Introduction

The company uses a nationally-recognized, evidence-based set of criteria to decide if inpatient and residential mental health and substance use disorder treatment are medically necessary. For inpatient mental health and substance use disorder treatment, the criteria require a psychiatric evaluation within 24 hours of admission and then at least once every day. For residential mental health and substance use disorder treatment, the criteria require a psychiatric evaluation within one business day of admission and then at least once every week (every seven days). For inpatient detoxification, a psychiatric-medical evaluation is required within 24 hours of admission and then at least once every day. This policy supplements the medical necessity criteria by indicating what types of providers must conduct these evaluations.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
This Medical Policy is utilized in addition to InterQual criteria for the specific type of inpatient or residential treatment under consideration. Except for child and adolescent mental health residential treatment, InterQual criteria do not specify the clinician types that must conduct the required psychiatric evaluations.

Residential/sub-acute detoxification is not covered in this policy because 3.01.515 Behavioral Health: Residential/Sub-Acute Detoxification specifies the clinician types that must conduct the required evaluations.

Substance Use Disorder Inpatient Rehabilitation is not covered in this policy because InterQual criteria do not require psychiatric evaluations for this level of care.

<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
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</thead>
<tbody>
<tr>
<td>Psychiatric evaluations</td>
<td>In addition to other InterQual criteria, inpatient mental health treatment including inpatient eating disorder treatment is medically necessary only when a psychiatric evaluation is done within 24 hours of admission and then at least once every day, and is conducted by one of the following provider types:</td>
</tr>
<tr>
<td>during inpatient mental health treatment, including inpatient eating</td>
<td>• Psychiatrist</td>
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<td>disorder treatment</td>
<td>• Psychiatric nurse practitioner</td>
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<td></td>
<td>• Psychiatric physician assistant</td>
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<td></td>
<td>• Licensed clinical psychologist in states in which functioning as the attending clinician for inpatient mental health treatment is within licensed psychologists’ legally-permitted scope of licensure</td>
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<tr>
<td></td>
<td>• Physician, nurse practitioner, or physician assistant who specializes in eating disorder treatment (for inpatient eating disorder treatment only)</td>
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<tr>
<td></td>
<td>• Non-psychiatric physician, nurse practitioner, or physician assistant in daily consultation with, or with the daily assistance of, or with separate daily evaluation by, a licensed mental health clinician (only for inpatient mental health treatment on a medical unit or in an emergency department, while waiting for a psychiatric bed to become available, in a hospital without available psychiatrists, psychiatric nurse practitioners, or psychiatric physician assistants)</td>
</tr>
</tbody>
</table>

Psychiatric evaluations during inpatient substance use disorder treatment | In addition to other InterQual criteria, inpatient substance use disorder treatment is medically necessary only when a psychiatric evaluation is done within 24 hours of admission
and then at least once every day, and is conducted by one of the following provider types:

- Psychiatrist
- Psychiatric nurse practitioner
- Psychiatric physician assistant
- Licensed clinical psychologist in states in which functioning as the attending clinician for inpatient substance use disorder treatment is within licensed psychologists’ legally-permitted scope of licensure
- Physician, nurse practitioner, or physician assistant who specializes in addiction medicine

| Psychiatric evaluations during residential mental health treatment, including residential eating disorder treatment | In addition to other InterQual criteria, residential mental health treatment including residential eating disorder treatment is medically necessary only when a psychiatric evaluation is done within one business day of admission, and then a psychiatric or (eating disorder only) psychiatric medication evaluation is done at least once every week (7 days), and is conducted by one of the following provider types:

- Psychiatrist
- Psychiatric nurse practitioner
- Psychiatric physician assistant
- Licensed clinical psychologist in states in which functioning as the attending clinician for mental health residential treatment is within licensed psychologists’ legally-permitted scope of licensure
- Physician, nurse practitioner, or physician assistant who specializes in eating disorder treatment (for residential eating disorder treatment only)

Note: For child and adolescent residential mental health treatment, InterQual Criteria specify that the required psychiatric evaluations are conducted by a psychiatrist. This policy expands the permitted clinician types to include nurse practitioners, physician assistants, and for eating disorder residential treatment, physicians, nurse practitioners, and physician assistants who specialize in eating disorder treatment.
<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
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</table>
| Psychiatric evaluations during substance use disorder residential treatment | In addition to other InterQual criteria, substance use disorder residential treatment is medically necessary only when a psychiatric evaluation is done within one business day of admission and then at least once every week (7 days), and is conducted by one of the following provider types:  
  - Psychiatrist  
  - Psychiatric nurse practitioner  
  - Psychiatric physician assistant  
  - Licensed clinical psychologist in states in which functioning as the attending clinician for substance use disorder residential treatment is within licensed psychologists’ legally-permitted scope of licensure  
  - Physician, nurse practitioner, or physician assistant who specializes in addiction medicine |
| Psychiatric/medical evaluations during inpatient detoxification | In addition to other InterQual criteria, inpatient detoxification is medically necessary only when a psychiatric evaluation and medical assessment are done within 24 hours of admission and then at least once every day, and are conducted by one of the following provider types:  
  - Psychiatrist  
  - Psychiatric nurse practitioner  
  - Psychiatric physician assistant  
  - Licensed clinical psychologist in states in which functioning as the attending clinician for inpatient detoxification is within licensed psychologists' legally-permitted scope of licensure  
  - Physician, nurse practitioner, or physician assistant who specializes in addiction medicine |

**Coding**

N/A
Evidence Review

N/A

References

1. McKesson InterQual Criteria, LOC: Acute Adult, InterQual 2017
2. McKesson InterQual Criteria, LOC: Acute Pediatric, InterQual 2017
3. McKesson InterQual Criteria, LOC: Subacute/SNF, InterQual 2017

Note: InterQual Acute and Subacute/SNF criteria are cited (references 1, 2, and 3) to note criteria for medical levels of care that are comparable to InterQual Behavioral Health inpatient and residential treatment criteria. References 6, 7, and 8 discuss components of the psychiatric evaluation, including components that require medical and psychiatric specialty training and experience.

History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>11/01/17</td>
<td>New utilization management guideline, approved October 10, 2017. Adopting to support InterQual medical necessary requirements for psychiatric evaluations by clarifying the provider types who must conduct the evaluations.</td>
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<tr>
<td>Date</td>
<td>Comments</td>
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<tr>
<td>01/01/18</td>
<td>Interim Review, approved December 20, 2017. Minor clarification that the mental health clinician’s involvement must be daily when a non-psychiatric physician, nurse practitioner, or physician assistant is the provider type.</td>
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<tr>
<td>03/01/18</td>
<td>Interim Review, approved February 27, 2018. Clarified that psychiatric medication evaluation applies only to eating disorder residential treatment.</td>
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<tr>
<td>11/01/18</td>
<td>Annual Review, approved October 26, 2018. No changes to policy statement.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions, and materials are copyrighted by the American Medical Association (AMA). ©2018 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs, or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5952. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S9FF, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action before a date to keep your health insurance or other benefits. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Oromo (Cushite):

Français (French):

Kreyòl ayisyen (Creole):

Deutsche (German):

Ilokano (Ilocano):
Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalbin nga adda ket naglaon iti napateg nga impormasion mahipanggep i aplikasyunion yowo coverage babaen iti Premera Blue Cross. Daytoy ket mabalbin dagiti importante a pelsa iti daytoy a pakdaar. Mabalbin nga adda rumbang nga aramidemyo nga addang sakbay dagiti partikular a naituding nga adda alaap tapon mapagalatinedyo ti coverage ti salun-ayto yowo tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または保険範囲に関する重要な情報が含まれている場合があります。この通知に関連している可能性がある重要な日をご確認ください。健康保険やお客様サポートを維持するには、特定の期限までに行動を取らないとならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통해 허가된 거래에 관한 정보를 포함하고 있을 수 있습니다. 귀하의 신청은 건강 커버리지를 계약 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보에 대한 귀하의 안내에 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하시십시오.

Română (Romanian):

Русский (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

ไทย (Thai):
ประกาศนี้มีสิ่งสำคัญ ประกาศนี้มีข้อความสำคัญเกี่ยวกับการสมัครและการขอรับการช่วยเหลือของคุณของคุณผ่าน Premera Blue Cross และคุณอาจมีสิทธิ์ในการได้รับการช่วยเหลือในกรณีที่คุณต้องการได้รับการช่วยเหลือหรือข้อมูลที่คุณต้องการคุณสามารถติดต่อได้ที่ โทร 800-722-1471 (TTY: 800-842-5357).

український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити відповідні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться на номер телефону 800-722-1471 (TTY: 800-842-5357).