**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**

BHOS services are overlay services provided to children under 21 who reside in specifically licensed residential settings (provider type 05) in Florida. These services include mental health, substance abuse and supportive services designed to meet the behavioral health needs of members, including:

- Individual, family and group therapy
- Individualized behavior management services when indicated
- Therapeutic support services
- Discharge and aftercare planning
- Crisis intervention and support on a 24/7/365 basis
Staywell expects that all BHOS services will be given by appropriately qualified agencies who meet the provider requirements and provide the services in accordance with the basic requirements of the Florida BHOS Handbook.

Delivery of Services

Diagnostic Guidelines: No specific diagnostic criteria. BHOS services are appropriate for children with any covered diagnoses who meet the eligibility criteria.

Provider Qualifications: Florida Medicaid regulations state that for members with mental health diagnoses this service must be provided by agencies who:
- Have submitted a Provider Agency Self-Certification to AHCA;
- Are enrolled as a Medicaid community mental health services provider;
- Are licensed by DCF or their designee under Chapter 65C-14, F.A.C; and
- Are under contract with DCF, Child Welfare, and a Community-based Care organization.

Additional Delivery Considerations:
- BHOS includes three service components: therapy, behavior management, and therapeutic support.
- A variety of practitioner types may be involved in one or more service component and each have qualification requirements.

POSITION STATEMENT

Applicable To:
☐ Medicaid – Florida

Exclusions

Exclusions in coverage result when any of the following are true:
- Member has a cognitive deficit severe enough to prevent the service from being of benefit; OR,
- Member does not have an active eligibility certification; OR,
- Provider is not a qualified BHOS provider.

Coverage

Admission Service Components

Members must meet all of the following criteria

1. A certificate of eligibility has been completed by the BHOS agency and is renewed every 6 months; AND,
2. The member has a covered diagnosis; AND,
3. The member meets at least one of the following:
   - Has exhibited suicidal gestures or attempts, or self-injurious behavior or current ideation related to suicidal or self-injurious behavior, and is not in need of acute care; OR,
   - Has exhibited physical aggression or violent behavior towards persons, animals or property. This risk may also be evidenced by current threats of such aggression; OR,
   - Has run away from home or placements or threatened to run away on one or more occasions; OR,
   - Has had an occurrence of sexual aggression; OR,
   - Has experienced trauma.

Continued Stay Criteria

Members must meet all of the following continued stay criteria:
- Has an individualized treatment plan that meets the requirements; AND,
- Goals, objectives and action steps of the treatment plan continue to show a need for BHOS services; AND,
• Required linkages and coordination of care with the family, school, community services, child welfare caseworker, DJJ, PCP, etc. are in place; **AND,**
• Appropriate after care and discharge planning are in place; **AND,**
• The member continues to meet the eligibility certification requirements.

**Discharge Criteria**

To qualify for discharge, a member must meet **all** of the following criteria:

- The member no longer meets Continued Stay Criteria; **AND,**
- The member’s goals have been met; **AND,**
- The member meets an Exclusion Criteria.

**CODING**

**NOTE:** Category could fall into any approved behavioral health diagnosis code.

0250  Pharmacy - General Classification
0900  Behavioral Health Treatment/Services - General Classification
0914  Behavioral Health Treatment/Services - Individual Therapy
0915  Behavioral Health Treatment/Services - Group Therapy
0916  Behavioral Health Treatment/Services - Family Therapy

**Covered CPT/HCPCS Codes**

90785  Interactive complexity (list separately in addition to the code for primary procedure)
90791  Psychiatric diagnostic evaluation
90792  Psychiatric diagnostic evaluation with medical services
90832  Psychotherapy, 30 minutes with patient
90833  Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90834  Psychotherapy, 45 minutes with patient
90836  Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90837  Psychotherapy, 60 minutes with patient
90838  Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90839  Psychotherapy for crisis; first 60 minutes
90840  Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service)
90845  Psychoanalysis
90846  Family psychotherapy (without patient present), 50 minutes
90847  Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90853  Group psychotherapy (other than of a multiple-family group)

**ICD-10 Codes that Support Medical Necessity**

F01.51  Vascular dementia with behavioral disturbance
F02.80  Dementia in other diseases classified elsewhere, without behavioral disturbance
F02.81  Dementia in other diseases classified elsewhere, with behavioral disturbance
F03.90-F03.91  Unspecified dementia
F04  Amnestic disorder due to known physiological condition
F05  Delirium due to known physiological condition
F06.0  Psychotic disorder with hallucinations due to known physiological condition
F06.1  Catatonic disorder due to known physiological condition
F06.30  Mood disorder due to known physiological condition, unspecified
F06.31  Mood disorder due to known physiological condition with depressive features
F06.32  Mood disorder due to known physiological condition with major depressive-like episode
F06.33 Mood disorder due to known physiological condition with manic features
F06.34 Mood disorder due to known physiological condition with mixed features
F06.4 Anxiety disorder due to known physiological condition
F06.8 Other specified mental disorders due to known physiological condition
F07.0-F10.120 Mental, behavioral and neurodevelopmental disorders
F10.121 Alcohol abuse with intoxication delirium
F10.129 Alcohol abuse with intoxication, unspecified
F10.14 Alcohol abuse with alcohol-induced mood disorder
F10.150 Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151 Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159 Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180 Alcohol abuse with alcohol-induced anxiety disorder
F10.181 Alcohol abuse with alcohol-induced sexual dysfunction
F10.182 Alcohol abuse with alcohol-induced sleep disorder
F10.188 Alcohol abuse with alcohol-induced disorder
F10.19 Alcohol abuse with unspecified alcohol-induced sleep disorder
F10.20-F10.220 Alcohol dependence
F10.221 Alcohol dependence with intoxication delirium
F10.229 Alcohol dependence with intoxication, unspecified
F11.10-F11.120 Opioid abuse
F11.129 Opioid abuse with intoxication, unspecified
F11.20-F11.90 Opioid related disorders
F12.10 Cannabis abuse, uncomplicated
F12.11 Cannabis abuse, in remission
F12.20-F12.90 Cannabis related disorders
F13.10-F13.120 Sedative, hypnotic or anxiolytic-related abuse
F13.20-F13.90 Sedative, hypnotic, or anxiolytic related disorders
F14.10-F14.120 Cocaine abuse
F14.20-F14.90 Cocaine related disorders
F15.10-F15.120 Other stimulant abuse

The Health Plan shall provide the following services as described in the Mental Health Targeted Case Management Coverage & Limitations Handbook and the Community Behavioral Health Services Coverage & Limitations Handbook (the Handbooks). The Health Plan shall not alter the amount, duration and scope of such services from that specified in the Handbooks. The Health Plan shall not establish service limitations that are lower than, or inconsistent with, the Handbooks.

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.

REFERENCES
4. LCD L33252 https://medicare.fcso.com/lcd/active/l33252.pdf Revision Effective Date 10/1/17

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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Clinical Coverage Guideline page 4