New Hampshire
Medical Necessity Criteria

Carelon
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Medical Necessity Criteria

Carelon Behavioral Health medical necessity criteria (MNC), also known as clinical criteria, are reviewed and updated at least annually to ensure that they reflect the latest developments in serving individuals with behavioral health diagnoses. Carelon's Corporate Medical Management Committee (CMMC) adopts, reviews, revises and approves MNC per client and regulatory requirements.

MNC varies according to state and/or contractual requirements and member benefit coverage. To determine the proper MNC, use the following as a guide:

1. For all Medicare members, first identify relevant Centers for Medicare and Medicaid (CMS) National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) Criteria.
2. If no CMS criteria exists for Medicare members and for all non-Medicare members, identify relevant custom MNC.
3. If no custom criteria exists for the applicable level of care and the treatment is substance use disorder-related, the American Society of Addiction Medicine (ASAM) criteria would be appropriate.
   ** Exception: Substance Use Lab Testing Criteria is in InterQual® Behavioral Health Criteria.*
4. If the level of care is not substance use related, Change Healthcare's Interqual® Behavioral Health Criteria would be appropriate.
5. If 1-4 above are not met, Carelon's national MNC would be appropriate.

*Please note as of 9/21/19, Carelon began utilizing Change Healthcare's Interqual® Behavioral Health Criteria, which can be accessed through the Carelon Behavioral Health Website

Overview of the Medical Necessity Criteria

(Note: hyperlinks are enabled on this page.)

Section I: Inpatient Services

Overview

This chapter contains links or information on medical necessity criteria (MNC) and service descriptions for inpatient behavioral health (BH) treatment, including:

A. Inpatient Psychiatric Services
B. Medically Managed Inpatient Hospital Withdrawal Management (ASAM Level 4)
C. Observation Beds

A. Inpatient Psychiatric Services

B. Medically Managed Inpatient Hospital Withdrawal Management- See ASAM Criteria

C. Observation Behavioral Health Service

Section II: Residential Treatment Services (24-Hour Diversionary Services)

Overview

Diversionary services are those mental health and substance use disorder services that are provided as clinically appropriate alternatives to inpatient behavioral health services, or to support a member in returning to the community following a 24-hour acute placement, or to provide intensive support to maintain functioning in the community. There are two categories of diversionary services, those provided in a 24-hour facility, and those that are provided in a non-24-hour setting or facility. This chapter contains links to service descriptions and MNC for the following 24-hour diversionary services:

A. Medically Monitored Withdrawal Management (ASAM Level 3.7) *See ASAM Criteria*
B. Low Intensity Adult Residential Treatment (ASAM 3.1) *See ASAM Criteria*
C. Low Intensity Adolescent Residential Treatment (ASAM Level 3.5) *See ASAM Criteria*
D. Medium-Intensity Adolescent Residential Treatment (ASAM Level 3.5) *See ASAM Criteria*
E. High-Intensity Adult Residential Treatment (ASAM Level 3.5) *See ASAM Criteria*
F. Specialty Residential Services for Pregnant and Parenting Women, *See ASAM Criteria*

Section III: Structured Day Treatment (Non-24-Hour Diversionary Services)

Overview

Diversionary services are those mental health and substance use treatment services that are provided as clinically appropriate alternatives to behavioral health inpatient services, or to support a member in returning to the community following a 24-hour acute placement, or to provide intensive support to maintain functioning in the community. There are two categories of diversionary services, those provided in a 24-hour facility, and those that are provided in a non-24-hour setting or facility.

This chapter contains service descriptions and MNC or links to MNC for the following non-24-hour, diversionary services specifically designed to provide a continuum between inpatient and outpatient levels of care, including:

A. Partial Hospitalization Program
   1. Restorative Partial Hospitalization Services
   2. Intensive Partial Hospitalization Services
   3. Partial Hospital Program Substance Use Disorder (ASAM level 2.5) (*see ASAM criteria)*
B. Intensive Outpatient Treatment
   1. Intensive Outpatient Treatment
   2. Intensive Outpatient Program for Substance Use Disorders (ASAM Level 2.1)(*see ASAM criteria)*

A1. Restorative Partial Hospitalization Services

Restorative Partial Hospitalization Services provide clinical activities designed to maximize a member's strengths, increase his or her ability to function in his or her living environments, and lead to integration of the member into the community. The primary function of an RPP is to assist members who have psychiatric disorders to achieve and maintain their highest level of functioning and work toward their life goals. Members who no longer require acute, medically based services may have significant residual symptoms that require extended intervention. For example, a member with schizophrenia in partial remission may need extended treatment to re-acquire functional or adaptive behaviors.

RPPs promote recovery and resiliency and are focused on maintaining or enhancing current levels of functioning and skills, maintaining community living, and developing self-awareness and self-esteem through the exploration and development of strengths and interests. Length of stay generally ranges from 1 to 6 months. Treatment declines in intensity as members develop skills to participate in activities (e.g., supported work, mainstream work, volunteering, psychosocial rehabilitation, or clubhouse participation) according to their preferences.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
Criteria #1-4 must be met; For children or adolescents, Criteria #5-7 must also be met: 1. The member has an active DSM or corresponding ICD diagnosis (excluding intellectual disability or other developmental disorders). 2. The member's level of functioning requires significant daily support, structure and direction. 3. The member has the capacity to participate and benefit from day treatment. 4. Treatment at a less-intensive level of care would contribute to an exacerbation of symptoms. **For children or adolescents:** 1. The severity of presenting symptoms is such that the member is unable to be adequately treated in a less-intensive level of care. 2. The member requires individual intervention and/or part-time, center-based supervision for safety or to safely facilitate transition to a less-intensive level of care. 3. The member's guardian is willing to participate in treatment, as appropriate.	*__All__ of the following criteria must be met:* 1. The member continues to meet admission criteria; 2. Another less-intensive level of care would not be adequate to administer care; 3. Treatment is still necessary to reduce symptoms and increase functioning for the member to be treated at a less-intensive level of care; 4. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out; 5. Family/guardian/caregiver is participating in treatment as clinically indicated and appropriate, or engagement efforts are underway; and 6. Coordination of care and active discharge planning are ongoing, with goal of transitioning the member to a less-intensive level of care.	***Criteria # 1, 2, 3, or 4 are suitable; criteria #5 and 6 are recommended, but optional:*** 1. The member no longer meets admission criteria and/or meets criteria for another level of care, either more- or less-intensive. 2. The member or parent/guardian withdraws consent for treatment. 3. The member does not appear to be participating in the treatment plan. 4. The member is not making progress toward goals, nor is there expectation of any progress. 5. The member's individual treatment plan and goals have been met. 6. The member's support system is in agreement with the aftercare treatment plan.

A.2. Intensive Partial Hospitalization Services

A.3. Partial Hospitalization Program Substance Use Disorder (ASAM level 2.5) *see ASAM criteria*

B.1. Intensive Outpatient Treatment

B.2. Structured Outpatient Addictions Programs (SOAP) – *See ASAM Criteria*

Section IV: Diversionary Community Supports

Overview

Diversionary Community Support Services are medically necessary individual or group interventions that support optimal functioning and enhance resiliency, recovery, and integration into the community. These services are generally accessed for members who are deemed SPMI or SMI eligible though may be appropriate for other members as well. These services are provided as clinically appropriate alternatives to behavioral health inpatient services or acute diversionary or to support a member in returning to the community following a more-intensive level of care. These services can also provide support to members to maintain functioning in the community.

This chapter contains service descriptions and level of care criteria for the following services specifically designed to provide a continuum between inpatient and outpatient levels of care, including:

A. Community-Based Support Service
    1. Functional Support Services
    2. FSS Medication Support
    3. FSS Crisis Intervention
    4. FSS Family Support
    5. Group Therapeutic Behavioral Services
    6. Individual Therapeutic Services
    7. Nursing Assessment
B. Targeted Case Management
C. Individualized Resiliency and Recovery Oriented Services (IROS)
    1. Evidence Based Supported Employment (EBSE)
    2. Illness Management and Recovery (IMR)
D. Assertive Community Treatment (ACT)

A. Community-Based Support Services

Carelon's utilization management of **Community-Based Support Services** is based on the following assumptions:

- Treatment should result in positive outcomes within a reasonable timeframe for specific disorders, symptoms, and/or problems. The evaluation of goals and treatment should be based on the member's diagnosis, symptoms, and level of functioning;
- Treatment should be targeted to specific goals that have been mutually negotiated between the provider and the member. Goals of initial and extended outpatient therapy may include crisis resolution, symptom reduction, stabilization, improvement in adaptation, and/or recovery from addiction;
- Treatment modality, frequency, and length of treatment should be individualized for each member. Most clinical situations can be effectively managed using a short-term and/or intermittent model of treatment with varying modalities and frequency of contact, as needed;
- Individuals with chronic or recurring behavioral health disorders may require a longer-term approach with intermittent visits over extended periods, or sustained contacts with increased intensity of services around periods of relapse or decompensation; and
- Members must have flexibility in accessing outpatient treatment, including transferring.

Community-Based Support Services are active, face-to-face clinical interventions that are necessary for the member to achieve the goals and objectives identified on the Individual Service Plan Interventions, and will:

- Actively engage the individual in planned and unplanned therapeutic activities;
- Enhance resiliency, recovery, and integration in the community; and
- Support the restoration of an individual to the best possible functional level.

In addition, services should:

- Be billed as an individual service when provided on a one-to-one basis;
- Be billed as a group service when provided with 2 or more recipients present; and
- Exclude activities that are social and recreational in nature without active clinical intervention.

Community Based Support Services include the following:

1. **Functional Support Services (H2015)**

   Functional support services (FSS) are medically necessary, active, face-to-face clinical interventions necessary for the member to achieve the goals and objectives identified on the member's Individual Service Plan (ISP). These interventions may be individual or group treatment modalities and are designed to help the member achieve the best possible level of functioning

2. **Functional Support Medication Training (H0034)**

   Functional support medication training is a specific and individualized intervention that is designed to support the member in maintaining his or her prescribed medication regime. This service will promote member's self-management of medications by developing strategies for incorporating medication into the member's daily routine as outlined in the Illness Management and Recovery Implementation Resource Kit

3. **FSS Crisis Intervention (S9484)**

   Crisis intervention services are delivered on an individual basis and are effective for members who are experiencing acute exacerbation of symptoms that increase the likelihood that the member may harm himself, herself, or others, or that imminently jeopardize the member's ability to remain in the community by providing continuous assessment and monitoring of safety and symptoms. Crisis Intervention will include family, friends, or significant others when appropriate and are delivered based on a direct benefit to the service recipient. Each crisis intervention service shall be specifically documented in the clinical record.

4. **Functional Support Family Training (T1027)**

   Family training is delivered on an individual basis and consists of face-to-face, specific interventions provided to family members, caregivers, or significant others. This service is designed to support and maintain the management of the member's mental illness or serious emotional disturbance and maintains the individual's tenure in the community. Family training provides assistance to the family member or caregiver, in delivering specific interventions to the individual to promote the goals and objectives identified in the member's ISP as required by He-M 401, and is provided in accordance with the following:

   1. The ISP shall specify who shall be present during the delivery of this service; and
   2. Family support services shall be delivered based on a direct benefit to the service recipient, and documented as such.

5. **Group Therapeutic Behavioral Services**

   Group therapeutic behavioral services, delivered on a group basis, are specific and individualized interventions whose primary objective is to develop, reinforce and apply skills and strategies to ameliorate or reduce symptoms and behaviors that impede an individual's ability to function in an age and developmentally appropriate manner and return the individual to an optimal level of functioning.

6. **Individual Therapeutic Services**

   Individual therapeutic services, delivered on an individual basis, are specific and individualized interventions whose primary objective is to develop, reinforce and apply skills and strategies to ameliorate or reduce symptoms and behaviors that impede an individual's ability to function in an age and developmentally appropriate manner and return the individual to an optimal level of functioning.

7. **Functional Support Nursing Assessment**

   Nursing assessment is delivered on an individual basis and consists of a face-to-face nurse assessment which may include medication education, medication reconciliation, IM medication administration, or other nursing services that will assist and promote a member's ability to maintain self in the community.

Community based services also include:

B. Individualized Resiliency and Recovery Oriented Services (IROS)

1. Evidence Based Supported Employment (EBSE)

Evidence-based supported employment means the provision of vocational supports to individuals following the Supported Employment Implementation Resource Kit (DMSSE001 edition) developed by Dartmouth Medical School to ensure successful competitive employment in the community.

2. Illness Management and Recovery (IMR)

Illness management and recovery (IMR) means a specific set of services aimed at promoting recovery that are based on the Illness Management and Recovery Implementation Resource Kit (DMSIMR001 edition) developed by Dartmouth Medical School.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
__All__ of the following criteria must be met: **1.** DSM or corresponding ICD diagnosis (excluding intellectual disability or other developmental disorders). **2.** 2. The member is deemed SPMI or SMI eligible. **3.** The member has adequate capacity to participate in and benefit from this treatment. **4.** The member has significant impairment in daily functioning due to a psychiatric illness of such intensity that the member cannot be managed in a routine outpatient level of care. **5.** The member is assessed to be at risk of requiring higher levels of care if not engaged in a Community-Based Support Service. **6.** The member's living environment offers enough stability to support treatment. **7.** The member's biomedical condition and/or co-morbid substance use disorder is sufficiently stable to be managed in an outpatient setting.	*__All__ of the following criteria must be met:* **1.** The member continues to meet admission criteria and another level of care is not appropriate. **2.** The member's progress is monitored regularly, and the treatment plan is modified if the member is not making substantial progress toward a set of clearly defined and measurable goals. **3.** BBB Progress toward identified treatment plan goal(s): **a.** is evident and documented, but the goal(s) has not been substantially achieved; OR **b.** has not been made and the program has identified and implemented changes and revisions to the treatment plan to better support the goals; and **4.** There is documentation that the provider has made discharge-planning attempts that include transitioning the member to a less-intensive level of care.	***Criteria #1, 2, 3, or 4 are suitable; criteria #5 and 6 are recommended, but optional.*** **1.** The member no longer meets admission criteria and/or meets criteria for another level of care, either more- or less-intensive. **2.** The member or guardian withdraws consent for treatment. **3.** The member does not appear to be participating in the treatment plan. **4.** The member is not making progress towards goals, nor is there expectation of any progress. **5.** The member's individual treatment plan and goals have been met. **6.** The member's support system is in agreement with the aftercare treatment plan.

C. Targeted Case Management (T1016)

Targeted case management services are direct outpatient services delivered in the member's home, residence and/or community setting. These services are directed toward the rehabilitation of behavioral/social/emotional deficits and/or reduction of symptoms for members with a serious mental illness or emotional disorder. Such services are designed to provide assistance to priority population members in accessing needed resources and services in order to achieve stability in the community.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
***All** of criteria #1-7 must be met; Children and adolescents must also meet criterion #8:* **1.** The member is deemed SPMI or SMI eligible. **2.** The member has a disability that requires advocacy for and coordination of services to maintain or improve level of functioning. **3.** The member requires services to assist in attaining self-sufficiency. **4.** The member is assessed to be at risk of requiring higher levels of care if not engaged in Targeted Case Management. **5.** The member's living environment offers enough stability to support treatment but lacks a natural support system to attain higher functioning. **6.** The member has a disability that will last for a minimum of one (1) year based on professional assessments. **7.** Member must also meet at least one of the following: **a.** Has been discharged from a mental health residential treatment facility; **b.** Has had more than one admission to a CSU, short-term residential facility, inpatient psychiatric unit, or any combination of these facilities; **c.** Is at risk of long-term hospitalization for mental health reasons; OR **d.** Is at risk of requiring more-intensive services if not engaged in CM; and **8.** The youth is in an out-of-home placement or at documented risk of out-of-home placement.	***All** of the following criteria must be met:* **1.** The member continues to meet admission criteria and another level of care is not appropriate. **2.** The member's progress is monitored regularly, and the treatment plan is modified if the member is not making substantial progress toward a set of clearly defined and measurable goals. **3.** Progress toward identified treatment plan goal(s): **a.** is evident and documented, but the goal(s) has not been substantially achieved; OR **b.** has not been made, and the program has identified and implemented changes and revisions to the treatment plan to better support the goals. **4.** These services are time-limited with the goal of enhanced autonomy. **5.** There is documentation that the provider has made discharge-planning attempts that include transitioning the member to a less-intensive level of care.	***Criteria #1-5 suitable;*** **1.** The member no longer meets admission criteria and/or meets criteria for another level of care, either more- or less-intensive. **2.** The member or parent/guardian withdraws consent for treatment. **3.** The member does not appear to be participating in the treatment plan. **4.** The member is not making progress toward goals, nor is there expectation of any progress. **5.** The member's individual treatment plan and goals have been met.

D. Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) services are evidence-based outpatient services delivering comprehensive and effective services to members by a multidisciplinary team primarily in their homes, communities, and other natural environments. The ACT services are customized to a member's needs, vary over time as the member's needs change, and are provided to allow the individual a reasonable opportunity to live independently in the community. The services are based on The Assertive Community Treatment Implementation Resource Kit" (Evaluation Edition 2003)

Admission Criteria	Discharge Criteria
1. The individual shall have a severe mental illness or a severe and persistent mental illness; **2.** The individual shall have a primary dx of psychotic or major mood disorder, with or without co-occurring substance use disorder; **3.** The individual shall be 18 years or older; **4.** AND meet at least one of the following: **a.** Has had lengthy or multiple uses of acute psychiatric hospitalization within the past 12 months; **b.** Has used multiple emergency services or crisis services within the past 12 months due to symptoms of a mental illness. **c.** Has consistently demonstrated the inability to engage in and benefit from other community based mental health services as a result of symptoms of mental illness for the past 12 months; **d.** Had involvement with the legal system as a result of symptoms of mental illness that have resulted in arrest, incarceration, probation, or parole within the past 12 months; **e.** Is currently in-patient at a facility and could move to a less restrictive environment if the individual were to receive ACT services; or **f.** Is currently residing in a community residence and could move to a less restrictive environment if the individual were to receive ACT services.	*Members can transfer to a less intensive level of care when:* **1.** The individual has maintained stable housing in the community for more than 12 months; **2.** The individual has utilized an emergency room due to psychiatric symptoms no more than twice in the past 12 months; **3.** The individual has consistently demonstrated the ability to engage in and benefit from community based mental health services; **4.** The individual has not been arrested or incarcerated during the past 12 months due to psychiatric symptoms; **5.** The individual has mutually agreed with ACT team members he or she is ready to transition to a less intensive level of care; and **6.** The individual has required no more than 2 ACT team contacts for the month in a 6-month period.

Section V: Outpatient Services

Overview

This chapter contains service descriptions and links to MNC for the following outpatient behavioral health services:

A. Outpatient Professional Services
B. Psychological and Neuropsychological Testing
C. Applied Behavior Analysis (ABA)
D. Opioid Treatment Program
    1. Methadone Maintenance Treatment (ASAM) *see ASAM criteria*
    2. Buprenorphine Maintenance Treatment (ASAM) *see ASAM criteria*
E. Ambulatory Withdrawal Management (ASAM Level 1)
F. Medication Assisted Treatment (MAT)
G. Crisis Intervention and Post-Stabilization Services
H. Individual Counseling (ASAM Level 1)
I. Group Counseling (ASAM Level 1)
J. Family Counseling, without patient, with patient, multi-family group with and without patient (ASAM Level 1)
K. Alcohol Withdrawal Management

A. Outpatient Professional Services

B. Psychological and Neuropsychological Testing

C. Applied Behavior Analysis (ABA)

D. Opioid Replacement Therapy

1. **Methadone Maintenance Treatment** *see ASAM Criteria*
2. **Buprenorphine Maintenance Treatment** *see ASAM criteria*

E. Ambulatory Withdrawal Management (ASAM Level 1)

F. Medication Assisted Treatment (MAT)

G. Crisis Intervention and Post-Stabilization Services

H. Individual Counseling (ASAM Level 1)

I. Group Counseling (ASAM Level 1)

J. Family Counseling, without patient, with patient, multi-family group with and without patient (ASAM Level 1)

K. Alcohol Withdrawal Management

Section VI: Other Behavioral Health Services

Overview

This chapter contains links to other Behavioral Health services including the following:

A. Electro-Convulsive Therapy (ECT)
B. Home Care Adult and Geriatric
C. NMNC 6.603.04 Psychiatric Visiting Nurse (Home Health Services child and adolescent)
D. Repetitive Transcranial Magnetic Stimulation (rTMS)

A. Electro-Convulsive Therapy

B. Home Care Adult and Geriatric

C. NMNC 6.603.05 Psychiatric Visiting Nurse (Home Health Services child and adolescent)

D. Repetitive Transcranial Magnetic Stimulation (rTMS)