HEALTH PLANS
UNIVERSITY OF UTAH

Administrative Policy

Behavioral Health Services Level of Care Determination

Related Policies:
Admin-003 Medical Services Level of Care Determination

Policy ADMIN-002

Origination Date: 04/06/2018

Reviewed/Revised Date: 07/31/2023

Next Review Date: 07/31/2024

Current Effective Date: 07/31/2023

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

Description:

University of Utah Health Plan (U of U Health Plans) applies clinical criteria using the philosophy that the most appropriate level of care for patients should be the safest and least restrictive possible. The goal of treatment is to restore the patient to an optimal level of functioning and independence. Application of these criteria takes into consideration the fact that individual patients vary in their level of clinical complication, and that the full continuum of clinical services does not exist in all geographic areas. Under circumstances of patient complexity or limited service availability, a recommendation to a higher level of care than medically necessary in order to ensure safe, effective treatment may occur. These criteria apply to both behavioral health and substance abuse admissions.

Policy Statement and Criteria

1. Commercial Plans/CHIP

The hierarchy of consideration for determining the level of care for Medical Services is as follows:

A. SPD coverage exclusions or limitations

B. Internal U of U Health Plans policies

C. InterQual® criteria for determining medical necessity for the following levels of care:
    i. Acute inpatient services
    ii. Partial Hospitalization
    iii. Intensive Outpatient (IOP)
    iv. Residential Treatment (RTC)

D. If no guidance is provided in InterQual, SPD, or CMS guidelines or if an exception is requested for a certain level of care (inpatient – outpatient, outpatient to inpatient, RTC, etc.) outside the standards defined by InterQual, the cases are sent to physician review for consideration of granting an exception based on comorbidities and other clinical considerations.

Administrative policy #003 Medical Services Level of Care Determination outlines the level of care determination of care criteria for medical services.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

The term "Medical Necessity" is used to mean care that is determined to be effective, appropriate and necessary to treat a given patient's disorder.

Each level of care is indicated as either for psychiatric or substance use disorders (except for the outpatient level of care, which includes both), and review for level of care determination proceeds in a logical progression to confirm:

- The presence of a properly diagnosed psychiatric or substance use disorder amenable to treatment,
- Symptoms of sufficient severity to meet the required criteria for admission,
- The illness by accepted medical standards is expected to improve significantly through medically necessary and appropriate care as it relates to the level of care requested, and
- Clinical requirements for continuing care at that level.

Discharge criteria, program content, treatment interventions, etc., are not included in an attempt to avoid being too prescriptive and preempting clinical discourse. Therefore, determinations for discharge

from a given level of care are clear: when the patient no longer appears to meet the required criteria for continuing care at a given level of acuity, discharge to a lower level of care is recommended.

U of U Health Plans has adopted the “Patient Practice Guidelines” from the American Society of Addiction Medicine, ASAM PPC-2R, to guide authorization decision making for patients with substance use disorders. Now in its third edition, ASAM Criteria is the most widely used and comprehensive national guideline for placement continued stay and discharge of patients with alcohol or other drug problems.

Applicable Coding

No applicable codes

References:

1. American Society of Addiction Medicine, Inc. Patient Placement Criteria for the Treatment or Substance Related Disorders, Third edition. Maryland: American Society of Addiction Medicine.
2. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-V) American Psychiatric Association.