

Medical Necessity Criteria 2021

The New Directions Medical Necessity Criteria have been revised. The new version will be effective January 1, 2021. See

https://www.ndbh.com/docs/ContentManaged/Providers/PoliciesManuals/2021-MNC-Final.pdf

Changes are in the following:

- Removal and addition of language in the Medical Necessity section
- Removal and addition of definition of terms
- Within every criteria set, changes were made to the language for Intensity of Service, Admission Criteria and/or Continued Stay Criteria for clarity
- Addition of references

Notable Differences:

- Removal of language about the definition of medical necessity and replaced with "Please refer to the controlling specific Health plan and/or group documents for the definition of Medical Necessity"
- Language was modified regarding using the medical necessity guidelines to state, "The Medical Necessity Criteria are guidelines used by the New Directions Clinical Services licensed staff to decide whether to refer the service request for physician review, based upon the clinical information submitted by the facility/provider. New Directions recognizes that the Criteria is not exhaustive and may not cover all potential clinical situations. A Medical Staff physician or peer clinical reviewer will review service requests referred by Clinical Services licensed staff based on generally accepted standards of good medical practice and prudent clinical judgement."
- Removal of the definition of "custodial care"
- Addition of the definition of "current condition"
- Addition of the definition for "withdrawal management"
- Removal of custodial care in all initial and continued stay requests to state "The treatment is not primarily social, interpersonal, domiciliary or respite care"
- Addition of language to continued stay criteria regarding increased motivation, "If the member is not displaying increased motivation. There is evidence of active, timely reevaluation and treatment plan modifications to address the current condition"
- Removal of the following criteria from all initial authorization sections and keep in continued stay authorization section. "If a member has a recent history involving



multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facility the development of recovery and other supports to benefit the member in his/her recovery process"

- Removal of the language "and is expressing willingness to participate in the recommended treatment plan" from the criteria "The member is cognitively capable to actively engage in the recommended treatment plan"
- Addition of language to the criteria, "This level of care is necessary to provide structure for treatment when at least one of the following exists". Criteria b now states, "After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care".
- Addition of language to MAT treatment criteria to state, "The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies."
- In psychiatric partial hospitalization, initial and continued stay requests the criteria was changed to:

"The member needs partial hospitalization because of at least two of the following reasons:

- a. The members condition or stage of recovery requires the need for daily treatment interventions (multiple treatment interventions) in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care.
- b. Acute coping skill deficits are significant and require daily assessment and intervention.
- c. A crisis situation is present in social, family, work/school and/or interpersonal relationships which may require daily observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support and additional family interventions and other services that may be provided as clinically indicated."
- In psychiatric intensive outpatient, initial and continued stay requests the criteria was change to:

"The individual needs intensive outpatient care because of at least two of the following:



- a. The members condition or stage of recovery requires the need for multiple treatment interventions per week in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care.
- b. Marked variability in day-to-day acute capacity to cope with life situations.
- c. A crisis situation is present in family, work and/or interpersonal relationships which may require frequent observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions, and other services that may be provided as clinically indicated."
- Revision of language for medical monitoring that states, 'which require daily medical monitoring and nursing care"
- Revision of criteria requirements in psychiatric, substance use disorder and eating disorder continued authorization requests to state that the following criteria should only be applied when the member is seeking treatment outside of their geographic home, "If a member is receiving treatment outside of their geographic home, discharge planning proactively reflects and mitigates the higher risk of relapse associated with treatment away from home."
- Revision of criteria requirements in psychiatric, substance use disorder and eating disorder continued authorizations requests to state the following criteria should only be applied if there are multiple recent readmissions, "If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change and relapse prevention interventions, and facilitates the development of recovery supports and other services to benefit the member in his/her recovery process."

The table below indicates the changes made to Intensity of Service, Initial Authorization Request and Continued Authorization Request criteria in Psychiatric, Substance Use Disorder and Eating Disorder Criteria sets. The 2020 criteria are on the left, and the new 2021 criteria are on the right.

2020 Psychiatric Acute Inpatient Criteria	2021 Psychiatric Acute Inpatient Criteria
Intensity of Service	Intensity of Service
 13.Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. 	 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	Initial Authorization Request



2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support.
3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
Continued Authorization Request(s)
Must meet all of the following: (N.B., criteria #5
 should only be used when the member seeks treatment outside of their home geographic area) 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 6. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2021 Psychiatric Residential Criteria
Intensity of Service
 6. Treatment programming includes documentation of at least one individual counseling session weekly or more as clinically indicated. 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request
 There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. The treatment is not primarily social, interpersonal, domiciliary or respite care. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and daily 24-hour care is required to safely and effectively treat the member's current condition.



behaviors that are a severe deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in severe functional impairment in at least three of the following areas:a.primary support b.b.social/interpersonal c.c.occupational/educational d.d.health/medical compliance e.e.ability to maintain safety for either self or others	 behavior(s)/psychiatric symptoms that result in functional impairment in 3 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance
7. The member is cognitively capable to actively engage in the recommended treatment plan and is expressing willingness to participate in the recommended treatment plan.	6. The member is cognitively capable to actively engage in the recommended treatment plan.
 8. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous 	 7. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, concurrent substance use disorder, unstable living situations, a current support system that engages in behaviors that undermine the goals of treatment and adversely affects outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous
inpatient treatments that resulted in unsuccessful	inpatient treatments that resulted in unsuccessful
community tenure despite intensive treatment.	stabilization in the community post-discharge.
Continued Authorization Request(s)	Continued Authorization Request(s)
Must meet all of the following: 2. There is a reasonable expectation for improvement in	Must meet all of the following: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions) 2. There is a reasonable expectation for improvement in
the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	 the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. The treatment is not primarily social, interpersonal, domiciliary or respite care.
7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan,	7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan,



working on assignments, actively developing discharge	working on assignments, actively developing discharge
plan and other markers of treatment engagement.	plan and other markers of treatment engagement. If the
	member is not displaying increased motivation, there is
	evidence of active, timely reevaluation and treatment
	plan modifications to address the current condition.
8. The member's treatment plan is centered on the	8. The member's treatment plan is centered on the
alleviation of disabling symptoms and precipitating	alleviation of disabling symptoms and precipitating
psychosocial stressors. There is documentation of	psychosocial stressors. There is documentation of
member progress towards objective, measurable and	member progress towards objective, measurable
time-limited treatment goals that must be met for the	treatment goals that must be met for the member to
member to transition to the next appropriate level of	transition to the next appropriate level of care. If the
care. If the member is not progressing appropriately or if	member is not progressing appropriately or if the
the member's condition has worsened, there is evidence	member's condition has worsened, there is evidence of
of active, timely reevaluation and treatment plan	active, timely reevaluation and treatment plan
modifications to address the current needs and stabilize	modifications to address the current needs and stabilize
the symptoms necessitating the continued stay.	the symptoms necessitating the continued stay.
2020 Psychiatric Partial Hospitalization	2021 Psychiatric Partial Hospitalization
Intensity of Service	Intensity of Service
5. Treatment programing includes documentation of one	5. Treatment programing includes documentation of at
individual counseling session weekly or as clinically	least one individual counseling session weekly or more as
indicated.	clinically indicated.
10.For members receiving boarding services, during non-	10.When members are receiving boarding services,
program hours the member is allowed the opportunity	during non-program hours the member is allowed the
to:	opportunity to:
b. Develop and practice new skills in the real world to	b. Develop and practice new recovery skills in the real
prepare for community re-integration and long term	world to prepare for community re-integration and
recovery	sustained, community-based recovery.
13. Family participation:	13. Family participation:
a. For adults: Family treatment is being utilized at an	a. For adults: Family treatment is being provided at an
appropriate frequency. If Family treatment is not held,	appropriate frequency. If Family treatment is not
the facility/provider specifically lists the	rendered, the facility/provider specifically lists the
contraindications to Family Therapy.	contraindications to Family Therapy.
c. Family participation may be conducted via telephonic	c. Family participation may be conducted via telephonic
sessions when there is a significant geographic limitation.	sessions when there is a significant geographic or other
	limitation.
Initial Authorization Request	Initial Authorization Request
2. There is a reasonable expectation for improvement in	2. There is a reasonable expectation for improvement in
the severity of the current acute symptoms and behaviors	the severity of the current condition and behaviors that
and this requires a minimum of twenty hours each week	require a minimum of twenty hours each week to provide
to provide treatment, structure and support.	treatment, structure and support.
3. The treatment is not primarily social, custodial,	3. The treatment is not primarily social, interpersonal,
interpersonal, domiciliary or respite care.	domiciliary or respite care.
4. The therapeutic supports available in the member's	4. The therapeutic supports available in the member's
home community are insufficient to stabilize the	home community are insufficient to stabilize the
member's condition and a minimum of twenty hours of	member's current condition and a minimum of twenty
treatment each week is required to accomplish clinically	hours of treatment each week is required to safely and
significant symptom reduction.	effectively treat the member's current condition.
5. If a member has a recent history involving multiple	
treatment attempts with recidivism, the facility develops	
and implements a treatment plan focused on increasing	
motivation, readiness for change, practicing new skills to	
facilitate the development of recovery and other supports	
to benefit the member in his/her recovery process.	
6. The member has documented symptoms and/or	5. The members current condition reflects
behaviors that are a significant deterioration from	behavior(s)/psychiatric symptoms that result in
baseline function demonstrated by recent changes in	functional impairment in 2 areas, including but not
	functional impairment in 2 areas, including but not



cignificant functional impairment in at least three of the	a notantial safaty issues for salf or others
significant functional impairment in at least three of the	 a. potential safety issues for self or others b. primary support
following areas: a. primary support	b. primary supportc. social/interpersonal
	e. health/medical compliance
e. ability to maintain safety for either self or	
others	(The manh and a completion by some blacks and the second
7. The member is cognitively capable to actively engage	6. The member is cognitively capable to actively engage
in the recommended treatment plan and the member is	in the recommended treatment plan.
expressing willingness to participate in the	
recommended treatment plan.	
8. This level of care is necessary to provide structure for	7.This level of care is necessary to provide structure for
treatment when at least one of the following exists:	treatment when at least one of the following exists:
a. The member's office-based providers submit cogent	a. The member's office-based providers submit clinical
clinical documentation that the member requires the	documentation that the member requires the requested
requested level of care secondary to multiple factors,	level of care secondary to multiple factors, including but
including but not limited to, medical comorbidity with	not limited to, medical comorbidity with instability that
instability that acutely threatens overall health,	impairs overall health, concurrent substance use
concurrent substance abuse, unstable living situations, a	disorder, unstable living situations, a current support
current support system that engages in behaviors that	system that engages in behaviors that undermine the
undermine the goals of treatment and adversely affects	goals of treatment and adversely affects outcomes, lack of
outcomes, lack of community resources or any other	community resources or any other factors that would
factors that would impact the overall treatment outcome	impact the overall treatment outcome and community
and community tenure.	tenure.
b. After a recent therapeutic trial, the member has a	b. After a recent therapeutic trial, the member has a
documented history of an inability to be managed at an	documented history of an inability to adhere to the
intensive lower level of care, being uncooperative with	treatment plan at an intensive lower level of care, being
treatment or failing to respond to treatment with a	non-responsive to treatment or failing to respond to
reduction in symptom frequency, duration or intensity	treatment with a reduction in symptom frequency,
that triggered the admission.	duration or intensity that triggered the admission.
	Failure of treatment at a less intensive level of care is not
	a prerequisite for requiring benefit coverage at a higher
	level of care.
c. The member is at high risk for admission to a higher	c. The member is at high risk for admission to a higher
level of care secondary to multiple recent previous	level of care secondary to multiple recent previous
treatments that resulted in unsuccessful community	treatments that resulted in unsuccessful stabilization in
tenure despite intensive treatment.	the community post-discharge.
9.The member needs daily structure because of at least	8. The member needs partial hospitalization because of at
two of the following reasons:	least two of the following reasons:
a. Daily medication monitoring is required.	a. The members condition or stage of recovery requires
,	the need for daily treatment interventions in order to
	stabilize the clinical condition and acquire the necessary
	skills to be successful in the next level of care.
c. A crisis situation is present in social, family,	c. A crisis situation is present in social, family,
work/school and/or interpersonal relationships and	work/school and/or interpersonal relationships which
requires daily observation, client instruction, support	may require daily observation, crisis intervention
and additional family interventions.	services, safety planning, problem solving, social services,
and additional failing filter velitions.	care coordination, client instruction, support and
	additional family interventions and other services that
	may be provided as clinically indicated.
Continued Authorization Request(s)	Continued Authorization Request(s)
Must meet all of the following:	Must meet all of the following: (N.B., criteria #5 should
	only be used when the member seeks treatment
	outside of their home geographic area and #6 only if
	there are multiple recent admissions)
2. There is a reasonable expectation for improvement in	2. There is a reasonable expectation for improvement in



the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement.	 the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment
 9. The member continues to needs daily structure because of at least two of the following: a. Daily medication monitoring is required. c. A crisis situation is present in social, family, 	 plan modifications to address the current condition. 9. The member continues to need partial hospitalization because of at least two of the following: a. The members condition or stage of recovery requires the need for daily treatment interventions in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care. c. A crisis situation is present in social, family,
work/school and/or interpersonal relationships and requires daily observation, client instruction, support and additional family interventions will be provided as needed.	work/school and/or interpersonal relationships which may require resources such as crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions and other services that may be provided as clinically indicated.
2020 Psychiatric Intensive Outpatient	2021 Psychiatric Intensive Outpatient
Intensity of Service	Intensity of Service
 Treatment programming includes documentation of one individual counseling session weekly or as clinically indicated. For members receiving boarding services, during 	5. Treatment programming includes documentation of at least one individual counseling session weekly or more as clinically indicated.10. When members are receiving boarding services,
 non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re- integration and long term recovery 13. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. 	during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery. 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
 opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 13. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic 	 opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery. 13. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other



home community are insufficient to stabilize the member's condition and a minimum of nine hours of treatment each week is required to accomplish clinically significant symptom reduction.

5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other supports to benefit the member in his/her recovery process.

6. The member has documented symptoms and/or behaviors that are a marked deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in marked functional impairment in at least two of the following

- areas:
- a. primary support
- b. social/interpersonal
- c. occupational/educational
- d. health/medical compliance

e. ability to maintain safety for either self or others

7. The member is cognitively capable to actively engage in the recommended treatment plan and the member is expressing willingness to participate in the recommended treatment plan.

8. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including, but not limited to: medical comorbidity with instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure.

b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission.

c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.

9.The individual needs structure because of at least two (2) of the following:

a. The need for monitoring less than daily but more than

4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of nine hours of treatment each week is required to safely and effectively treat the member's current condition.

5. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 1 area, including but not limited to:

- a. potential safety issues for either self or others
- b. primary support
- c. social/interpersonal
- d. occupational/educational
- e. health/medical compliance

6. The member is cognitively capable to actively engage in the recommended treatment plan.

7. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office-based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including, but not limited to: medical comorbidity with instability that impairs overall health, concurrent substance use disorder, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources, or any other factors that would impact the overall treatment outcome and community tenure.

b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care.

c. The member is at high risk for admission to acute inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.

8. The individual needs intensive outpatient care because of at least two of the following:



weekly. c. A crisis situation is present in family, work and/or interpersonal relationships and requires frequent observation and client instruction and support.	a. The members condition or stage of recovery requires the need for multiple treatment interventions per week in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care. c. A crisis situation is present in family, work and/or interpersonal relationships which may require frequent observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions and other services that may be provided as clinically indicated.
Continued Authorization Request(s)	Continued Authorization Request(s)
 Must meet all of the following: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. 	 Must meet all of the following: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions) 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her behavioral health treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively developing discharge plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active.
9. The member continues to need structure because of at least two of the following:a. The need for monitoring less than daily but more than weekly.c. A crisis situation is present in family, work and/or interpersonal relationships and requires frequent observation and client instruction and support.	evidence of active, timely reevaluation and treatment plan modifications to address the current condition. 9. The member continues to need intensive outpatient care because of at least two of the following: a. The members condition or stage of recovery requires the need for multiple treatment interventions per week in order to stabilize the clinical condition and acquire the necessary skills to be successful in the next level of care. c. A crisis situation is present in family, work and/or interpersonal relationships which may require resources such as frequent observation, crisis intervention services, safety planning, problem solving, social services, care coordination, client instruction, support, additional family interventions and other services that may be provided as clinically indicated.
2020 Psychiatric Outpatient	2021 Psychiatric Outpatient
Intensity of Service 5. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy, c. Family participation may be conducted via telephonic sessions.	Intensity of Service 5.Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy, c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.



Initial Authorization Request	Initial Authorization Request
2. There is a reasonable expectation of reduction in	2. There is a reasonable expectation of reduction in
behaviors/symptoms with the proposed treatment at this	behaviors/symptoms for the current condition with the
level of care.	proposed treatment at this level of care.
3. The treatment is not primarily social, custodial,	3. The treatment is not primarily social, interpersonal,
interpersonal, domiciliary or respite care.	domiciliary or respite care.
Continued Authorization Request(s)	Continued Authorization Request(s)
2. There is a reasonable expectation of reduction in	2. There is a reasonable expectation of reduction in
behaviors/symptoms with the proposed treatment at this	behaviors/symptoms for the current condition with the
level of care.	proposed treatment at this level of care.
3. The treatment is not primarily social, custodial,	3. The treatment is not primarily social, interpersonal,
interpersonal, domiciliary or respite care.	domiciliary or respite care.
2020 Substance Use Disorder Inpatient	2021 Substance Use Disorder Inpatient
Withdrawal Management	Withdrawal Management
Intensity of Service	Intensity of Service
6. The member and/or family member should be made	6. The member and/or family member should be made
aware of FDA-approved Medication Assisted Treatments	aware of FDA-approved Medication Assisted Treatments
(MAT) available. The facility should document informed	(MAT) available. The facility should document informed
consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT
treatment as well as the fisks of no MAT treatment.	is defined as the provision of medications during
	rehabilitation, not only withdrawal management
	strategies.
Initial Authorization Request	Initial Authorization Request
2.The treatment is not primarily social, custodial,	2. The treatment is not primarily social, interpersonal,
interpersonal, domiciliary or respite care.	domiciliary or respite care.
8. Comorbid medical condition(s) that, in combination	8. Comorbid medical condition(s) that, in combination
with substance dependence/detoxification, presents	with substance dependence/detoxification, presents
potentially life-threatening health risks, including but not	potentially life-threatening health risks which require
limited to heart condition, pregnancy, history of seizures,	daily medical management and nursing care, including
major organ transplant, HIV, diabetes, etc. (NOTE: Input	but not limited to heart condition, pregnancy, history of
from New Directions Medical Director is suggested.)	seizures, major organ transplant, HIV, diabetes, etc.
	(NOTE: Input from New Directions Medical Director is
	suggested.)
Continued Authorization Request(s)	Continued Authorization Request(s)
Must meet 1 to 6 and at least one of 7, 8 or 9:	Must meet 1 to 6 and at least one of 7, 8 or 9: (N.B.,
	criteria #6 should only be used when the member
	seeks treatment outside of their home geographic
	area)
2. The treatment is not primarily social, custodial,	2. The treatment is not primarily social, interpersonal,
interpersonal, domiciliary or respite care.	domiciliary or respite care.
8. Comorbid medical condition(s) that, in combination	
	8. Comorbid medical condition(s) that, in combination
with substance dependence/detoxification, presents	with substance dependence/detoxification, presents
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not	with substance dependence/detoxification, presents potentially life-threatening health risks which require
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures,	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures,	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc.
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.) 2020 Substance Use Disorder	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.) 2021 Substance Use Disorder
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.) 2020 Substance Use Disorder Residential/Subacute Withdrawal	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.) 2021 Substance Use Disorder Residential/Subacute Withdrawal
with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.) 2020 Substance Use Disorder	with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.) 2021 Substance Use Disorder



6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies.
Initial Authorization Request	Initial Authorization Request
2.The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)	 The treatment is not primarily social, interpersonal, domiciliary or respite care. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical management and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)
Continued Authorization Request(s)	Continued Authorization Request(s)
 Must meet 1 to 6 and at least one of 7, 8 or 9: 2. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.) 	 Must meet 1 - 6 and at least one of 7, 8, 9 or 10: (N.B., criteria #4 should only be used when the member seeks treatment outside of their home geographic area) 2. The treatment is not primarily social, interpersonal, domiciliary or respite care. Add 8. For opioid withdrawal, must have at least three persistent, medically significant, objective withdrawal signs including, but not limited to: a. Muscle aches, nausea, fever, GI cramps (which may progress to vomiting or diarrhea), dilated pupils, piloerection, runny nose, watery eyes, intense dysphoria or insomnia 9. Comorbid medical condition(s) that, in combination with substance dependence/detoxification, presents potentially life-threatening health risks which require daily medical monitoring and nursing care, including but not limited to heart condition, pregnancy, history of seizures, major organ transplant, HIV, diabetes, etc. (NOTE: Input from New Directions Medical Director is suggested.)
2020 Substance Use Disorder Ambulatory	2021 Substance Use Disorder Ambulatory
Withdrawal Management	Withdrawal Management
Intensity of Service	Intensity of Service
6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	6. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies.
Initial Authorization Request	Initial Authorization Request
2. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	2.The treatment is not primarily social, interpersonal, domiciliary or respite care.



a commitment to ongoing care
g substance use disorder issues
l monitoring strategies.
zation Request(s)
rimarily social, interpersonal,
е
e Disorder Inpatient
mily member should be made
Medication Assisted Treatments
lity should document informed
ks and benefits of MAT
risks of no MAT treatment. MAT
n of medications during
rithdrawal management
includes documentation of at
; includes documentation of at seling session weekly or more as
sening session weekly of mole as
tment is being provided at an
Family treatment is not
ovider specifically lists the
ily Therapy.
ay be conducted via telephonic
significant geographic or other
n Request(s)
er 6 or 7:
expectation for improvement in
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t condition and behaviors that ily to provide treatment,
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ily to provide treatment, rimarily social, interpersonal, re. rts available in the member's ufficient to stabilize the ion and daily 24-hour care is ectively treat the member's edical morbidity from substance res daily medical management rely observation. zation Request(s)
ily to provide treatment, rimarily social, interpersonal, re. rts available in the member's ufficient to stabilize the ion and daily 24-hour care is ectively treat the member's edical morbidity from substance res daily medical management rely observation. zation Request(s) ast one of 11, 12 or 13: (N.B.,
ily to provide treatment, rimarily social, interpersonal, re. rts available in the member's ufficient to stabilize the ion and daily 24-hour care is ectively treat the member's edical morbidity from substance res daily medical management rely observation. zation Request(s)



 There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. Member has severe medical morbidity from substance use disorder requiring active medical evaluation and management, not merely observation, and the member must be able to actively participate in his/her substance use disorder treatment. 	 2.There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3.The treatment is not primarily social, interpersonal, domiciliary or respite care. 13. Member has severe medical morbidity from substance use disorder which requires daily medical management and nursing care, not merely observation, and the member must be able to actively participate in his/her substance use disorder treatment.
2020 Substance Use Disorder	2021 Substance Use Disorder
Residential/Subacute Rehabilitation	Residential/Subacute Rehabilitation
Intensity of Service	Intensity of Service
 6. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 7. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed 	 6. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 7. The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. The facility should document informed
consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. 13. Family participation:	consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies. 13. Family participation:
a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy	 a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic
c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	sessions when there is a significant geographic or other limitation.
Initial Authorization Request(s)	Initial Authorization Request(s)
 Must meet 1 -9 and at least one of 10, 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and daily 24 hour care is required to accomplish clinically significant symptom reduction 5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, relapse prevention interventions, facilitates the development of recovery supports and other services to benefit the member in his/her recovery process. 6. The member is cognitively capable to actively engage 	 Must meet 1 -9 and at least one of 10 or 11: 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and daily 24-hour care is required to safely and effectively treat the member's current condition. 5. The member is cognitively capable to actively engage in
in the recommended treatment plan, and the member is	the recommended treatment plan.



expressing willingness to participate in the recommended treatment plan 9. The member has documented symptoms and/or behaviors that are a severe deterioration from baseline function demonstrated by recent changes in behavior(s)/psychiatric symptoms that result in severe functional impairment in at least three of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others	 8. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 3 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance
10. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b.After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission.	 9.This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care.
 c. The member is at high risk for admission to inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment. 12. There is documentation of ongoing active medical issues secondary to substance use disorder that have the clear potential to precipitate significant medical costs or the member has morbidity from substance use disorder and these require at least weekly medical evaluation and management. 	 c. The member is at high risk for admission to inpatient care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge. 11. There is documentation of ongoing active medical issues secondary to substance use disorder that have the clear potential to precipitate significant medical care or the member has morbidity from substance use disorder, which requires daily medical monitoring and nursing care.
Continued Authorization Request(s)	Continued Authorization Request(s)
 Must meet 1 - 10 and at least one of 11, 12 or 13: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide 	Must meet 1 – 10 and at least one of 11, 12 or 13: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions) 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide
treatment, structure and support. 3. The treatment is not primarily social, custodial,	treatment, structure and support. 3. The treatment is not primarily social, custodial,



interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement.	 interpersonal, domiciliary or respite care. 7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
13. Member has severe medical morbidity from substance use disorder requiring active medical evaluation and management, not merely observation and the member must be able to actively participate in his/her substance use disorder treatment.	13. Member has severe medical morbidity from substance use disorder which requires daily medical monitoring and nursing care, not merely observation and the member must be able to actively participate in his/her substance use disorder treatment.
2020 Substance Use Disorder Partial Day Rehabilitation	2021 Substance Use Disorder Partial Day Rehabilitation
Intensity of Service	Intensity of Service
 5. The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. 6. Treatment programing includes documentation of one 	 The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies. Treatment programing includes documentation of at
 individual counseling session weekly or as clinically indicated. 11. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 13.Family participation: a. For adults Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. 	 least one individual counseling session weekly or more as clinically indicated. 11. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery. 13. Family participation: a. For adults Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	Initial Authorization Request
 Must meet 1 - 9 and at least one of 10, 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's home community are insufficient to stabilize the 	 Must meet 1 - 9 and either 10 or 11: 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 4. The therapeutic supports available in the member's



Must meet 1 through 10 and either 11, 12 or 13:	Must meet 1 through 10 and either 11, 12 or 13: (N.B., criteria #5 should only be used when the member
Continued Authorization Request(s)	Continued Authorization Request(s)
baseline function demonstrated by recent changes in behavior(s)/ psychiatric symptoms that result in significant functional impairment in at least two of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others 10. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that acutely threatens overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission.	 functional impairment in 2 areas, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance 9. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that impairs overall health, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. b. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care c. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.
 member's condition and a minimum of twenty hours of treatment each week is required to accomplish clinically significant symptom reduction. 5. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, relapse prevention interventions, facilitates the development of recovery supports and other services to benefit the member in his/her recovery process. 6. The member is cognitively capable to actively engage in the recommended treatment plan, and the member is expressing willingness to participate in the recommended treatment plan 9. The member has documented symptoms and/or behaviors that are a significant deterioration from 	 home community are insufficient to stabilize the member's current condition and a minimum of twenty hours of treatment each week is required to safely and effectively treat the member's current condition. 5. The member is cognitively capable to actively engage in the recommended treatment plan. 8. The members current condition reflects behavior(s)/psychiatric symptoms that result in



 There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. 	 seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions) 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address
	the current condition.
2020 Substance Use Disorder Intensive	2021 Substance Use Disorder Intensive
Outpatient Rehabilitation	Outpatient Rehabilitation
Intensity of Service 4. Treatment programing includes documentation of one	Intensity of Service 4. Treatment programing includes documentation of at
 individual counseling session weekly or as clinically indicated. 5. The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. 9. For members receiving boarding services, during non- program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 11. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. 	 least one individual counseling session weekly or more as clinically indicated. 5. The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management strategies. 9. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery 11. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	Initial Authorization Request
 Must meet 1- 9 and at least one of 10, 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, 	 Must meet 1- 9 and either 10 or 11: 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal,



interpersonal, domiciliary or respite care.	domiciliary or respite care.
4. The therapeutic supports available in the member's	4. The therapeutic supports available in the member's
home community are insufficient to stabilize the	home community are insufficient to stabilize the
member's condition and a minimum of nine hours of	member's current condition and a minimum of nine
treatment each week is required to accomplish clinically	hours of treatment each week is required to safely and
significant symptom reduction	effectively treat the member's current condition.
5. If a member has a recent history involving multiple	chectively theat the member 5 current condition.
treatment attempts with recidivism, the facility develops	
and implements a treatment plan focused on increasing	
motivation, readiness for change, relapse prevention	
interventions, facilitates the development of recovery	
supports and other services to benefit the member in	
his/her recovery process.	E The member is acquitively conclude to actively engage
6. The member is cognitively capable to actively engage in the recommended treatment plan, and the member is	5. The member is cognitively capable to actively engage
expressing willingness to participate in the	in the recommended treatment plan.
recommended treatment plan	7 The member's recording and income and an even out
8. The member's recovery environment and support	7. The member's recovery environment and support
systems are generally supportive of rehabilitation and	systems are generally supportive of rehabilitation and
the member can succeed in treatment with the intensity	the member can succeed in treatment with the intensity
of current treatment services.	of current treatment services.
9. The member has documented symptoms and/or	8. The members current condition reflects
behaviors that are a marked deterioration from baseline	behavior(s)/psychiatric symptoms that result in
function demonstrated by recent changes in	functional impairment in 1 area, including but not limited
behavior(s)/psychiatric symptoms that result in marked	to:
functional impairment in at least two (2) of the following	a. potential safety issues for either self or others
areas:	b. primary support
a. primary support	c. social/interpersonal
b. social/interpersonal	d. occupational/educational
c. occupational/educational	e. health/medical compliance
d. health/medical compliance	
e. ability to maintain safety for either self or others	
10. This level of care is necessary to provide	9. This level of care is necessary to provide
structure for treatment when at least one of the following	structure for treatment when at least one of the following
exists:	exists:
a. The member's office based providers submit cogent	a. The member's office based providers submit clinical
clinical documentation that the member requires the	documentation that the member requires the requested
requested level of care secondary to multiple factors,	level of care secondary to multiple factors, including but
including but not limited to, medical comorbidity with	not limited to, medical comorbidity with instability that
instability that acutely threatens overall health, unstable	impairs overall health, unstable living situations, a
living situations, a current support system engages in	current support system engages in behaviors that
behaviors that undermine the goals of treatment and	undermine the goals of treatment and adversely affect
adversely affect outcomes, lack of community resources	outcomes, lack of community resources or any other
or any other factors that would impact the overall	factors that would impact the overall treatment outcome
treatment outcome and community tenure.	and community tenure.
b. After a recent therapeutic trial, the member has a	b. After a recent therapeutic trial, the member has a
documented history of an inability to be managed at an	documented history of an inability to adhere to the
intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a	treatment plan at an intensive lower level of care, being
reduction in symptom frequency, duration or intensity	non-responsive to treatment or failing to respond to
that triggered the admission.	treatment with a reduction in symptom frequency,
and a 1990 of the dumosion.	duration or intensity that triggered the admission.
	Failure of treatment at a less intensive level of care is not
	a prerequisite for requiring benefit coverage at a higher
	level of care.
c. The member is at high risk for admission to a higher	c. The member is at high risk for admission to a higher
5 0 -	



Continued Authorization Request(s)2. There is a reasonable expectation of reduction in	Continued Authorization Request(s) 2. There is a reasonable expectation of reduction in
 There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 	 There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care. The treatment is not primarily social, interpersonal, domiciliary or respite care.
Initial Authorization Request	Initial Authorization Request
 6.Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. 	strategies. 6.Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.
3.The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment.	3.The member and/or family member should be made aware of FDA approved Medication Assisted Treatments (MAT) available. The facility should document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment. MAT is defined as the provision of medications during rehabilitation, not only withdrawal management
Intensity of Service	Intensity of Service
2020 Substance Use Disorder Outpatient Rehabilitation	2021 Substance Use Disorder Outpatient Rehabilitation
 <i>Must meet 1 – 10 and at least one of 11, 12 or 13:</i> 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in, and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. 	 Must meet 1 - 10 and at least one of 11, 12 or 13: (N.B., criteria #5 should only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions) There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. The treatment is not primarily social, interpersonal, domiciliary or respite care. The member is displaying increasing motivation, interest in, and ability to actively engage in his/her substance use disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, actively building a relapse prevention plan and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
Continued Authorization Request(s)	Continued Authorization Request(s)
level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.	level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.



3. The treatment is not primarily social, custodial,	3.The treatment is not primarily social, interpersonal,
interpersonal, domiciliary or respite care. 2020 Eating Disorder Acute Inpatient	domiciliary or respite care. 2021 Eating Disorder Acute Inpatient
Intensity of Service	Intensity of Service
 6. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 14. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. 	 6. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 14. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	Initial Authorization Request
 There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. Continued Authorization Request(s) 	 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. Continued Authorization Request(s)
Must meet all of the following:	Must meet all of the following: (N.B., criteria #5 should
must meet un of the fonowing.	only be used when the member seeks treatment outside of their home geographic area and #6 only if there are multiple recent admissions)
3. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support.	3.There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require care 24 hours daily to provide treatment, structure and support.
4. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	4.The treatment is not primarily social, interpersonal, domiciliary or respite care.
7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement.	7. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Eating Disorder Residential	2021 Eating Disorder Residential
Intensity of Service	Intensity of Service
6. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated.	6. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated.



15. Family participation:	15. Family participation:
a. For adults: Family treatment is being utilized at an	a. For adults: Family treatment is being provided at an
appropriate frequency. If Family treatment is not held,	appropriate frequency. If Family treatment is not
the facility/provider specifically lists the	rendered, the facility/provider specifically lists the
contraindications to Family Therapy.	contraindications to Family Therapy.
c. Family participation may be conducted via telephonic	c. Family participation may be conducted via telephonic
sessions when there is a significant geographic limitation.	sessions when there is a significant geographic or other
	limitation.
Initial Authorization Request	Initial Authorization Request
Must meet 1 – 6 and either 7, 8 or 9:	Must meet 1 – 6 and either 7 or 8:
2. There is a reasonable expectation for improvement in	2. There is a reasonable expectation for improvement in
the severity of the current acute symptoms and behaviors	the severity of the current condition and behaviors that
and this requires care 24 hours daily to provide	require care 24 hours daily to provide treatment,
treatment, structure and support	structure and support.
3. The treatment is not primarily social, custodial,	3. The treatment is not primarily social, interpersonal,
interpersonal, domiciliary or respite care.	domiciliary or respite care.
4. The therapeutic supports available in the member's	4. The therapeutic supports available in the member's
home community are insufficient to stabilize the	home community are insufficient to stabilize the
member's condition and daily 24 hour is required to	member's current condition and daily 24-hour care is
accomplish clinically significant symptom reduction	
5. If a member has a recent history of treatment usage	required to safely and effectively treat the member's
involving multiple treatment attempts at residential/	current condition.
subacute care, there must be documentation of the ability	
to participate in and benefit from the treatment at a	
residential/ subacute level of care.	
6. The member has documented symptoms and/or	5. The members current condition reflects
behaviors that are a severe deterioration from baseline	behavior(s)/psychiatric symptoms that result in
function demonstrated by recent changes in	functional impairment in 3 areas, including but not
behavior(s)/psychiatric symptoms that result in severe	limited to:
functional impairment in at least three of the following	a. potential safety issues for either self or others
areas:	b. primary support
a. primary support	c. social/interpersonal
b. social/interpersonal	d. occupational/educational
c. occupational/educational	e. health/medical compliance
d. health/medical compliance	
e. ability to maintain safety for either self or others	
7. This level of care is necessary to provide structure for	6 This lovel of caro is no concerning a structure for
treatment when at least one of the following exists:	6. This level of care is necessary to provide structure for
a. The member's family members and/or support system	treatment when at least one of the following exists:
demonstrate behaviors that are likely to undermine goals	a. The member's family members and/or support system
of treatment or do not possess the requisite skills to	demonstrate behaviors that are likely to undermine goals
manage the disease effectively, such that treatment at a	of treatment or do not possess the requisite skills to
lower level of care is unlikely to be successful.	manage the disease effectively, such that treatment at a
	lower level of care is unlikely to be successful.
b. The member's office-based providers submit cogent	b. The member's office-based providers submit clinical
clinical documentation that the member requires the	documentation that the member requires the requested
requested level of care secondary to multiple factors,	level of care secondary to multiple factors, including but
including but not limited to, medical comorbidity with	not limited to, medical comorbidity with instability that
instability that acutely threatens overall health,	impairs overall health, concurrent substance use
concurrent substance abuse, unstable living situations, a	disorder, unstable living situations, a current support
current support system engages in behaviors that	system engages in behaviors that undermine the goals of
undermine the goals of treatment and adversely affect	treatment and adversely affect outcomes, lack of
outcomes, lack of community resources or any other	community resources or any other factors that would
factors that would impact the overall treatment outcome	
and community tenure.	impact the overall treatment outcome and community



c. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission.	tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care.
d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous inpatient treatments that resulted in unsuccessful community tenure despite intensive treatment.	d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous inpatient treatments that resulted in unsuccessful stabilization in the community post-discharge.
Continued Authorization Request(s)	Continued Authorization Request(s)
<i>Must meet all of the following:</i> 2.There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires care 24 hours daily to provide treatment, structure and support.	Must meet all of the following: (N.B., criteria #6 shouldonly be used when the member seeks treatmentoutside of their home geographic area and #7 only ifthere are multiple recent admissions)2. There is a reasonable expectation for improvement inthe severity of the current condition and behaviors thatrequire care 24 hours daily to provide treatment,structure and support.
 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. 	 The treatment is not primarily social, interpersonal, domiciliary or respite care. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Eating Disorder Partial	2021 Eating Disorder Partial
Hospitalization	Hospitalization
Intensity of Service	Intensity of Service
 5. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 10. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term recovery 14. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, 	 5. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 10. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery 14. Family participation: a. For adults: Family treatment is being provided at an



the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. Initial Authorization Request Must meet 1-12 and either 13 or 14: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours ach week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 6. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of twenty hours ach week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 6. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of twenty significant symptom reduction 1. If a member has a concent history involving multiple treatment atempts with recidivism, the facility develops and implements as treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other support behavior(s)/psychiatric symptoms that result in significant functional impairment in at least two (2) of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or treatment when at least one of the following exists: a. The member's family members and/or support system demonstrate behaviors that are likely to undermine goals of treatment of a one to sesses the requistes thells to manage the eating disorder effectively, such that treatment at lower level of care is unalkely to be successful. b. The member's office based providers submit clinical documentation that th	contraindications to Family Therapy.rendered, the facility/contraindications to Family participationc. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.rendered, the facility/contraindications to FInitial Authorization RequestInitial Authorization RequestInitial AuthorizationMust meet 1-12 and either 13 or 14:Initial AuthorizationInitial Authorization2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each weak to provide treatment, structure and support.There is a reasonable the severity of the cur this requires a minimum of twenty hours of treatment each weak is required to accomplish clinically significant symptom reductionThe treatment is not primarily social, custodial, interpersonal control domoic community are member's condition and a minimum of twenty hours of treatment at attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, paraticing new skills to facilitate the development of recovery modes.The member's current con bours of treatment each weak is required to accomplish clinically develops and implements a treatment plan focused on increasing the facility develops and implements a treatoment development of recovery and other supports.The member's current conters and the member's conting and the member is cognitively capable to actively engage in the recommended treatment plan.The member's cognitively capable to actively engage in the recommended treatment plan.1. This level of care is nonikely to be successful.D. The member's famil demonstrate behaviors that are likely to undermine goals of treatment vene tale of care is unlikely to be successfu	
 contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. Initial Authorization Request Must meet 1-12 and either 13 or 14: 2. There is a reasonable expectation for improvement in the severity of the current caute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 6. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of twenty hours of treatment at active to initize to the support available in the member's current condition and a minimum of twenty hours of treatment at active singuing and viors in readiness for change, practicing new skills to tabeline functional impairment in a least two (2) of the following areas: a. primary support b. Social/interpersonal, custodial, interpersonal, comtaining of twenty hours of the superst condition and a minimum of twenty hours of the superst condition and a minimum of twenty hours of the superst condition and a minimum of twenty hours of the superst condition and a minimum of twenty hours of the superst condition and a minimum of twenty hours of the superst condition and primery support is support available in the member's current condition. The member is congnitively capable to actively engage in the recommended treatment plan. b. The member's family members and/or support system demostrate behaviors that are likely to undermine goals in the recommended treatment plan. c. accupational/educational b. The member's family members and/or support system demostrate behaviors that are likely to undermine goals in th	contraindications to Family Therapy.rendered, the facility/contraindications to Family participationc. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.rendered, the facility/contraindications to F. C. Family participation sessions when there is initiation.Initial Authorization RequestInitial Authorization RequestInitial Authorization RequestMust meet 1 -12 and either 13 or 14:Initial Authorization RequestInitial Authorization.2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support.The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.The treatment is not primarily social, custodial, interpersonal domiciliary or respite care.The treatment is not primarily social, custodial, interpersonal care each this requires a nonhours of treatment at a significant deterioration from baseline function demostrated by recent changes in behavior(s)/psychiatric symptoms that result in significant functional impairment in at least two (2) of the following areas:7. The members current behavior(s)/psychiatric symptoms that result in significant functional impairment in at least two (2) of the following areas:8. The member is cognitively capable to actively engage in the recommended treatment plan.11. This level of care is nonhiced to manage the eating disorder effectively, such that treatment when at least one of the following exists:8. The member's afmil members and/or support's famil demonstrate behaviors that are likely to undermine goals of treatment perves the requested level of care is unlikely to be successful.10. This level of care is unlikely to be suc	ncy. If Family treatment is not
 c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. Initial Authorization Request Must meet 1-12 and either 13 or 14: C. There is a reasonable expectation for improvement in the severity of the current caute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. C. The entemper sonition and a minimum of twenty hours each week to provide treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. C. The terase and this requires a valiable in the member's forcement each week is required to accomplish clinically significant symptom reduction. Ti a member sonition and a minimum of twenty hours of treatment each week is required to accomplish clinically significant symptom reduction. Ti a member soniticant deterioration from baseline function demonstrated symptoms and/or behavior(s)/psychiatric symptoms that result in significant functional impairment in at least two (2) of the following areas: a primary support b. social/interpersonal c. occupational/educational d. pathly media provide structure for treatment the sam of the following exists: a. primary support b. social/interpersonal c. occupational/educational c. accupational/educational d. occupational/educational d. occupational/educ	 c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation. Initial Authorization Request Initial Rathorization Request Initial Rath	
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sessions when there is a significant geographic limitation.Initial Authorization RequestInitial Authorization RequestMust meet 1-12 and either 13 or 14:Initial Authorization RequestMust meet 1-12 and either 13 or 14:Initial Authorization Request2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors and this requires a minimum of twenty hours each week to provide treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.Must meet 1-11 and either 12 or 13: 2. There is a reasonable expectation for improvement in this requires a minimum of twenty hours ach week to provide treatment sont primarily social, interpersonal, domiciliary or respite care.6. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of twenty hours of treatment each week is required to acatively engage and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitat the development of recovery and other support behavior(s)/psychiatric symptoms that result in significant functional impairment in at least two (2) of the following areas: a. primary support7. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment is a significant deterioration from baseline functional impairment in a least two (2) of the following areas: a. primary support7. The member is cognitively capable to actively engage in the recommended treatment plan.10. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's family members and/or support system demonstr	 sessions when there is a significant geographic limitation. Initial Authorization Request Initial Authorization. Initial Authorization.	
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undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure.	system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community
c. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission.	tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher
d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment.	level of care. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community post-discharge.
Continued Authorization Request(s)	Continued Authorization Request(s)
 Must meet all of the following: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on provide the second secon	 Must meet all of the following: (N.B., criteria #6 should only be used when the member seeks treatment outside of their home geographic area and #7 only if there are multiple recent admissions) 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of twenty hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 8. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently,
assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement.	actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely reevaluation and treatment plan modifications to address the current condition.
2020 Eating Disorder Intensive Outpatient	2021 Eating Disorder Intensive Outpatient
Intensity of Service	Intensity of Service
 5. Treatment programing includes documentation of one individual counseling session weekly or as clinically indicated. 10. For members receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new skills in the real world to prepare for community re-integration and long term 	 5. Treatment programing includes documentation of at least one individual counseling session weekly or more as clinically indicated. 10. When members are receiving boarding services, during non-program hours the member is allowed the opportunity to: b. Develop and practice new recovery skills in the real



recovery 14.Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy c. Family participation may be conducted via telephonic sessions when there is a significant geographic limitation.	 world to prepare for community re-integration and sustained, community-based recovery. 14. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	Initial Authorization Request
 Must meet 1-10 and either 11 or 12: 2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care. 5. The therapeutic supports available in the member's home community are insufficient to stabilize the member's condition and a minimum of nine hours of treatment each week is required to accomplish clinically significant symptom reduction 6. If a member has a recent history involving multiple treatment attempts with recidivism, the facility develops and implements a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery and other supports 	 Must meet 1-9 and either 10 or 11: 2. There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care. 5. The therapeutic supports available in the member's home community are insufficient to stabilize the member's current condition and a minimum of nine hours of treatment each week is required to safely and effectively treat the member's current condition.
to benefit the member in his/her recovery process. 7. The member has documented symptoms and/or behaviors that are a marked deterioration from baseline function demonstrated by recent changes in behavior(s)/ psychiatric symptoms that result in marked functional impairment in at least one (1) of the following areas: a. primary support b. social/interpersonal c. occupational/educational d. health/medical compliance e. ability to maintain safety for either self or others.	 6. The members current condition reflects behavior(s)/psychiatric symptoms that result in functional impairment in 1 area, including but not limited to: a. potential safety issues for either self or others b. primary support c. social/interpersonal d. occupational/educational e. health/medical compliance
 8. The member is cognitively capable to actively engage in the recommended treatment plan and the member is expressing willingness to participate in the recommended treatment plan. 9. This level of care is necessary to provide structure for treatment when at least one of the following exists a. The member's family member and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the eating disorder effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office based providers submit cogent clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with 	 7. The member is cognitively capable to actively engage in the recommended treatment plan. 8. This level of care is necessary to provide structure for treatment when at least one of the following exists: a. The member's family member and/or support system demonstrate behaviors that are likely to undermine goals of treatment or do not possess the requisite skills to manage the eating disorder effectively, such that treatment at a lower level of care is unlikely to be successful. b. The member's office based providers submit clinical documentation that the member requires the requested level of care secondary to multiple factors, including but not limited to, medical comorbidity with instability that



 instability that acutely threatens overall health, concurrent substance abuse, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to be managed at an intensive lower level of care, being uncooperative with treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful community tenure despite intensive treatment. 	 impairs overall health, concurrent substance use disorder, unstable living situations, a current support system engages in behaviors that undermine the goals of treatment and adversely affect outcomes, lack of community resources or any other factors that would impact the overall treatment outcome and community tenure. c. After a recent therapeutic trial, the member has a documented history of an inability to adhere to the treatment plan at an intensive lower level of care, being non-responsive to treatment or failing to respond to treatment with a reduction in symptom frequency, duration or intensity that triggered the admission. Failure of treatment at a less intensive level of care is not a prerequisite for requiring benefit coverage at a higher level of care. d. The member is at high risk for admission to a higher level of care secondary to multiple recent previous treatments that resulted in unsuccessful stabilization in the community-post-discharge.
Continued Authorization Request(s)	Continued Authorization Request(s)
Must meet all of the following:	Must meet all of the following: (N.B., criteria #6 should only be used when the member seeks treatment outside of their home geographic area and #8 only if there are multiple recent admissions)
2. There is a reasonable expectation for improvement in the severity of the current acute symptoms and behaviors and this requires a minimum of nine hours each week to provide treatment, structure and support.3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	 There is a reasonable expectation for improvement in the severity of the current condition and behaviors that require a minimum of nine hours each week to provide treatment, structure and support. The treatment is not primarily social, interpersonal, domiciliary or respite care.
9.The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement.	9. The member is displaying increasing motivation, interest in and ability to actively engage in his/her eating disorder treatment, as evidenced by active participation in groups, cooperation with treatment plan, working on assignments, increasing ability to eat independently, actively developing discharge plans and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active, timely
2020 Eating Disorder Outpatient	reevaluation and treatment plan modifications to address the current condition. 2021 Eating Disorder Outpatient



Intensity of Service	Intensity of Service
 6. Family participation: a. For adults: Family treatment is being utilized at an appropriate frequency. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation. 	 6. Family participation: a. For adults: Family treatment is being provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. c. Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.
Initial Authorization Request	Initial Authorization Request
2.There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care.3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	 2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care. 3. The treatment is not primarily social, interpersonal, domiciliary or respite care.
Continued Authorization Request(s)	Continued Authorization Request(s)
2. There is a reasonable expectation of reduction in behaviors/symptoms with the proposed treatment at this level of care.	2. There is a reasonable expectation of reduction in behaviors/symptoms for the current condition with the proposed treatment at this level of care.
3. The treatment is not primarily social, custodial, interpersonal, domiciliary or respite care.	3. The treatment is not primarily social, interpersonal, domiciliary or respite care.