

Driscoll Health Plan Medical Necessity Guideline



Medical Necessity Guideline: Behavioral Health and Substance Use Disorder Non-Covered Benefit Process	Creation Date: 09/19/2024	Review Date: 09/23/2024	Effective Date: 09/25/2024
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PURPOSE:

To detail the process for delegated medical necessity review of specific BH and SUD non-covered benefit services not requiring authorization.

DEFINITIONS:

Partial Hospitalization Services: Partial hospitalization services provide a structured day program of outpatient behavioral health (BH) services. Partial Hospitalization Programs (PHPs) may provide services for mental health, substance use disorder (SUD), or both. These services resemble highly structured, short-term hospital inpatient programs. The treatment level is more intense than outpatient day treatment or psychosocial rehabilitation.

Intensive Outpatient (IOP) Services: Intensive outpatient services, also referred to as IOP services are used to treat behavioral health issues that do not require detoxification or 24-hour supervision. IOPs are generally less intensive than PHPs. They may be delivered for mental health, SUD, or both. Intensive outpatient services are organized non-residential services providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per Day.

Residential treatment Center (RTC) Services: A facility that provides intensive care and supervision for people with behavioral, psychological, psychiatric, or substance abuse issues. RTCs are also known as residential treatment facilities, residential programs, or rehab centers. RTCs offer a variety of services, including Treatment programs: These can include psychoanalytic therapy, behavioral management, family therapy, group counseling, and medication management. Supervision: RTCs offer 24-hour supervision in a structured environment that is often staff-secure.

GUIDELINE: ⁽¹⁾

Per the DHP In Lieu of Services (ILOS) Operational Plan, ILOS must be recommended and deemed medically necessary by the evaluating/treating provider. DHP will not require authorization for PHP and IOP for members 20 and under. These services are not a covered benefit but paid under EPSDT. In addition, some RTC services not considered ILOS are not covered benefits, and the same process will apply. This applies to in-network providers or those with a standing letter of agreement.

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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The following BH non-covered benefit services do not require an authorization for in network providers, and the medical necessity will be delegated to the participating treating/admitting provider:

ILOS

PHP (BH and SUD) and IOP (BH and SUD) for STAR and SK members aged 20 and under.

CHIP IOP (BH)

CHIP IOP for BH.

Residential Treatment Center (RTC):

RTC BH for STAR and SK in a Free-standing Facility/Hospital all ages.

BH RTC: Procedure code 99232 with diagnosis codes (specific to BH not RTC):F12.10, F31.0, F31.10, F31.12, F31.2, F31.4, F31.63, F31.64, F31.9, F32.2, F32.89, F32.9, F33.2, F33.3, F34.81, F34.89, F39, F40.10, F41.1, F41.9, F43.10, F43.12, F43.9, F43.50, F50.9, F60.3, F63.81, F65.0, F65.89, F84.0, F90.0, F90.1, F90.2, F90.8, F90.9, F91.3, F94.1, G40.813, G40.824, G40.919, Z62.810, Z62.820. Z71.3.

All out of network providers will require authorization.

DHP will audit participating providers that provide these non-covered services without authorization quarterly or frequency determined by DHP. DHP will select a random sample retrospectively for compliance with medical necessity reviews. DHP will determine sample size. DHP will utilize InterQual or ASAM criteria to base medical necessity. Action planning would be implemented for providers not meeting a 90% compliance threshold. If failure to improve within 180 days, the provider would be required to submit authorizations through DHP.

BACKGROUND:

DHP will report to HHSC the BH/CD non-covered services that are provided without an authorization via an FAC code on the encounter. This will demonstrate compliance with the reporting and identification of non-covered benefit services and medical necessity review.

PROVIDER CLAIMS CODES:

PHP:

Mental health services

H0035 - Mental health partial hospitalization, treatment, less than 24 hours

SUD services

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S0201 - Partial hospitalization services, less than 24 hours, per diem

IOP:

Mental health services

S9480 - Intensive outpatient psychiatric services, per diem

SUD services

H0015 - Alcohol and/or drug services; intensive outpatient

RTC

99232

REFERENCES:

1. Texas Medicaid Provider Procedures Manual (TMPPM) (Current Edition); Sept 2024. (if this is in TMPPM)
2. DHP ILOS Operational Plan

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DOCUMENT HISTORY:

DHP Committee that Approved	<i>Review Approval Date (last 5 years)</i>				
Medical Director	09/23/2024				
CMO	09/23/2024				
Medical Policy Workgroup	09/25/2024				
Utilization Management & Appeals	09/27/2024				
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Clinical Management Committee	10/01/2024				
Executive Quality Committee	10/02/2024				

<i>Document Owner</i>	<i>Organization</i>	<i>Department</i>
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

<i>Review/Revision Date</i>	<i>Review/Revision Information, etc.</i>
09/23/2024	Medical Necessity Guideline developed to establish Medical Necessity directives for the Non-Covered Benefits listed within the document.

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