Easy Choice Health Plan
Harmony Health Plan of Illinois
Missouri Care
‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care1st Health Plan Arizona, Inc.)
Staywell of Florida
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)
WellCare Prescription Insurance
WellCare Texan Plus (Medicare – Dallas & Houston markets)

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**DISCLAIMER**

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

**BACKGROUND**

Members must be in the Plan’s Care Management Program to qualify for In Lieu Of Services. If the Care Management Team feels these services would be beneficial they will be authorized after verbal consent of the member. Providers must document the member’s approval for using an In Lieu of service, that it is clinically warranted, and that the member understands this is a substitution service for other standard Community Mental Health Services in the member’s clinical record.
POSITION STATEMENT

Applicable To:
- Medicaid – Florida

Ambulatory Detoxification

Code: S9475
Service Limits: Medical necessity
In Lieu of: Inpatient Detox

Ambulatory Detoxification is an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient’s home by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Such services are provided in regularly scheduled sessions. These services should be delivered under a defined set of policies and procedures or medical protocols. Ambulatory detoxification services should be designed to treat the patient’s level of clinical severity to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patient’s transition into ongoing treatment and recovery.

Community Outreach Services

Code: H2015 HE
Substitution For: Office-based therapy and/or TBOS.
Service Limits: Medical necessity applies and no more than 16 units per day.
In Lieu Of: Inpatient and/or Residential Care

Community Outreach Services must be provided by a Bachelor’s-level clinician or a LPN and are designed to provide on-site or off-site interventions to divert members from the criminal justice system. Services may be ordered for a specified period of time to assess the benefit and effectiveness. Services must:
- Provide a beneficial diversion from jail or juvenile justice system; AND,
- Be targeted towards a specific recipient; AND,
- Encourage engagement in the treatment process to prevent involvement in the criminal justice system.

NOTE: Does not include paperwork, travel time, transportation of consumers, phone calls or administrative services.

Community Based Wraparound Services

Code: H2022
Substitution For: Office-based therapy, targeted case management and TBOS.
Service Limits: Medical necessity applies and only one per diem, per day.
In Lieu Of: Inpatient and/or Residential Care

Wraparound is an intensive, individualized process of care planning and management process for children up to age 21 with complex needs due to a serious emotional disturbance (SED). Services must be provided by certified provider type 91 and certified to provide children’s mental health targeted case management OR must be provided by Provider type 0-5 (Community Behavioral Health Provider). Services are highly individualized, structured, and team based. Care plan are designed to meet the individualized needs across a range of life domains or the child, caregivers and family. There is an emphasis on integrating the child into the community and building the family’s social support network. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family.

Wraparound provides a single point of accountability for ensuring that necessary services and supports are accessed, coordinated and delivered under s system of care value system that is family/youth-driven, community-based, and culturally and linguistically competent. Services and supports are developed through a Child and Family Team planning process that results in a flexible plan of for the youth and family. Services are delivered in the home.
Community and organized by the wraparound care coordinator. A family partner ensures the team process incorporates family voice and educates caregivers about how to effectively navigate the child-serving systems and assists the family to build natural supports. High fidelity to the wraparound model ensures the CFTs occur on a monthly basis during the Implementation phase but may be more or less frequent based on the family’s needs and level of risk (crisis situations).

Wraparound is structured around four phases, with each phase having distinct activities. These essential activities make-up the wraparound process:

**Phase 1 – Engagement and Team Preparation**
- Orient/Engage the Child and Family
- Stabilize Crises
- Strengths, Needs and Culture Discovery (Assessment)
- Engagement of Team Members

**Phase 2 – Initial Plan Development**
- Develop an Initial Plan of Care
- Crisis/Safety Plan

**Phase 3 – Implementation**
- Care Plan Implementation
- Revisit/Track and update the Plan

**Phase 4 - Transition**
- Transition Plan for cessation of formal wraparound

Community Based Wraparound Services must be provided by one of the following qualified practitioners:

1. **Wraparound Care Coordinators** who:
   - Have a bachelor’s degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field (a related human services field is one in which major course work includes the study of human behavior and development); **AND,**
   - Have completed System of Care and Wraparound Training prior to the provision of services to the child and family; **AND,**
   - Have a minimum of one year of full time or equivalent experience working with children with serious emotional disturbances; **OR,**
   - Have a bachelor’s degree from an accredited university or college and three years full time or equivalent experience working with children with serious emotional disturbances.**OR,**

2. **Family Partners** providing services must:
   - Be a Certified Recovery Peer Specialist certified by the Florida Certification Board and work under the supervision of a bachelor’s level practitioner, master’s level CAP, or higher; **AND,**
   - Have completed System of Care and Wraparound Training prior to the provision of services to the child and family.

   **OR,**
   - Be a parent or caregiver of a child with SED and agree to complete Recovery Peer Specialist Family certification within one year of initially providing Medicaid services; **AND,**
   - Work under the supervision of a bachelor’s level practitioner, master’s level CAP, or higher. (If the certification is not completed within one year, the provider agency cannot continue to bill Medicaid for services rendered by the parent partner).
Family Training Counseling

**Code:** T1027  
**Substitution For:** Office-based therapy and/or TBOS.  
**Service Limits:** Medical necessity applies and no more than 16 units per day.

Family Training and Counseling (FTC) is a psycho-educational service. This service is delivered by, at a minimum, a Bachelor's-level clinician and is designed to assist families with their understanding of SED (Severe Emotional Disturbances). Services must support the family and child in treatment. They must be resiliency focused and provide meaningful supports to allow the family, caregivers, and child to participate fully in the treatment process. FTC gives information, suggestions for behavior management, support-often in the form of support groups- and services for the affected children. It does not include paperwork or case management services, does not include telephone calls to families, travel time, transportation of consumers, services to support appointment coordination, or other administrative services. Services may be ordered for a specified period of time to assess the benefit and effectiveness.

Infant Mental Health Assessments

**Code:** T1023HA  
**Substitution For:** Not applicable for assessments.  
**Service Limits:** No more than 40 units per year.

This service is delivered by a Masters level or above with 2 years’ experience working with infant mental health OR Master Level Clinician under the supervision of a Masters Level or above with at least 2 years’ experience working in Infant Mental Health. Individuals administering the tests are to be operating within the scope of their professional licensure, training, test protocols and competencies, and in accordance with applicable statutes. This service includes Infant Mental Health Pre and Post Testing Services including: tests, inventories, questionnaires, structured interviews, structured observations, and systematic assessments that are administered to help assess the caregiver-child relationship and to help aid in the development of the treatment plan. These assessment services are available to children in the care management program upon their recommendation once per fiscal year.

Intensive Outpatient Program (IOP)

**Code:** H0045 with Rev Code 906  
**Service Limits:** Medical Necessity  
**In Lieu of:** Inpatient, Residential Care and/or PHP

An intensive outpatient program (IOP) is a kind of treatment service and support program used primarily to treat eating disorders, depression, self-harm and chemical dependency that does not rely on detoxification. IOP operates on a small scale and does not require the intensive residential or partial day services typically offered by the larger, more comprehensive treatment facilities.

The typical IOP program offers group and individual services of 10–12 hours a week. IOP allows the individual to be able to participate in their daily affairs, such as work, and then participate in treatment at an appropriate facility in the morning or at the end of the day.

The typical IOP program encourages active participation in 12-step programs in addition to the IOP participation. IOP can be more effective than individual therapy for chemical dependency.

Mental Health Services for High-Risk Children in the Child Welfare System  
(Specialized Therapeutic In-Home Services)

**Code:** H0046HK  
**Substitution For:** Office-based therapy and/or TBOS.  
**Service Limits:** Medical necessity applies and no more than one (1) unit per week.  
**In Lieu Of:** Inpatient and/or Residential Care
Specialized therapeutic in-home service is a flexible in-home support service designed for children in the child welfare system, ages 5 through 17, who are stepping down from or at high risk for residential care and institutional services. Services are delivered by a team led by a licensed clinician and a targeted case manager, a Master's-level therapist and a psychiatrist. Providing therapeutic support in addition to helping parents in developing parenting skills, specialized therapeutic in-home services are designed to aid in the transition to community-based outpatient services by providing intensive therapeutic services plus 24 hour crisis response services for an anticipated length of stay of up to 120 days.

The specialized therapeutic in-home services team is led by a licensed clinician who coordinates the services of the treatment team, which includes a mental health targeted case manager, master's level therapist and psychiatrist. Individualized treatment plans within 14 days of admission, treatment plan reviews biweekly by the treatment team with the youth and family and updated as needed. Weekly written progress updates are provided in addition to a weekly face-to-face or telephonic staffing with the Community Based Care agency responsible for the child's care. A minimum of four face-to-face contacts per week are required and must include both individual and family therapy. A minimum of three contacts per week are to be made in the home by the primary clinician. These services may be ordered for a specified period of time to assess the benefit and effectiveness.

Mobile Crisis Services (All Ages)

Code: H2011HO  
Substitution For: Emergency Room and Crisis Center  
Service Limits: Medical necessity applies and no more than eight (8) unit per day or 96 units per year.  
In Lieu Of: Inpatient and/or Residential Care

Mobile Crisis Services provide onsite, mobile assessment to individuals in an active state of crisis (24 hours per day, 7 days per week). The service is delivered by a Masters-level clinician under the supervision of a Master's level licensed clinician. The purpose of Mobile Crisis Services is to rapidly respond, effectively screen, and provide early intervention to help those individuals who are in crisis, and insure their entry into the continuum of care at the appropriate level. Services also identifies services and alternatives that will minimize distress and aid in crisis stabilization, and provide referral and case management services to link individuals with other service providers and community supports that can assist with maintaining maximum functioning in the least restrictive environment. Mobile Crisis Services are typically done using a team of mental health professionals, paraprofessionals, registered nurses, and peer specialists, with oversight by a psychiatrist. This service may be provided in community settings, private residences, or other locations in response to requests by police, providers, community-based agencies, family members, guardians or the individual in crisis. Crisis stabilization requires flexibility in the duration of the initial intervention, the individuals participating in the treatment, and the number and type of follow-up services. It is crucial that the patient and the patient's family or other primary caretakers and/or social supports participate in the stabilization process whenever possible. The desired goal is to activate the individual's personal strengths and family/system resources to defuse the crisis and maintain the individual in the community whenever possible. Licensure and credentialing requirements specific to facilities and individual practitioners do apply and are found in our provider manual/credentialing information.

Multisystemic Therapy

Code: H2033  
Service Limits: Medical necessity  
In Lieu of: Inpatient and/or Residential Care

Multisystemic therapy (MST) is an evidenced based practice of home and community based intervention for families of youth with severe psychosocial and behavioral problems that assembles practices from strategic family therapy, structural family therapy, and cognitive behavior therapy in intensive interventions over four to six months. It is based in part on ecological systems theory. Treatment is individualized.
Partial Hospitalization

**Code:** Rev Code 912  
**Service Limits:** Medical necessity.  
**In Lieu of:** Inpatient and/or Residential Care

Partial hospitalization refers to a comprehensive, short-term, intensive, clinical treatment program. With regard to level of treatment, partial hospitalization is a step below inpatient hospitalization but more concentrated than traditional outpatient care. Clients are generally referred to partial programs when they are experiencing acute psychiatric symptoms that are difficult to manage but that do not require 24-hour care. Individuals in partial hospitalization programs attend structured programming throughout the day, three to five days a week and return home in the evenings. To ensure client safety, many of the inpatient hospitalization rules apply (i.e. no phones, no shoelaces) to partial hospitalization programs.

Short Term Residential Treatment

**Code:** Rev Code 1001  
**Service Limits:** Medical Necessity  
**In Lieu of:** Inpatient and/or Residential Care

Short-term residential programs provide intensive but relatively brief treatment based on a modified 12-step approach. These programs were originally designed to treat alcohol problems, but during the cocaine epidemic of the mid-1980s, many began to treat other types of substance use disorders. The original residential treatment model consisted of a 3- to 6-week hospital-based inpatient treatment phase followed by extended outpatient therapy and participation in a self-help group, such as AA. Following stays in residential treatment programs, it is important for individuals to remain engaged in outpatient treatment programs and/or aftercare programs. These programs help to reduce the risk of relapse once a patient leaves the residential setting.

Sub-Acute Detoxification

**Code:** A0330  
**Service Limits:** Medical necessity.  
**In Lieu of:** Inpatient Detox

The word “acute” describes conditions that are critical and sometimes life-threatening. Patients with severe addictions will likely need acute (or full) detox. These patients may have a high risk of seizures, respiratory failure, or other fatal side effects. Full detox calls for inpatient care, in which the patient is monitored and supported by medical professionals 24/7. Depending on the abused substance(s) and the overall health of the person, this level of care may not be necessary. In these circumstances, the individual may need sub-acute detox, which can be completed in an out-patient setting with limited medical attention. Sub-acute detox patients may still experience withdrawal symptoms, but on a less severe scale. They will be provided with necessary medications, support, and monitoring, but 24/7 care isn't necessary. Urgent care centers, intensive outpatient programs, doctors' offices, or residential detox facilities are typical settings for sub-acute detox. Some patients may also live at home, visiting a facility for several monitoring appointments. Both full and sub-acute detox may involve medication, particularly when the patient is addicted to alcohol, opioids, or sedatives. Medications can make the patient more comfortable and stable. Benzodiazepines, for instance, can prevent the seizures associated with acute withdrawal from alcohol. Clonidine, methadone, and buprenorphine can help ease the symptoms of opioid withdrawal. Of these three medications, only clonidine does not produce a high of its own. Methadone and buprenorphine are milder and longer-lasting than other opioids. In less severe circumstances, over-the-counter medications can often be used to alleviate symptoms.

**CODING**

**Adult Therapeutic Behavioral On Site Services.** This service requires prior authorization and is billed with code H2019HB in 15 minute increments. *NOTE:* TBOS Services must be provided and documented in a manner consistent with the Florida CMHC Handbook requirements for the same service for children.  
H2019 - Therapeutic behavioral services, per 15 minutes
Community Outreach Services. Community Outreach Services will require prior authorization and will be reimbursed on a 15 minute unit bases using H2015 HE.

H2015 - Comprehensive community support services, per 15 minutes

Community Based Wraparound Services. Community-Based Wraparound Services will require prior authorization and will be reimbursed on a per diem using H2022.

H2022 - Community-based wrap-around services, per diem

Family Training Counseling. FTC does require prior authorization and is billed with code T1027 in 15 minute increments.

Infant Mental Health Assessments. This assessment does require prior authorization and is billed with code T1023 HA in 15 minute increments.

T1023 - Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

Mental Health Services for High-Risk Children in the Child Welfare System (Specialized Therapeutic In-Home Services. Specialized therapeutic in-home services will be reimbursed on a weekly basis using H0046HK.

Mobile Crisis Services (All Ages). This service does not require prior authorization and is billed with code HH2011HO in 15 minute increments.

Self-Help / Peer Specialist Services. Self Help/Peer Support Services do not need prior approval. They are billed using H0038 in 15 minute increments.

Respite Services. Respite Services need prior approval. They are billed using H0046HE for a daily per diem.

H0046 - Mental health services, not otherwise specified

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>1/10/2018</td>
<td>Approved by MPC. No changes.</td>
</tr>
<tr>
<td>7/12/2018</td>
<td>Approved by MPC. Changed name to “In Lieu Of” (vs. Downward Substitution). Includes updated services per the market.</td>
</tr>
<tr>
<td>1/8/2015</td>
<td>Approved by MPC. Additional language included regarding respite services.</td>
</tr>
<tr>
<td>12/4/2014</td>
<td>Approved by MPC. Updated coding section.</td>
</tr>
<tr>
<td>11/6/2014</td>
<td>Approved by MPC. New.</td>
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