



Easy Choice Health Plan

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)

Community Mental Health Services (Florida Medicaid)

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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

The State of Florida's Medicaid program is governed by the following:

- Title XIX of the Social Security Act
- Title 42 of the Code of Federal Regulations
- Chapter 409, Florida Statutes
- Rule Division 59G, Florida Administrative Code

To assist providers, the State of Florida has published a series of handbooks to educate about the policies and procedures needed to receive reimbursement for covered services. The handbooks provide descriptions and instructions on how, when and by whom services can be rendered.

Therapeutic Behavioral On-Site Services (TBOS) for Children and Adolescents are designed to assist high-risk children to prevent a more intensive and restrictive behavioral health placement. Coverage must include the provision of these services outside of the traditional office setting. The process must be driven by assessment of the individual needs and strengths of each member and family, and be developed and directed by a treatment team. TBOS are comprehensive outpatient services delivered where the child is living, working, or participating in educational activities. These services provide a full range of intensity to the member in his/her natural setting, depending on the need of the member. TBOS includes therapy services, behavior management services and therapeutic support services. These services may not be provided in a psychiatric hospital, a psychiatric unit of a general hospital, a crisis stabilization unit, or any other setting where the same services are already being paid for by another source. In considering the intensity of Therapeutic Behavioral Health Services, the delivery of these services involves three basic elements: severity of problem, appropriate intensity of service, and the least restrictive and/or intrusive service necessary.

TBOS is a community service which utilizes natural supports for children with serious emotional disturbances. Clinical services include the provision of a professional level therapeutic service that may include the teaching of problem solving skills, behavioral strategies, normalization activities and other treatment modalities that are determined to be medically necessary. These services should be designed to maximize strengths and reduce behavior problems or functional deficits stemming from the existence of a mental health disorder. Social services include interventions designed for the restoration, modification and maintenance of social, personal adjustment and basic living skills. Inherent in the concept of Therapeutic Behavioral On-Site Services is that they are developed and tailored specifically to meet individualized member and family needs.

Therapeutic behavioral therapy services include a clinical assessment of mental health, substance abuse or behavioral disorders to determine treatment needs. An assessment and implementation plan is created with the member and his/her family to incorporate the child or adolescents' natural support system. These services also provide development, implementation, and monitoring of behavior programming for the member as well as individual and family therapy as needed.

Therapeutic support services must be related to the member's treatment plan goals and objectives and must include one or more of the following:

- One-to-one supervision and intervention with the member during therapeutic activities in accordance with the treatment plan;
- Skill training of the member for restoration of those basic living and social skills necessary to function in the member's own environment;
- Assistance to the member and family in implementing the behavioral goals identified through family counseling and development of the treatment plan.

Behavioral Day Services

Behavioral Health Day services are appropriate early childhood therapeutic services for children age 24 months and older who are experiencing emotional problems and who meet the eligibility criteria described below. Services are designed to strengthen individual and family functioning, prevent more restrictive placement of children, and provide an integrated set of interventions to promote behavioral and emotional adjustment. Behavioral health day services are designed to enable members to function successfully in the community in the least restrictive environment and to restore or enhance their ability for personal and social life management skills. This service is larger than group counseling, serving more recipients at one time with greater variety and clinical objectives. The primary function is to stabilize symptoms related to a behavioral health disorder in order to reduce or eliminate the need for more intensive and restrictive levels of care. This service is designed to provide transitional treatment after an acute episode or to provide a level of therapeutic intensity not possible in a traditional outpatient setting.

Behavior management services provide an assessment of behavior problems, and functions of these problems and related skill deficits and assets. This assessment also identifies primary and other important caregiver skill deficits and assets related to the member's behaviors and the interactions that will motivate, maintain or improve behavior. Behavior management services will develop and coordinate efforts for an individual behavior plan with measurable

goals and objectives. The team will provide training for caregivers and others involved with the member in the implementation and monitoring of the behavior plan and revise as needed.

NOTE: Medicaid does not reimburse for basic childcare programs for developmental delays, preschool, or enrichment programs. The purpose of the behavioral health day services must be to address the young child's emotional problems.

Target Case Management

Targeted Case Management Services (TCM) are direct outpatient services delivered in the member's home, residence of another type, or within a community setting. Services should be individualized, support the member's strengths, and focus on the necessary linkages to facilitate success in the least restrictive setting possible. TCM services must assist with access to needed medical, social, educational and other support services and facilitate resiliency in the children served.

Providers must be individually approved to do TCM and work for an approved TCM agency, using the enrollment procedures designated by the State. All TCM services must be rendered in accordance with the State of Florida TCM Coverage and Limitations Handbook including provider, documentation, service delivery and case load requirements. TCM services should result in observable beneficial responses such as:

- Consistently attending scheduled therapy sessions/Case Management meetings,
- Improved school attendance,
- Independent living and community integration,
- Family and community integration,
- Vocational/educational participation,
- Reduced hospital lengths of stay,
- Reduced out of home placements,
- Reduced use of crisis-only services.
- Member is making progress to the extent possible toward goals and is benefiting from the service plan as evidenced by lessening of symptoms and stabilization of psychosocial functioning through Case Management Services or removal of services would result in member's destabilization.
- Techniques employed in Case Management are time limited in nature and subordinate to a goal of enhanced member autonomy, and facilitation of Recovery and Resilience.

Psychosocial Rehabilitation

Psychosocial rehab (PSR) encompasses community-based or clinic-based but community-focused services designed to assist adults in strengthening or regaining skills designed to help them achieve their self-determined rehabilitation goals in living, working, educational or social environments and the development of environmental supports necessary to thrive in the community with the least amount of professional intervention possible. Staywell expects that all PSR services will meet the basic requirements of the Florida Community Mental Health Handbook and the additional principles below.

Staywell has established the following basic principles to guide the delivery of PSR services:

- Adults who participate in psychosocial rehabilitation have chosen to do so and have been assessed to be ready to participate and set self-determined rehabilitation goals
- The PSR plan is individualized and tailored to the specific adult's goals, barriers, and strengths
- All PSR activities are designed to show progressive steps towards the targeted goals
- Motivational interviewing techniques may be used to establish 'connection' between the PSR treating provider and the adult
- All PSR is based on the development and maintenance of specific skills and supports to meet the specific self-determined rehab goals
- All PSR skills training meets the definition of a 'skill' and is done using a progressive skills training plan

- Only specifically needed skills are taught (i.e. not everyone needs to make a menu, read labels, and cook to live independently)
- PSR is done in groups when the individual can clearly benefit from the skill set included in the class and the shared learning experience the class offers
- PSR is done approximating or using 'real life' conditions where possible
- PSR services are broken into achievable actions to facilitate success and successive improvement.

Rehabilitative services are appropriate for adults exhibiting psychiatric, behavioral or cognitive symptoms, addictive behavior, or clinical conditions of sufficient severity to bring about significant impairment in day-to-day personal, social, pre-vocational and educational functioning regardless of diagnosis. In fact, there is absolutely no correlation between diagnosis or the presence/absence of symptomatology and the outcome of rehabilitation initiatives.

POSITION STATEMENT

Applicable To:

- Medicaid - Florida

The criteria below is specific to the following services:

- Therapeutic Behavioral Onsite Services
- Behavioral Day Services
- Target Case Management
- Psychosocial Rehabilitation

Therapeutic Behavioral Onsite Services

Exclusion Criteria

Members must meet any one of the following criteria:

1. Member's identified problem is primarily social, financial, and/or medical and is not impact-able using the service; **OR**,
2. Site of service is not where primary problems or behaviors of the psychiatric diagnosis are manifested; **OR**,
3. Member is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource; **OR**,
4. Member's condition is not one that would be covered for treatment through the Florida Department of Education Exceptional Student Education Programs.

Coverage

Prior to receiving any community behavioral health services, infants and children (ages 0-5 years) must have:

1. A current assessment (within a year) that meets the requirements listed below **and** the following symptoms and behaviors:
 - a. Developmental and medical history - history of mother's pregnancy and delivery, past and current medical conditions and developmental milestones; **AND**,
 - b. Family psychosocial and medical history (may be as reported or based upon collateral information) ; **AND**,
 - c. Family functioning, cultural and communication patterns and current environmental conditions and stressors; **AND**,
 - d. Clinical interview with the primary caretaker and observation of the caregiver-infant (child) relationship and interactive patterns; **AND**,
 - e. Provider's observation and assessment of the child including affective, language, cognitive, motor, sensory, self-care and social functioning.

2. The assessment must include the elements outlined above and must be written in narrative form and provide detailed, individualized information on the components listed above. The sole use of checklists or fill in the blank forms is prohibited.
3. Development of an individualized, strengths - based treatment plan which includes specific achievable, behaviorally based and objective treatment goals. Goals directly address the problems that resulted in the need for treatment and build on the member's and his/her family's strengths. Treatment goals describe the roles that will be taken by all relevant participants in addition to the member (e.g., family members, school staff, if relevant, etc.).
4. Services are supervised by a qualified health professional:
 - a. *Therapy services* must be provided by a master's level practitioner supervised by a licensed practitioner of the healing arts.
 - b. *Behavior management services* must be provided by a certified behavior analyst or certified associate behavioral analyst, working as a member of the member's treatment team.
 - c. *On-site therapeutic support services* must be provided, at a minimum, by a behavioral health technician supervised by a master's level practitioner.
5. There is documented commitment by the primary care givers (e.g., parent, guardian) to the therapeutic plan.
6. The treatment team must include the member and family, other persons who provide natural, informal support to the family system and the professionals involved in providing services. The child-specific plan for therapeutic behavioral on- site services must be based on a thorough assessment, with information from the member and family, regarding needs, strengths and desired outcomes of services. When indicated by the assessment, and agreed to by the family, the plan must reflect referral to, and coordination with, other agencies and resources. It is recognized that involvement of the family in the treatment of the member is necessary and appropriate. Provision of therapeutic behavioral on-site services with the family must clearly be directed toward meeting the identified treatment needs of the member.

Admission Service Components

To receive TBOS services, an infant or child 0-23 months must meet criteria 1-5 below. Children age 24 months to 5 years must meet criteria 1-4 **AND** 6 below.

1. The member has a mental health condition that can reasonably be expected to respond to the service and has received a psychological or psychiatric evaluation that supports an ICD-9-CM diagnosis of "other and unspecified persistent mental disorders due to conditions classified elsewhere".
2. Services are recommended by a service planning team which always includes the family; the member if appropriate; other persons who provide natural, informal support to the family; treatment providers; and representatives from other involved systems to the degree possible.
3. There is adequate evidence to indicate that the member is at risk for a more intensive, restrictive and costly behavioral health placement;
4. Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the member's condition and functional level cannot be improved with a less intensive service.
5. Have experienced:
 - b. Trauma (e.g., physical abuse, sexual abuse, severe neglect, witnessed life threatening violence; death of a caretaker; or failure to thrive [due to emotional or psychosocial causes, not solely medical issues]).
 - c. Atypical development of temperament, or behavior that interferes with social interaction and relationship development.
6. Score in at least the moderate impairment range on behavior and functional rating scale developed for the specific age group.

Continued Stay Criteria

Members must meet criteria 1 through 4 **and** either criteria number 5 or 6 below.

1. Member continues to meet the criteria defined in above Admission Criteria.
2. There is a reasonable expectation the member will benefit from continuation of Home/Community Services.
3. Treatment promotes developmentally appropriate behavior, activities, skills and social skills for the member in his/her natural context through focusing on his/her individual strengths and needs.
4. Techniques are employed in treatments that are time limited in nature.
5. Appearance of new problems or symptoms which meet admission guidelines.
6. Member requires the continuation of a treatment support system while in the community until an effective family and community support network can be activated.

NOTE: Within six months of the original start date of services and every six months thereafter, the members of the member's treatment team must document that the member continues to meet the continued stay above.

Discharge Criteria

Members must meet **ALL** of the following criteria for discharge:

1. Member no longer meets Continued Stay Criteria; **AND**,
2. Member meets the individualized discharge criteria. Within 45 days of admission to therapeutic behavioral on-site services, a plan must be developed with each member and family, which contains specific discharge criteria. The discharge plan must be placed in the member's clinical record.

Behavioral Day Services

Exclusions

Members must meet any one of the following:

1. Member's identified problem is primarily social, financial, and/or medical; **OR**,
2. Substance abuse is the primary source of the member's impairment in the absence of active symptoms; **OR**,
3. Member's condition has active components of significant risk to self or others or property such that a higher level of care is medically necessary; **OR**,
4. Treatment is for autism, pervasive developmental delay, non-emotional or non-behavioral based developmental disability or mental retardation; **OR**,
5. Member is under age of 24 months of age; **OR**,
6. Member's condition is not one that would be covered for treatment through the Florida Department of Education Exceptional Student Education Programs.

Coverage

Behavioral health day services for children age 24 months through 5 years must meet the following requirements:

1. Services must be provided for a minimum of two to a maximum of four hours within the day. This need not be a continuous time period, but must be provided in one day.
2. Therapeutic activities, as listed in the child's treatment plan, must be interwoven throughout the child's scheduled activities.
3. The day treatment program must have a parent or caregiver component. At a minimum, there should be a monthly face-to-face contact at the day treatment center or at the child's home.
4. If the provider is unable to involve the parent or caregiver or meet the requirement for the face-to-face contact, a telephone contact is allowable but is not reimbursable as part of day treatment. Written justification of why the face-to-face intervention could not occur must be provided in the medical record.
5. The group size during therapeutic activities must not exceed ten (10) children.
6. The behavioral health day services staff to child ratio during therapeutic activities may not exceed 1:5.
7. Professional staff must be:
 - a. Either licensed or certified at the independent practice level with experience in the treatment of children and adolescents; **OR**,
 - b. Unlicensed and supervised at least weekly by an appropriately licensed professional; **AND**,
 - c. Services provided must be within the therapist's scope of training.
8. Complete bio-psychosocial assessment including, but not limited to the member's relevant history, previous treatment, current medical conditions (including medications), substance abuse history, personal strengths, lethality assessment and mental status.
9. Development of an individualized, strengths- based, targeted, focused treatment plan directed toward the reduction or alleviation of the impairment that resulted in the member seeking treatment. The plan must reflect the least restrictive, most efficacious treatment available.
10. Development of specific, achievable, behaviorally based and objective treatment goals which directly address the problems that resulted in the member seeking treatment.

Admission Criteria

Members must meet **ALL** of the following criteria for admission to behavioral day services:

1. The member has a mental health condition that can reasonably be expected to respond to the service. Validated principal DSM-IV Axis I or II diagnosis as part of a complete multi-axial diagnostic evaluation. Claims for services rendered by community behavioral health services providers will be paid only for the following diagnoses:
 - Psychogenic genitourinary malfunction, unspecified
 - Transient and persistent mental disorders
 - Dementia
 - Schizophrenic, episodic mood, and delusional disorders
 - Other nonorganic psychoses
 - Anxiety, dissociative and somatoform disorders
 - Personality disorders
 - Psychosexual dysfunction
 - Psychogenic – vaginismus, dysmenorrhea, dysuria, and other
 - Physiological malfunction arising from mental factors; genitourinary

- Special symptoms or syndromes, not elsewhere classified
 - Acute reaction to stress
 - Adjustment reactions and other specified adjustment reactions
 - Specific nonpsychotic mental disorders due to brain damage
 - Depressive disorder, not elsewhere classified
 - Disturbance of conduct, not elsewhere classified
 - Disturbance of emotions specific to childhood and adolescence
 - Hyperkinetic syndrome of childhood
2. Score in at least the moderate impairment range on a behavior and functional rating scale developed for this age group.
 3. Level of Stability
 - a. Risk to self, others or property is not imminent (although without treatment the member's potential risk in these areas may be increased); **AND**,
 - b. The member is medically stable and does not require a level of care that includes more intensive medical monitoring; **AND**,
 - c. When an Axis II diagnosis is involved, treatment is directed to the acute symptoms which place member at risk and/or impair functioning.
 4. Degree of Impairment – (Must meet at least one of the following):
 - a. Member exhibits impairments in cognitive, affective, or behavioral abilities; **OR**,
 - b. Social/Interpersonal/Familial-- Member exhibits impairment in social, interpersonal or familial functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize or reverse the condition; **OR**,
 - c. Vocational/Educational--Member exhibits impairment in occupation or educational functioning arising from a psychiatric disorder or a serious emotional disturbance which may indicate a need for outpatient psychotherapy to stabilize or reverse the condition.

Continued Stay Criteria

Members must meet criteria 1 through 3 **AND** either criteria 4, 5, 6, or 7:

1. There is a reasonable expectation that the member will benefit from ongoing outpatient treatment. Benefit is defined as: demonstrated improvement in previous treatment as validated by objective tracking of progress toward treatment goals; and the member's pre-morbid functioning suggests that he/she has not maximized his/her likely level of functioning; **AND**,
2. Member is making progress to the extent possible, toward goals and is benefiting from the treatment plan, as evidenced by the attainment of therapeutic rapport, lessening of symptoms and stabilization of psychosocial functioning through treatment planning, homework and session attendance; **AND**,
3. There is significant opportunity for family (including the member) cooperation and involvement in the treatment process, except where the involvement of family members other than the member would be clinically counter-productive or legally prohibited;

AND ONE of the following (numbers 4, 5, 6, or 7):

4. As appropriate for the individual and circumstances, treatment promotes the member's self-efficacy and independent functioning; **OR**,
5. Current symptoms significantly impair the member's ability to perform activities of daily living or significantly impair the member's social, occupational or interpersonal functioning; **OR**,

6. There is reasonable expectation, based on the member's clinical history that withdrawal of treatment will result in the member's decompensation or the recurrence of signs or symptoms; **OR**,
7. Appearance of new problems which meet medical necessity for this level of care.

Discharge Criteria

Members must meet any one of the following:

1. Member no longer meets continued stay medical necessity criteria; **OR**,
2. Member withdraws from treatment against medical advice.

Target Case Management

Exclusion Criteria

Members must meet **ALL** of the following criteria:

1. Member or member's representative does not accept Mental Health Targeted Case Management (MHTCM); **AND**,
2. MHTCM is not endorsed by the member's primary mental health providers; **AND**,
3. Member does not meet the Admission guidelines for MHTCM; **AND**,
4. Member requires services of a higher intensity (e.g., residential treatment); **AND**,
5. Member is residing in a nursing facility, state psychiatric hospital, or intermediate care facility for the developmentally disabled; **AND**,
6. Member is enrolled in FACT; **AND**,
7. Diagnosis of primary substance disorder or developmental disability disorder; **AND**,
8. Member's condition is not one that would be covered for treatment through the Florida Department of Education Exceptional Student Education Programs.

Coverage

Admission Criteria

Members must meet criteria 1 through 8 **OR** criteria 9:

1. Enrolled in a Department of Children and Families adult or child mental health target population; **AND**,
2. The member has a mental health condition that can reasonably be expected to respond to the service; **AND**,
3. Requires services to assist in attaining resilience, self- sufficiency, or satisfaction in the educational, living, learning, work, and social environments of choice; **AND**,
4. Lacks a natural support system with the ability to access needed medical, social, educational, and other services; **AND**,
5. Requires ongoing assistance to access or maintain needed care consistently with the service delivery system; **AND**,
6. Has a disability duration that, based upon professional judgment, will last for a minimum of one year; **AND**,
7. Not receiving duplicate Case Management services from another provider; **AND**,
8. Meets at least one of the following requirements:
 - a. Awaiting admission to or has been discharged from a state mental hospital; **OR**,
 - b. Has been discharged from a mental health residential treatment facility; **OR**,

- c. Is in an out of home placement or is at risk of such placement; **OR**,
- d. Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities; **OR**,
- e. At risk of institutionalization for mental health reasons; **OR**,
- f. Experiencing long-term or acute episodes of mental health impairment that may put him or her at risk for requiring more intensive services.

OR,

9. Has relocated from a Department of Children and Families district where member was receiving mental health Targeted Case Management services.

Continued Stay Criteria

Members must meet criteria 1 through 4:

1. An individualized, written Case Management service plan has been implemented, and modified to reflect the member's strengths, goals, and progress; **AND**,
2. Active and timely services are being provided where the member resides or needs service (for example at school for children); **AND**,
3. Face-to face contact is made at least every month for an adult or twice a month for children; **AND**,
4. Interventions are consistent with the service plan and handbook expectations, and demonstrate access to needed services or improved functioning attributable to TCM services.

Discharge Criteria

Members must meet **ALL** of the following criteria:

1. Member no longer meets continued stay criteria; **AND**,
2. A discharge plan had been developed including:
 - a. A recommended aftercare plan which contains the signature of the member or involved others; **AND**,
 - b. A transition session is scheduled with the aftercare interagency team.

Psychosocial Rehabilitation (PSR)

Exclusion Criteria

Members must meet any **one** of the following:

1. The member is not ready to set an individualized, self-determined rehabilitation goal; **AND**,
2. The member is not willing to participate in PSR services; **AND**,
3. Member's condition is not one that would be covered for treatment through the Florida Department of Education Exceptional Student Education Programs.

Coverage

Members with mental health diagnoses this service must be provided, at a minimum, by:

- A Certified Behavioral Health Technician under the supervision of a bachelor's level practitioner; **OR**,
- A Bachelor's level practitioner under the supervision of a master's level practitioner

In addition:

- PSR is not an appropriate service for emergent situations.
- PSR is appropriate for restoring functioning that has not been achieved as expected through age-related child development due to significant mental illness. Therefore PSR may be used to treat children if this standard is met.
- Per Florida Medicaid restrictions, PSR services cannot be billed on the same day as behavioral health services and the benefit cross accumulates with clubhouse services.
- Per Florida Medicaid restrictions, Staywell allows PSR groups of up to 12 members if each person in the group has self-determined rehab goals, functional deficits, rehab barriers, and skills training needs that are conducive with group interventions.
- PSR services require specific documentation including:
 - A daily service note that describes what specific activities the rehabilitation counselor did to specifically enhance/support the adult's skills related to their specific rehabilitation needs and goals, **AND**,
 - A monthly progress note that reflects how the PSR services are linked to the specific self-determined rehabilitation goals and objectives of the treatment plan; and describes the progress relative to the treatment plan

Admission Criteria

Members must meet the following criteria:

1. Member has a significant mental health diagnosis which has impacted the ability to learn needed life skills; **AND**,
2. The member has demonstrated readiness to set a self-determined rehabilitation goal; **AND**,
3. PSR services are referenced in the treatment plan with specificity on the action steps and how the services and actions will support the overall achievement of the member's goals.

Continued Stay Criteria

Members must meet the following criteria:

1. The goals, objectives and action steps continue to show congruence with the member's needs, desires, and strengths; **AND**,
2. The documentation of PSR services demonstrate progressive steps towards achieving individualized, self-determined goals; **AND**,
3. The documentation of PSR services demonstrate improvement but the goal is not yet attained.

Discharge Criteria

Members must meet the following criteria:

1. The member no longer meets Continued Stay Criteria; **AND**,
2. The member wants to stop PSR services; **AND**,
3. The member has achieved their self-determined rehabilitation goal; **AND**,
4. The member is ready to seek skills building and support from normalized community and family sources.

CODING

Covered ICD-10-CM Diagnosis Codes

F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
F04	Amnestic disorder due to known physiological condition

F05	Delirium due to known physiological condition
F06.0	Other mental disorders due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions 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	Personality change due to known physiological condition
F07.81	Postconcussional syndrome
F07.89	Other personality and behavioral disorders due to known physiological condition
F07.9	Unspecified personality and behavioral disorder due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F40.00 – F48.9	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified
F51.01	Primary insomnia
F51.02	Adjustment insomnia

F51.03	Paradoxical insomnia
F51.04	Psychophysiological insomnia
F51.05	Insomnia due to other mental disorder
F51.09	Other insomnia not due to a substance or known physiological condition
F51.11	Primary hypersomnia
F51.12	Insufficient sleep syndrome
F51.13	Hypersomnia due to other mental disorder
F51.19	Other hypersomnia not due to a substance or known physiological condition
F51.3	Sleepwalking [somnambulism]
F51.4	Sleep terrors [night terrors]
F51.5	Nightmare disorder
F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
F52.0	Hypoactive sexual desire disorder
F52.1	Sexual aversion disorder
F52.21	Male erectile disorder
F52.22	Female sexual arousal disorder
F52.31	Female orgasmic disorder
F52.32	Male orgasmic disorder
F52.4	Premature ejaculation
F52.5	Vaginismus not due to a substance or known physiological condition
F52.6	Dyspareunia not due to a substance or known physiological condition
F52.8	Other sexual dysfunction not due to a substance or known physiological condition
F52.9	Unspecified sexual dysfunction not due to a substance or known physiological condition
F53	Puerperal psychosis
F59	Unspecified behavioral syndromes associated with physiological disturbances, physical factors
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania
F63.3	Trichotillomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F68.10	Factitious disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.12	Factitious disorder with predominantly physical signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F69	Unspecified disorder of adult personality and behavior
F90.0 – F98.9	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder
G44.209	Tension-type headache unspecified, not intractable

R37	Sexual dysfunction, unspecified
R45.1	Restlessness and agitation
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R45.7	State of emotional shock and stress, unspecified
R45.81	Low self-esteem
R45.82	Worries
Z63.4	Disappearance and death of family member
Z69.010	Encounter for mental health services for victim of parental child abuse
Z69.020	Encounter for mental health services for victim of non-parental child abuse
Z91.410	Personal history of adult physical and sexual abuse
Z91.411	Personal history of adult psychological abuse
Z91.412	Personal history of adult neglect

Non-Covered ICD-10-CM Diagnosis Codes

F10.10	Alcohol abuse, uncomplicated
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.129	Alcohol abuse with intoxication, unspecified
F11.10	Opioid abuse, uncomplicated
F11.120	Opioid abuse with intoxication, uncomplicated
F11.129	Opioid abuse with intoxication, unspecified
F11.90	Opioid use, unspecified, uncomplicated
F12.10	Cannabis abuse, uncomplicated
F12.90	Cannabis use, unspecified, uncomplicated
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F14.10	Cocaine abuse, uncomplicated
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.90	Cocaine use, unspecified, uncomplicated
F15.10	Other stimulant abuse, uncomplicated
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.90	Other stimulant use, unspecified, uncomplicated
F16.10	Hallucinogen abuse, uncomplicated
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F16.90	Hallucinogen use, unspecified, uncomplicated
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.90	Inhalant use, unspecified, uncomplicated
F19.10	Other psychoactive substance abuse, uncomplicated
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F48.9	Nonpsychotic mental disorder, unspecified

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.

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MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
8/28/2018, 8/3/2017, 12/8/2016, 12/3/2015	<ul style="list-style-type: none"> • Approved by MPC. No changes.
12/4/2014	<ul style="list-style-type: none"> • Approved by MPC. Clarified language, per market behavioral health team.
12/5/2013	<ul style="list-style-type: none"> • Approved by MPC. New.