

EFFECTIVE DATE: 01|01|2022

POLICY LAST UPDATED: 12|15|2021

OVERVIEW

This documents the program requirements and payment policy for bundled services that are part of inpatient and intermediate behavioral health services. Inpatient care services consist of inpatient mental health and substance abuse treatment as well as substance abuse and mental health residential treatment. Intermediate care services consist of partial hospitalization programs (PHP), intensive outpatient programs (IOP), adult intensive services (AIS), and child and family intensive services (CFIT).

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION AND NOTIFICATION OF ADMISSION

For services that require prior authorization, contact BCBSRI Behavioral Health Utilization Management at 1-800-274-2958.

Depending on a member's product type and level of care being requested, BCBSRI requires providers/facilities to complete a notification of admission and a notification of discharge or medical necessity review for behavioral health services.

For services that require notification of admission and notification of discharge to ensure correct claims processing, notification to Blue Cross and Blue Shield of Rhode Island (BCBSRI) Behavioral Health Utilization Management within 48 hours after admission and within 48 hours after discharge is required. Contact BCBSRI Behavioral Health Utilization Management at 1-800-274-2958.

See below for additional details.

Notification of Admission/Discharge:

The following levels of care, by product type, require admitting facilities and providers to provide notice of admission and discharge information to BCBSRI.

Commercial In-Network services:

- Inpatient mental health and substance use disorder treatment
- Inpatient withdrawal management (detoxification)
- Crisis stabilization unit
- Residential mental health and substance use disorder treatment
- Partial hospitalization, mental health and substance use disorders
- Intensive outpatient, mental health and substance use disorder
- Child and family intensive treatment (CFIT)
- Applied Behavior Analysis (ABA) services
- Transcranial Magnetic Stimulation (TMS)

Commercial Out of Network Services:

- Inpatient mental health and substance use disorder treatment
- Inpatient withdrawal management (detoxification)

- Applied Behavior Analysis (ABA) services

Medicare In and Out of Network Services:

- Inpatient mental health and substance use disorder treatment
- Inpatient withdrawal management (detoxification)
- Partial hospitalization, mental health and substance use disorders
- Intensive outpatient, mental health and substance use disorder
- Transcranial Magnetic Stimulation (TMS)

Medical Necessity Review:

The following levels of care, by product type, require admitting facilities and providers to complete a medical necessity review for authorization: Commercial Out of Network:

- Crisis stabilization unit
- Residential mental health and substance use disorder treatment
- Partial hospitalization, mental health and substance use disorders
- Intensive outpatient, mental health and substance use disorder
- Child and family intensive treatment (CFIT)
- Applied Behavior Analysis (ABA) services
- Transcranial Magnetic Stimulation (TMS)

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

All intermediate care services are bundled in the per diem or treatment program codes, which means payment for the program itself includes all professional and facility services performed when a member is enrolled in a program. This includes all laboratory services performed on site. Confirmatory and quantitative laboratory services not able to be performed on site that are sent for performance and analysis to an outside facility must be ordered by a prescribing clinician directly providing care for the involved member and will be covered only according to the BCBSRI policy for Drug Testing. This includes all labs and point-of-care drug screening and drug confirmation tests when these tests are performed and/or ordered as part of a patient's treatment program or treatment plan.

Bundled services include:

- Psychiatric treatment
- Therapy (group/individual)
- Any lab testing (that is part of program requirements)
- Any other testing related to treatment

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable mental health services and/or chemical dependency treatment coverage/benefits.

BACKGROUND

Inpatient care offers treatment in a hospital-based facility to individuals who are unable to be safely treated in a less restrictive environment. These members may be in an acute mental health crisis or require substance use detoxification.

Inpatient Hospitalization and Inpatient Substance Use Disorder Detoxification

Inpatient services are provided in either a locked or staff-secured 24-hour clinical (general hospital or specialty hospital) setting that offers full behavioral health management. Facilities must be licensed by the state in which the services are provided, hold Joint Commission accreditation, and must meet BCBSRI credentialing/qualification requirements.

Residential Programs

Residential treatment facilities provide non-hospital 24-hour level of care for acute substance and/or mental health disorders. Minimum requirements for residential facilities include:

- Active license with the state in which the services are rendered.
- OR
- If no license is offered by the state, provider must be accredited by CARF or the Joint Commission for mental health services or meet standards established by ASAM for Substance Use Disorders.
 - Mental Health providers without Joint Commission/CARF Accreditation but meeting Joint Commission/CARF standards would be reviewed and considered by the BCBSRI Behavioral Health Department.

Intermediate Care Services

Intermediate care services consist of partial hospitalization/day treatment programs (PHP), intensive outpatient programs (IOP), adult intensive services (AIS), and child and family intensive services (CFIT). They provide both transitional and stand-alone treatment. Intermediate care services provide substantial clinical support for patients who are either in transition from a higher level of care or at risk for admission to a higher level of care.

Intermediate levels of care are intended to offer treatment in alternative settings such as 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 restrictive inpatient services.

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

The goal in providing intensive intermediary services is to transition the member back to a less restrictive form of outpatient care.

Partial Hospitalization Program (PHP)

PHPs are defined as structured and medically supervised day, evening, and/or night treatment programs. The range of services offered is designed to address a mental and/or substance-related disorder through an individualized treatment plan provided by a coordinated multidisciplinary treatment team. Services include, but are not limited to: initial and ongoing assessments, individual therapy, family therapy, group therapy, medication evaluation, medication management, care management, crisis and emergency services, coordination with collateral contacts, etc. Minimum requirements for Partial Hospital Programs include:

- Active license with the state in which the services are rendered.

- If no license is offered by the state, provider must be accredited by CARF or the Joint Commission for mental health services or meet standards established by ASAM for Substance Use Disorders.
- Mental Health providers without Joint Commission/CARF Accreditation but meeting Joint Commission/CARF standards would be reviewed and considered by the BCBSRI Behavioral Health Department.

Intensive Outpatient Program (IOP)

An IOP provides substantial clinical support for patients who are either in transition from a higher level of care or at risk for admission to a higher level of care. Services included, but are not limited to: initial and ongoing assessments, individual therapy, family therapy, group therapy, medication evaluation, medication management, care management, crisis and emergency services, coordination with collateral contacts, etc. Minimum requirements for Intensive Outpatient Programs include:

- Active license with the state in which the services are rendered.
- If no license is offered by the state, provider must be accredited by CARF or the Joint Commission for mental health services or meet standards established by ASAM for Substance Use Disorders.
- Mental Health providers without Joint Commission/CARF Accreditation but meeting Joint Commission/CARF standards would be reviewed and considered by the BCBSRI Behavioral Health Department.

Adult Intensive Services (AIS), Child and Family Intensive Services (CFIT)

These programs offer services primarily based in the home for adults and children with moderate-to-severe psychiatric conditions. AIS/CFIT consists at a minimum of ongoing emergency/crisis evaluations, psychiatric assessment, medication evaluation and management, case management, psychiatric nursing services, and individual, group, and family therapy. The program requires the provider to render a minimum of six (6) contact hours per week. (4 face-to-face clinical hours and 2 care coordination/collateral hours with schools, EAP, court, community resources etc.)

CODING

Medicare Advantage Plans and Commercial Products

Coding is not applicable for this policy.

RELATED POLICIES

Behavioral Health Outpatient Services
 Drug Testing
 Mental Illness and Substance Abuse Mandate
 Non-Reimbursable Health Service Codes

PUBLISHED

Provider Update, January 2022
 Provider Update, May 2020
 Provider Update, October 2018
 Provider Update, December 2017
 Provider Update, January 2017

REFERENCES

None

[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.

