Regence

Medical Policy Manual Behavioral Health, Policy No. 36

Mental Health and Eating Disorders

Effective: July 1, 2025

Next Review: May 2026
Last Review: May 2025

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

The Mental Health (MH) and Eating Disorders policy provides treatment and program expectations and describe criteria that are used in determining medical necessity.

MEDICAL POLICY CRITERIA

Notes: The following criteria are utilized for mental health and eating disorder treatment medical necessity determinations:

I. **Level of Care Utilization System (LOCUS)** – a standardized level of care assessment tool developed by the American Association of Community Psychiatrists used to make clinical determinations and placement decisions for adults.

II. **Child and Adolescent Level of Care Utilization System and Child and Adolescent Service Intensity Instrument (CALOCUS-CASII)** – a standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry (AACAP) and the American Association for Community Psychiatry (AACP) used to make clinical determinations and to provide level of service intensity for children and adolescents ages 6-18.

III. **Early Childhood Service Intensity Instrument (ECSII)** – a standardized assessment tool developed by the AACAP used to make clinical determinations and to provide level of service intensity for children ages 0-5.

IV. **The LOCUS, CALOCUS-CASII** and **ECSII** criteria are used to make medical necessity determinations for the following levels of care for mental health and eating disorder service:

A. Acute Inpatient Service

B. Residential Treatment

C. Partial Hospitalization

D. Intensive Outpatient services

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

POLICY GUIDELINES

NOTE: Policy guidelines are minimum standards for behavioral health facilities that are in network. Policy guidelines are not used for medical necessity reviews.

I. All MH programs are expected to meet the following requirements:

A. Licensure: The facility is licensed by the appropriate state agency.[1, 2]

B. Psychiatric Services:

1. Inpatient (IP), Residential (RTC), Partial Hospitalization (PHP): There is an expectation of evaluation by a psychiatrist, a licensed psychiatric nurse practitioner, or physician assistant/associate with formal supervisory or collaborative agreement with a psychiatrist (per applicable state laws). The physician or physician extender will continue to be available throughout the program as medically indicated for face-to-face evaluations. [1, 3-17]

2. Intensive Outpatient Services (IOP): There is an expectation of evaluation by a psychiatrist, a licensed psychiatric nurse practitioner, or physician assistant/associate with formal practice agreement with a psychiatrist (when permitted by state laws) when clinically necessary. The physician, or physician extender will continue to be available throughout the program as medically indicated for face-to-face evaluations.[9-12, 16, 17]

C. Family therapy:

- For Adults: Family treatment is encouraged when clinically appropriate. Family treatment is available to be provided at an appropriate frequency when clinically warranted.[18-22]
- For children/adolescents: Family treatment will be provided as part of the treatment plan. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. The family/support system assessment will be completed within five days of admission with the expectation that family is involved in treatment decisions and discharge planning throughout the

course of care. Family sessions will occur at least weekly or more often if clinically indicated. [8, 18, 21, 23-28]

D. Individual Therapy: Treatment programming includes documentation of at least one individual counseling session per week or more as clinically indicated. [29-35]

E. Laboratory Testing/Urinalysis Testing: Drug screens and relevant lab tests are completed upon admission and as clinically indicated and are documented in the clinical record. [15]

F. Treatment Planning & Discharge Planning: There is an expectation that upon admission, an individualized treatment plan and discharge plan is developed within a reasonable timeframe.[7, 13, 14]

G. Staff at Facility:

i. Are an interdisciplinary team consisting of appropriately credentialed and qualified mental health treatment professionals. [1, 3, 4, 7, 8]

ii. Allied health professional staff, such as counselor aides or group living workers, on-site 24 hours a day or as required by licensing regulations. One or more clinicians with competence in the treatment of mental health disorders are available on-site or by telephone 24 hours a day. [1, 3, 4, 7, 8, 36]

H. For Eating Disorders Programs: There is an expectation that nutritional planning including target weight range and planned interventions by a registered dietitian is undertaken and documented in the medical record.[15, 37]

II. In addition to the above requirements, the following guidelines are specific to each level of care (LOC):

A. Inpatient Mental Health & Eating Disorder Treatment:

i. The facility is one of the following:[2, 36]

1. An acute care general hospital with a psychiatric or eating disorder specialized unit
2. An acute psychiatric or eating disorder hospital or
3. A freestanding acute inpatient psychiatric or eating disorder facility

ii. The facility must be capable of providing secure care, usually meaning that clients should usually be contained within a locked environment (this may not be necessary for certain services such as eating disorder treatment, however) with adequate space to accommodate effective de-escalation techniques and isolation if needed. It should be capable of providing involuntary care when called upon to do so or provide immediate referral to a facility providing involuntary care.[3, 4]

iii. Clinical services are available 24 hours a day, seven days a week. Monitoring and observation is provided on a 24-hour basis.[2-4, 36, 38]

iv. Psychiatric, nursing, and medical services must be available on site, or in close enough proximity to provide a rapid response, at all times.[2-4]

v. Access to a physician, nurse practitioner, or a physician assistant for management of medical issues should be available within the facility.[2-4]

vi. A qualified attending provider will complete a psychiatric diagnostic evaluation within 24 hours of admission and thereafter daily.[2, 15]

B. Residential Mental Health & Eating Disorder Treatment:

i. Treatment is provided at a facility setting that offers a defined course of therapeutic intervention and special programming in a controlled environment that also offers a degree of security, supervision and structure, and is licensed by the appropriate state and local authority to provide such services.[3, 4]
ii. Clinical services are available 24 hours a day, seven days a week. Monitoring and observation are provided on a 24-hour basis.[3, 4, 7, 38]
iii. Psychiatric, nursing, and medical services must be available on site, or in close enough proximity to provide a rapid response, at all times.[3, 4, 7]
iv. A qualified attending provider will complete a psychiatric diagnostic evaluation within 48 hours of admission and thereafter weekly.[7]
v. On site treatment should be available seven days a week including individual, group and family therapy.[3, 4]
vi. Residential care does not include half-way houses, supervised living, group homes, wilderness courses or camps, Outward Bound, outdoor youth programs, outdoor behavioral programs, boarding houses, or settings that primarily either focus on building self-esteem or leadership skills or provide a supportive environment to address long-term social needs.[3, 4]
vii. Residential treatment programs must provide services facilitating return to community functioning in a less restrictive setting.[3, 4]

C. Partial Hospitalization for Mental Health & Eating Disorder Treatment

i. Includes a minimum of twenty (20) or more hours of structured clinical programming per week.[13]
ii. A qualified attending provider will complete a diagnostic evaluation within 7 days of admission and thereafter weekly.[13]

D. Intensive Outpatient Services for Mental Health & Eating Disorder Treatment

i. Includes a minimum of 9 hours of structured clinical programming per week for adults.[19, 39]
ii. Includes a minimum of 6 hours of structured clinical programming per week for adolescents and children.[19, 39]
iii. Psychiatric evaluation is available when clinically necessary.[19]

LIST OF INFORMATION NEEDED FOR REVIEW

REQUIRED DOCUMENTATION:

The information below **must** be submitted for initial and concurrent reviews to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

Initial Request:

- Initial Request Regence Behavioral Health Form or Stepdown request form (for step downs requests at the same facility).

- Supporting clinical documentation if requested by staff. This is not always required but may be necessary and required if the clinical information received via the form is not adequate to determine medical necessity. Supporting clinical documentation may include:
    - Initial Psychiatric Evaluation/Intake Assessment
    - Nursing Assessment/ History & Physical (if available)
    - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care) Preliminary Individualized Treatment Plan.

Continued Stay/Concurrent Review:

- Concurrent Request Regence Behavioral Health Form
- Supporting clinical documentation if requested by staff. This is not always required but may be necessary and required if the clinical information received via the form is not adequate to determine medical necessity. Supporting clinical documentation may include:
    - Most recent psychiatric evaluation
    - MD and/or physician extender notes
    - Individual and family therapy notes
    - List of current medications
    - Individualized Treatment Plan/Progress Reports.

CROSS REFERENCES

1. Substance Use Disorder, Behavioral Health, Policy No. 35

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CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Codes	0124	Psychiatric & Eating Disorder Acute Inpatient
	1001	Psychiatric & Eating Disorder Residential Treatment
	0905	Psychiatric & Eating Disorder Intensive Outpatient Program
	0912	Psychiatric & Eating Disorder Partial Hospitalization - Less Intensive
	0913	Psychiatric & Eating Disorder Partial Hospitalization, High Intensity

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