus guidelines. *Journal of Psychiatric Practice* 2010;16(5):306-24. DOI: 10.1097/01.pra.0000388626.98662.a0.
 - d. Gelenberg AJ, et al. Treatment of patients with major depressive disorder. 3rd edition [Internet] American Psychiatric Association. 2010 Nov Accessed at: <http://psychiatryonline.org/guidelines.aspx>. [accessed 2014 Sep 8] DOI: 10.1176/appi.books.9780890423387.654001.
 - e. Akiskal HS. Mood disorders: clinical features. In: Sadock BJ, Sadock VA, Ruiz P, editors. *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. 9th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2009:1693-733.
 - f. Screening and treatment for major depressive disorder in children and adolescents: US Preventive Services Task Force Recommendation Statement. *Pediatrics* 2009;123(4):1223-8. DOI: 10.1542/peds.2008-2381. (Reaffirmed 2014 Oct)
 - g. Level of care placement. In: Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, Provench SM, editors. *ASAM Criteria Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013:174-306.
2. http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx.

VII. Related Policies

- A. CSNT 123.1 Minimum Program Standards by Level of Care
- B. UM 201.03 Application of Level of Care Criteria and Authorization Procedure for Commercial
- C. UM 202.06 Application of Level of Care Criteria and Authorization Procedure for Medicaid