



EFFECTIVE DATE: 05|21|2013
POLICY LAST UPDATED: 09|18|2018

OVERVIEW

The goal in providing intensive services in the home, practitioner's office or a community setting is an attempt to transition the member back to a more standard form of outpatient care.

MEDICAL CRITERIA

Not Applicable

PRIOR AUTHORIZATION

For in network services notification of admission and notification of discharge are required. To ensure correct claims processing, notification to the Behavioral Health Vendor within 48 hours after admission and within 48 hours after discharge is recommended. Contact the BCBSRI Behavioral Health vendor at 1-800-274-2958.

For out of network services, prior authorization is recommended for Commercial products and is handled by our Behavioral Health vendor. Contact the BCBSRI Behavioral Health vendor at 1-800-274-2958.

POLICY STATEMENT

The Child and Family Intensive Services (CFIT) and Adult Intensive Services (AIS) benefits are intended to offer treatment in alternative settings such as in the community, a practitioner's office, and/or in the patient's home for individuals with moderate to severe psychiatric symptoms in an effort to reduce inpatient admissions. While individuals receiving these services are typically not at risk for serious harm to themselves or others, they may have difficulty performing activities of daily living. Left untreated, they would more likely require more intensive and costly inpatient services. The intensive services are made available after standard outpatient treatment has proven to be ineffective, insufficient or inappropriate to treat the member's condition.

Services consist of, but are not limited to:

- Individual, family, and/or group therapy
- Medication consultation and management
- Case management coordination
- Emergency crisis evaluation available 24 hours a day 7 days per week
- Psychiatric assessment

COVERAGE

Benefits may vary by group/contract. Please refer to the appropriate member certificate/subscriber agreement/benefit booklet in the behavioral health services section for applicable benefits/coverage.

Commercial Products only:

Child and Family Intensive Services (CFIT) and Adult Intensive Services (AIS) are a covered behavioral health benefit

Adult Intensive Service (AIS) program:

AIS program includes, but not limited to, coverage for emergency or crisis evaluations which are available 24 hours a day 7 days per week, psychiatric assessment, medication evaluation and management, case management, psychiatric nursing services, and individual, group, and family behavioral health therapy. The services will be provided a minimum of six (6) contact hours per week.

Child and Family Intensive Treatment (CFIT) program.

CFIT program includes, but not limited to, coverage for individual, family, and group counseling; medication consultation and management; and case management coordination with a school, state agency, and outpatient practitioners. A minimum of six (6) contact hours per week are allowed. CFIT benefits are available only for covered dependent children until their nineteenth (19th) birthday.

BACKGROUND

The intent of this policy is provide less restricted intermediate behavioral health services to children, adults and families with intensive behavioral health problems in order to prevent/reduce inpatient admissions.

CODING

The provider will be reimbursed at an all-inclusive per diem payment schedule.

RELATED POLICIES

N/A

PUBLISHED

Provider Update, October 2018
Provider Update, April 2018
Provider Update, August 2013
Provider Update, February 2013
Provider Update, July 2008
Policy Update, September 2006
Policy Update, July 2004

REFERENCES:

N/A

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

