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.

Policy Coverage Criteria
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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| Psychiatric evaluations during inpatient mental health treatment, including inpatient eating disorder treatment | 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:  
  - Psychiatrist  
  - Psychiatric nurse practitioner  
  - Psychiatric physician assistant  
  - 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  
  - Physician, nurse practitioner, or physician assistant who specializes in eating disorder treatment (for inpatient eating disorder treatment only)  
  - 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) |
<p>| 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 |</p>
<table>
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<th>Medical Necessity</th>
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<tr>
<td>and then at least once every day, and is conducted by one of the</td>
<td>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</td>
</tr>
<tr>
<td>Service</td>
<td>Medical Necessity</td>
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| **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>
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<th>Date</th>
<th>Comments</th>
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<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>
</tr>
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</table>
### Date | Comments
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01/01/18 | 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.
03/01/18 | Interim Review, approved February 27, 2018. Clarified that psychiatric medication evaluation applies only to eating disorder residential treatment.
11/01/18 | Annual Review, approved October 26, 2018. No changes to policy statement.
11/01/19 | Annual Review, approved October 4, 2019. Literature review through September 2019, no changes to policy statements.
09/01/20 | Annual Review, approved August 20, 2020. No changes to policy.

**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). ©2020 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.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

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 425-918-5592. 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 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

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 by certain deadlines to keep your health coverage or help with costs. 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):

French (French):

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan ladan. Avi sila a kapab genyen enfòmasyon enpòtan konsanpin aplikasyon yon lan osawa konsefan kouvèti asirans lan atraav Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou tran kék aksyon avan seten dat limit pou ka kenbe kouvèti asirans sante w la osawa pou yo ka ede w akèk depans yo. Se dia w pou resewka enfòmasyon sa a ak asistas nan lang ou pale a, sa ou pa gen pou peye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmooob (Hmong):

Ilokano (Ilocano):
Daytoy a Pakdaa ket naglao iti Napateg nga Impormalon. Daytoy a pakdaa mabalin nga adda ket naglao iti napateg nga impormasion maipanggep iti aplikasyonono wennyo coverage babena Premera Blue Cross. Daytoy kot mabalin dagiti importante a pelsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalainedyo ti coverage ti salun-atyo wennyo tulong kadagiti gastos. Adda karbenganyo a mangesa iti daytoy nga impormasion ken tulong iti bukodyo a pagasasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):