THE MIHALIK GROUP’S

MEDICAL NECESSITY MANUAL

FOR

BEHAVIORAL HEALTH

VERSION 5.2.3

SEPTEMBER 1, 2008
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REVIEW AND REVISION OF VERSION 5.2.3

As part of The Mihalik Group’s ongoing work to maintain the comprehensive nature of its *Medical Necessity Manual for Behavioral Health*, a review was undertaken under the oversight of a National Advisory Panel comprised of behavioral health specialists from a variety of backgrounds and experiences. No substantive revisions were made to existing criteria in the Manual as a result of this review, however the References have been updated. The criteria remain consistent with current scientific literature.
How To Use This Manual

This manual is laid out in four chapters plus several appendices and a selected reference list. Medical necessity decisions involve consideration of two related, but distinct, dimensions:

1. The characteristics of the service setting.
2. The medical necessity of the proposed services.

Both of these dimensions are addressed in this manual.

The first chapter, “Service Setting Criteria,” describes the characteristics of each treatment setting for which this manual contains treatment initiation and treatment continuation criteria. Staff making utilization management decisions should be familiar with the characteristics of each treatment setting. For example, a major difference between acute inpatient and sub-acute inpatient settings is the presence of professional nursing staff on all shifts for the former, versus the presence of twenty-four hour per day supervision by non-nursing behavioral health personnel for the latter. This difference is a crucial one when deciding on the appropriate level of care for a specific individual and is matched by a Level of Care criterion that addresses this difference.

Since the Service Setting Criteria are not usually individually evaluated each time care is authorized in that setting, they have been collected into a separate section. Managed care, including managed behavioral health care, organizations can use these criteria in network development to identify which levels of care are provided by a specific organization. Health care delivery organizations can use them for their own internal review processes. For example, to determine if a particular level of care is being provided according to these national norms.

Commonly, in day-to-day care management, utilization management staff will rely on the assumption that a facility contracted to provide a specific treatment setting meets the appropriate Service Setting Criteria. The Service Setting Criteria, however, are routinely used in certain utilization management situations. Two examples follow.

If an individual needs to be admitted to treatment at a non-network facility, utilization management staff can use these criteria to verify that the facility’s treatment program meets Service Setting Criteria for the level of care being authorized.

Utilization management decisions made based on review of treatment records can permit application of Service Setting Criteria that can be difficult to consistently apply in telephonic reviews. For example, the psychiatric evaluation of a newly admitted individual may have occurred later than described in the Service Setting Criteria thereby delaying definitive treatment and extending the length of the treatment episode. Lack of compliance with this particular Service Setting Criterion could have an impact on the utilization management decision.

The second chapter contains Adult Level of Care Criteria. A chapter that contains the Child and Adolescent Level of Care Criteria follows. The next chapter, Additional Clinical Criteria, contains criteria for psychological testing, detoxification and eating disorders. The process for applying the Level of Care Criteria is described in the section on “Making Medical Necessity Determinations.”
Introduction

Each Level of Care Criteria set is intended to stand-alone. This makes it easy to find all the relevant criteria for each level of care in one place. This layout causes a certain repetition, however, since the General Criteria are repeated identically in each Level of Care Criteria set.

The numbering convention for the “Service Setting Criteria” consists of two-letters followed by a number. The number represents the sequential placement of the criteria. For settings of care that are specific to the treatment of mental or substance-related disorders, the second of the two letters is an “M” or “S” respectively.

For example:
1. **AM**: The “A” represents “Acute Inpatient” while the “M” represents “Mental Disorders.”
2. **AS**: The “A” represents “Acute Inpatient” while the “S” represents “Substance-Related Disorders.”
3. **OM**: The “O” represents “Traditional Outpatient” while again the “M” represents “Mental Disorders.”

Listed below are the codes for each service setting.

- **A** = Acute Inpatient
- **OB** = 23 Hour Inpatient
- **S** = Sub-Acute Inpatient
- **R** = Respite Inpatient
- **TF** = Therapeutic Foster Care
- **CR** = Supervised Community Residential Care
- **P** = Partial Hospital
- **I** = Intensive Outpatient
- **CI** = Outpatient Crisis Intervention
- **MT** = Mobile Team
- **HH** = Home Health Services
- **O** = Traditional Outpatient

All one-letter codes are followed by either an “M” or an “S” to indicate a service setting specific to:

- Mental disorders (M)
- Substance-related disorders (S)

The numbering convention for the “Treatment Setting Criteria” themselves, consists of the two-letters described above followed by a number.
Introduction

The numbering convention for the “Level of Care Criteria” starts with the two-letter designation for the treatment setting followed by an “A” or “C” for Adult or Child, respectively. This is followed by either “g,” “i,” or “c” for General, Treatment Initiation or Treatment Continuation criteria. A number follows this letter. For example, AM.C.g.1 refers to Acute inpatient Mental health treatment for Children, General criterion number 1.

The Additional Clinical Criteria for Psychological Testing, Medical Detoxification, Eating Disorders, and Electroconvulsive Therapy follow a related, though slightly different, format.
MAKING MEDICAL NECESSITY DETERMINATIONS

Whenever possible, medical necessity determinations should be made concurrently. The information on which these determinations are made should be that information which is, or reasonably should be, available to the clinician evaluating or treating the individual seeking or receiving behavioral health care. Even when medical necessity determinations are made retrospectively, they should be based on the information that was, or reasonably should have been, available at the time the clinician was making treatment decisions.

Medical necessity determinations should always take into account the actual clinical treatment resources available. If the appropriate level of care for a specific individual is not available within a reasonable distance from the individual’s location, treatment at the next highest level of care that is available should be authorized even though the individual’s clinical circumstances will not meet all of the criteria for authorization at that level of care.

If the appropriate level of care for a specific individual is excluded from the benefit package then treatment at the next highest level of care is not routinely authorized since the individual’s clinical circumstances will not meet all of the criteria for authorization at a higher level. In such circumstances, decisions about “flexing” benefits to provide an appropriate but otherwise uncovered level of care will need to be made based on the individual account requirements.

Medical necessity determinations are clinical decisions whose purpose is to identify which health care services are covered under the terms of a members’ contract with his/her health insurer or health maintenance organization. Health care coverage always contains both clinical and non-clinical exclusions and requirements.

This manual defines medically necessary services as those that are:
1. Intended to identify or treat a behavioral disorder or condition that causes pain or suffering, threatens life, or results in illness as manifested by impairment in social, occupational, scholastic, or role functioning.
2. Consistent with nationally accepted standards of medical practice.
3. Individualized, specific and consistent with the individual’s signs, symptoms, history and diagnosis.
4. Reasonably expected to help restore or maintain the individual’s health or to improve or prevent deterioration in the individual’s behavioral disorder or condition.
5. Not primarily for the convenience of the individual, provider or another party.
6. Provided in the least restrictive setting that balances safety, effectiveness and efficiency.

Coverage for medically necessary services may be eliminated or reduced because of non-clinical factors such as benefit limits, coverage exclusions and pre-certification requirements. The specifics of these non-clinical (administrative) factors are not described in this manual. Since care management staff frequently make these administrative determinations (such as whether or not a pre-certification requirement has been met, a benefit limit exceeded, or treatment at a specific level of care is excluded), each criteria set in this manual addresses these non-clinical factors with a requirement under “General Criteria” that states “No exclusionary criteria of the health plan or benefit package are met.”
Introduction

Even though an individual might meet criteria for treatment at a specific level of care, portions of the treatment may be non-covered because specific criteria are not met for one or more treatment days or sessions. Whether or not these “partial authorizations” are rendered will depend on an array of factors including the specific provisions of the health care coverage contract or arrangement.
PLAN SPECIFIC MODIFICATIONS

This manual is designed to focus on nationally accepted criteria. The need to make account or plan specific modifications may arise. For example, many payers require that partial hospital care be provided for six hours per day whereas others require only five hours. Organizations needing to make such modifications can do so by developing plan-specific amendments to be used in conjunction with the criteria contained in this manual.
CONTACTING THE MIHALIK GROUP

This *Manual* is reviewed on an ongoing basis and revised as appropriate. We welcome comments and suggestions from professionals using the manual for ways to improve. You can send your recommendations to:

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SERVICE SETTING CRITERIA
ABOUT THE SERVICE SETTING CRITERIA

Medical necessity decisions involve determining which service setting will best meet an individual’s clinical needs. Behavioral health service settings can be differentiated based on six characteristics. These characteristics are:

1. The numbers and types of behavioral health personnel available.
2. The degree to which the treatment setting provides for individual safety.
3. The intensity of treatment available.
4. The array of diagnostic and therapeutic modalities available.
5. The extent of support services (including support for ADLs) provided.

The following section categorizes behavioral health service settings into groups based on these six characteristics. These service settings can be further refined based on characteristics of the patient population served such as child, adolescent, adult, and geriatric or mental health vs. substance use services. This Medical Necessity Manual for Behavioral Health is based on recognizing the following service settings:

- Acute Inpatient: Mental Health (page 12)
- Acute Inpatient: Substance Related (page 14)
- 23-hour Inpatient Observation (page 16)
- Sub-Acute Inpatient: Mental Health (page 18)
- Sub-Acute Inpatient: Substance Related (page 20)
- Respite Inpatient: Mental Health (page 23)
- Therapeutic Foster Care (page 25)
- Supervised Community Residential Care (page 27)
- Partial Hospital: Mental Health (page 29)
- Partial Hospital: Substance Related (page 31)
- Intensive Outpatient: Mental Health (page 33)
- Intensive Outpatient: Substance Related (page 35)
- Outpatient Crisis Intervention (page 37)
- Mobile Team (page 39)
- Home Health Services (page 40)
- Traditional Outpatient: Mental Health (page 42)
- Traditional Outpatient: Substance Related (page 43)
Service Setting Criteria

**ACUTE INPATIENT: MENTAL HEALTH**

An acute mental health inpatient treatment setting is the most restrictive and intensive setting rendering care for individuals with mental health disorders. These settings provide continuous (24 hours per day) skilled nursing care, daily medical care, the availability of psychiatrists and physicians in other appropriate specialties 24 hours per day either on-call or in-house, and intensive multi-modal, multidisciplinary assessment and treatment. Acute inpatient settings provide the highest degree of individual safety using interventions up to and including physical restraints, locked seclusion, and one-to-one (arm’s length) observation. Structured therapeutic activities are available throughout the day and evening. In addition, acute inpatient settings can provide individualized, unstructured therapeutic activities by professionals in a wide range of disciplines to meet the individual’s clinical needs.

**Behavioral Health Personnel**

AM.1. Psychiatrists are available to provide treatment and consultation seven days per week, twenty-four hours per day to meet the individual's clinical needs.

AM.2. Skilled psychiatric nursing staff provide nursing care seven days per week, twenty-four hours per day.

AM.3. Treatment is provided by an appropriate multidisciplinary team of psychiatrists; other behavioral health professionals licensed, certified, or registered to practice independently; and by appropriately trained and currently competent behavioral health staff under the direct supervision of behavioral health professionals licensed, certified, or registered to practice independently.

AM.4. A psychiatrist oversees, and is actively involved in, treatment planning and the provision of treatment.

**Individual Safety**

AM.5. Appropriately trained and currently competent staff provide supervision of patients at any intensity, up to and including one-to-one observation.

AM.6. Facilities are available for the appropriate and safe use of restraints and seclusion, as necessary, while maintaining individual dignity.

**Behavioral Health Treatment Intensity**

AM.7. The program operates twenty-four hours per day, seven days per week.

AM.8. Structured therapeutic activities are provided throughout the day and evening.


**Behavioral Health Diagnostic and Therapeutic Modalities**

AM.10. A comprehensive array of diagnostic modalities is available.

AM.11. Policy and procedure require that, at a minimum, a focused behavioral health history and mental status evaluation be completed on each individual prior to initiation of treatment.

AM.12. Policy and procedure require that a psychiatrist complete a thorough behavioral health history and mental status evaluation on each individual within twenty-four hours of initiation of treatment.
Service Setting Criteria

AM.13. Policy and procedure require that a qualified professional complete a screening social assessment on each individual within twenty-four hours of initiation of treatment that is used as the basis for determining whether or not a more thorough social assessment is warranted.

AM.14. Multiple therapeutic modalities are provided including individual psychotherapy, medication management, couples therapy, group psychotherapy, psycho-educational groups and family therapy.

AM.15. Active treatment is provided according to an individualized plan directed toward alleviating the signs, symptoms and/or impairment in functioning that necessitated initiation of treatment.

AM.16. Individualized unstructured therapeutic activities can be provided in addition to structured therapeutic activities to meet the individual’s specific clinical needs.

Supportive Services
AM.17. Full support for activities of daily living can be provided if clinically necessary.

Medical Services
AM.18. Board certified or board eligible physicians, in a range of appropriate specialties, are available to provide treatment and consultation seven days per week, twenty-four hours per day to meet the individual’s clinical needs.

AM.19. Policy and procedure require that a medical history and physical examination be completed on each individual prior to, or at the time of, initiation of treatment.

AM.20. A comprehensive array of on-site medical services is available seven days per week, twenty-four hours per day equivalent in scope to general hospital services.
ADULT
LEVEL OF CARE CRITERIA
Adult Level of Care Criteria

ACUTE INPATIENT TREATMENT: MENTAL HEALTH

General Criteria
Each of the following General Criteria is required throughout the episode of care.

AM.A.g.1. The services must be consistent with nationally accepted standards of medical practice.

AM.A.g.2. The services must be individualized, specific and consistent with the individual’s signs, symptoms, history and diagnosis.

AM.A.g.3. The services must be reasonably expected to help restore or maintain the individual’s health or to improve or prevent deterioration in the individual’s behavioral disorder or condition.

AM.A.g.4. The individual complies with the essential elements of treatment.

AM.A.g.5. The services are not primarily for the convenience of the individual, provider or another party.

AM.A.g.6. Services are not being sought as a way to potentially avoid legal proceedings, incarceration or other legal consequences.

AM.A.g.7. The services are not predominantly domiciliary or custodial.

AM.A.g.8. No exclusionary criteria of the health plan or benefit package are met.

Treatment Initiation Criteria
Each of the following Treatment Initiation Criteria is required.

AM.A.i.1. Based on a behavioral health history and mental status evaluation completed by a psychiatrist or by a behavioral health professional licensed, certified, or registered to practice independently and reviewed by a psychiatrist prior to initiation of treatment, the individual is diagnosed as having, or there is strong presumptive evidence that the individual has a diagnosis of, a mental disorder or condition according to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders that requires, and is likely to respond to, professional therapeutic intervention.

AM.A.i.2. A concurrent medical assessment does not indicate that a non-behavioral medical condition is primarily responsible for the symptoms or behaviors necessitating treatment in this setting.

AM.A.i.3. As a result of the mental disorder or condition:

AM.A.i.3.1 The individual’s level of functioning has deteriorated such that the individual is now a clear and present danger to self, a clear and present danger to others, or unable to provide for basic self-care needs resulting in impending, serious self-harm.

OR
Adult Level of Care Criteria

AM.A.i.3.2 The individual requires an unusual or medically dangerous form of somatic therapy that is not safe to be instituted without the availability of immediate medical care.

AM.A.i.4. Continuous skilled behavioral health nursing care, not just twenty-four hour per day supervision by trained personnel, and the availability of immediate medical care are needed to observe, treat, or potentially contain the individual because:

   AM.A.i.4.1 The individual is likely to require restraints or seclusion.
   OR
   AM.A.i.4.2 There is a significant probability that the individual will experience medically dangerous side effects from prescribed psychotropic medications.
   OR
   AM.A.i.4.3 The individual is, or there is a significant probability that the individual will become, acutely seriously medically compromised as a consequence of the mental disorder.

AM.A.i.5. If the services being proposed have been attempted previously without significant improvement, there is a clinically credible rationale for why those same services could be effective now.

AM.A.i.6. The place of service meets the Service Setting Criteria for Acute Inpatient: Mental Health as described on page 12.

Treatment Continuation Criteria
Each of the following Treatment Continuation Criteria is required throughout the episode of care.

   AM.A.c.1. The individual continues to meet the treatment initiation criteria each day that services are provided at this level.

   AM.A.c.2. There is an individualized plan of active, professionally directed treatment that specifies the goals, interventions, time frames, and anticipated outcomes appropriate to:

   AM.A.c.2.1 Improve or prevent deterioration of the symptoms of, or impairment in functioning resulting from, the mental disorder or condition that necessitated initiation of treatment.
   
   AND

   AM.A.c.2.2 Address a co-morbid substance use disorder or condition, if one exists.
AM.A.c.3. The treatment goals, interventions, time frames, anticipated outcomes, discharge plan and criteria for discharge are clinically efficient, reasonable and achievable in the length of stay typically associated with treatment at this level.

AM.A.c.4. Treatment is being rendered in a timely and appropriately progressive manner.

AM.A.c.5. There are daily progress notes describing the therapeutic interventions rendered and the individual’s response.

AM.A.c.6. As appropriate, there is involvement of members of the individual’s social support system in the individual’s treatment.