



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Mental Health – Residential Care

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	Medicare Benefit Policy Manual <a href="#">Chapter 2</a> and <a href="#">Chapter 4</a> .
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

#### For Non-Medicare Members

These criteria apply to members whose contract includes coverage for residential care.

##### Medical Necessity Criteria for Coverage of Admission:

Inpatient Mental Health Residential Admission for a mental health clinical disorder is medically necessary when MCG\* Guidelines, current edition, Admission Guidelines for Residential Acute Behavioral Health Level of Care are met.

Residential Acute Behavioral Health Level of Care, Adult ORG: B-KP-901-RES (BHG)

Residential Acute Behavioral Health Level of Care, Child or Adolescent ORG: B-KP-902-RES (BHG)

##### Medical Necessity Criteria for Coverage of Continued Stay:

Continued Inpatient Mental Health Residential Stay for a mental health clinical disorder is medically necessary when MCG\* Guidelines, current edition, Continued Care Guidelines for Residential Acute Behavioral Health Level of Care are met.

Residential Acute Behavioral Health Level of Care, Adult ORG: B-KP-901-RES (BHG)

Residential Acute Behavioral Health Level of Care, Child or Adolescent ORG: B-KP-902-RES (BHG)

For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

##### Exclusions:

Residential psychiatric services will not be authorized for any exclusion criteria referenced in a member's contract.

#### If requesting these services, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

**\*The MCG are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed by our Behavioral Health department, you may request a copy of the criteria that is being used to make the coverage determination. Call the Behavioral Health Unit for more information regarding the case under review.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

Residential care is intended for patients who need around-the-clock behavioral care but do not need the high level of physical security and frequency of psychiatric and nursing intervention that are available on an inpatient unit. Patients admitted to residential care are unlikely to need physical restraint or extensive nursing care. Psychiatrists typically round less often and nurses are generally on site for fewer hours each day than on an inpatient unit. However, the treatment team is generally composed of a similar mix of professionals as on an inpatient unit. Although it is sometimes assumed that residential care implies a longer length of stay than inpatient care, randomized controlled trials (RCTs) have shown that residential care is an efficacious short-term alternative to inpatient care for voluntary patients with urgent behavioral health conditions.

In January 2007, Kaiser Permanente adopted and integrated into its clinical review criteria, the MCG Care Guidelines for determining appropriate levels of care based on symptoms and functional impairment. These criteria are independently developed and based on a review of the scientific literature, expert input, and clinical practice. In addition, the MCG criteria are updated yearly. Kaiser Permanente Behavioral Health Services operationally defines clinically indicated services as "services for mental health conditions that are having a clinically significant impact on an individual's social, medical, and/or occupational functioning."

Mental health, acute residential treatment is utilized when it is the most appropriate and effective level of care that can safely be provided for the member's immediate condition. Service authorization is based on the member's contract and the MCG Care Guidelines for mental health acute residential treatment, and with the overall goals of assessing and stabilizing the member's acute symptoms, in order that treatment can be continued effectively and safely in a less restrictive and disruptive level of care. When treating children or adolescents, the parents or guardians must be included in both the evaluation and treatment planning processes, except for children age 13 or older who refuse to have a parental figure involved.

## Applicable Codes

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description
No specific codes	

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
09/11/2008	04/06/2010 <sup>MDCRPC</sup> , 02/10/2011 <sup>MDCRPC</sup> , 12/06/2011 <sup>MDCRPC</sup> , 10/02/2012 <sup>MDCRPC</sup> , 08/06/2013 <sup>MPC</sup> , 06/03/2014 <sup>MPC</sup> , 04/07/2015 <sup>MPC</sup> , 02/02/2016 <sup>MPC</sup> , 07/11/2017 <sup>MPC</sup> , 05/01/2018 <sup>MPC</sup> , 05/07/2019 <sup>MPC</sup> , 05/05/2020 <sup>MPC</sup> , 05/04/2021 <sup>MPC</sup> , 05/03/2022 <sup>MPC</sup> , 05/02/2023 <sup>MPC</sup>	07/11/2017

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
02/02/2016	Adopt MCG 19 <sup>th</sup> Ed. guidelines
07/11/2017	Adopt MCG 21 <sup>st</sup> Ed. guidelines