

MEDICA®

UTILIZATION MANAGEMENT POLICY

TITLE: BEHAVIORAL HEALTH SERVICES

EFFECTIVE DATE: January 1, 2019

THIS POLICY APPLIES TO MEMBERS WHO ARE COVERED BY MEDICA INDIVIDUAL AND FAMILY BUSINESS (IFB), MAYO MEDICAL PLAN (MMP), AND MEDICA HEALTH PLAN SOLUTIONS (HPS).

FOR OTHER PRODUCTS, CONTACT MEDICA BEHAVIORAL HEALTH (MBH).

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage.

Medica may use tools developed by third parties, such as MCG Care Guidelines®, to assist in administering health benefits. Medica utilization management (UM) policies and MCG Care Guidelines are not intended to be used without the independent clinical judgment of a qualified health care provider taking into account the individual circumstances of each member's case. Medica UM policies and MCG Care Guidelines do not constitute the practice of medicine or medical advice. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica UM policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of behavioral health care services. The Coverage Issues box below outlines the process for addressing the needs of individuals who do not meet these criteria.

MEDICAL NECESSITY CRITERIA

For medical necessity criteria, Medica uses MCG™ Care Guidelines, 21st edition, 2017: Behavioral Health Care Guidelines (BHG).

BENEFIT CONSIDERATIONS

1. Notification **is required** for in-network and out-of-network inpatient mental health, inpatient substance abuse or detoxification.
Note: health services may be reviewed concurrently or retrospectively to determine if medical necessity criteria were met. Denial may result if criteria were not met.
2. Prior authorization **is required** for in-network and out-of-network services: (Please see the prior authorization list for product specific prior authorization requirements)
 - Mental health and substance abuse intensive outpatient, with or without lodging, such as day treatment and partial program, up to 19 hours per week.
 - Mental health and substance abuse inpatient partial program, 20 hours or more per week.
 - Mental health and substance abuse residential treatment.
 - Intensive outpatient day treatment or partial program for treatment of autism
 - Services for or related to intensive behavior therapy treatment programs for the treatment of autism spectrum disorders including, but not limited to, Applied Behavioral Analysis (ABA).
 - Repetitive transcranial magnetic stimulation.

3. Services for or related to intensive behavior therapy treatment programs for the treatment of autism spectrum disorders are excluded from most member contracts, except as otherwise required under individual state mandate. Examples of such services include, but are not limited to, Applied Behavioral Analysis (ABA), Intensive Early Intervention Behavior Therapy Services (IEIBTS), Intensive Behavior Intervention (IBI), and Lovaas therapy.
4. Members who meet criteria for inpatient behavioral health admission are approved for continued stay based on medical necessity.
5. Clinical records, when requested by Medica, must be submitted by providers to Medica within 24 hours or 1 business day.
6. Coverage may vary according to the terms of the member’s plan document.
7. Refer to the following Medica coverage policies for technologies that may have investigative indications. Services determined to be investigative are not covered.
 - *Cranial Electrotherapy Stimulation (CES)*
 - *Craniosacral Therapy*
 - *Outdoor Behavioral Healthcare*
 - *Sensory and Auditory Integration Therapies*
 - *Virtual Reality (VR) Therapy for Phobias*
 - *Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG)*
 - *Cognitive Rehabilitation/Remediation*
 - *Eye Movement Desensitization and Reprocessing*
 - *Repetitive Transcranial Magnetic Simulation* for maintenance therapy following an acute course of treatment for individuals with major depressive disorder (MDD)..
8. For patients not meeting criteria for inpatient level of care, alternative levels of care may be appropriate such as intensive outpatient and residential treatment, mental health partial treatment, and outpatient services.
9. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member’s plan document.
10. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual’s case will be reviewed by the medical director or an external reviewer. If services are denied, related claims will be denied as provider liability, unless the member has signed a pre-service payment consent form indicating that the member understands that the specific health services were not covered and that the member is financially liable. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

DOCUMENT HISTORY	
Original Effective Date	January 1, 2016
Began use of MCG™ Care Guidelines	1/1/2016 (19th edition)
MCG Care Guidelines Edition Updates (<i>Medica Effective Date</i>)	20 th edition: 10/10/2016, 21 st edition: 08/31/2017; 21 st edition reaffirmed: 08/20/2018
Administrative Updates	06/20/2018, 01/01/2019