MEDICAL MANAGEMENT POLICY

**TITLE:** Admission Criteria for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services (Pre-Cert Required) Yes x No

**POLICY NUMBER:** MEDM-089-2011

**EFFECTIVE DATE:** 7/1/2011

**REVISION DATE:**

**PAGE:** 1 of 6

**SUPERSEDES:**

**POLICY IN COMPLIANCE WITH:**

This medical policy is not a guarantee of benefits or coverage, nor should it be deemed as medical advice. In the event of any conflict concerning benefit coverage, the employer/member summary plan document (SPD) supersedes this medical policy.

**DEFINITIONS:** Chemical dependency treatment center: A facility which provides a program for the treatment of chemical dependency pursuant to a written treatment plan approved and monitored by a physician or qualified credentialed counselor and which also meets one (1) of the following qualifications:

- Affiliated with a hospital under a contractual agreement with an established system for patient referral
- Accredited as such a facility by the Joint Commission on Accreditation of Hospitals
- Licensed as a chemical dependency treatment program by the Texas Commission on Alcohol and Drug Abuse
- Licensed, certified or approved as a chemical dependency treatment program or center by any other state agency having legal authority to so license, certify or approve

**INDICATIONS:** To provide reasonable procedures regarding admission criteria for inpatient rehabilitation/treatment (hospital or 24-hour residential) services.

**POLICY:** MHealth will comply with the recommended stay period for inpatient rehabilitation/treatment (hospital or 24-hour residential) services. For adult admissions, the recommended length of stay is between 14 and 35 days, with utilization review points and treatment periods, depending on the condition of the patient, and accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission. For adolescent admissions, the recommended length of stay is between 14 and 60 days, with utilization review points and treatment periods, depending on the condition of the patient, and accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission.
MHealth will comply with the above policy and the following criteria:

1. The diagnosis must meet the criteria for the definition of chemical dependence, as detailed in the most current revision of the international Classification of Diseases, or the most current revision of the Diagnostic and Statistical Manual of Mental Disorder.

2. Diagnosis must be accompanied by evidence that some of the symptoms have persisted for at least one (1) month or have occurred repeatedly over a longer period of time.

3. Criteria may include other factors for admission to residential rehabilitation/treatment services.

Once the diagnostic criteria for chemical dependency have been met, the patient must meet the conditions of each of the subparagraphs (A) through (D) of this paragraph in order to be eligible for treatment provided in an adult residential rehabilitation/treatment service program. Once the diagnostic criteria for chemical dependency have been met, the patient must meet the conditions of each of the subparagraphs (A) through (F) of this paragraph in order to be eligible for treatment provided in an adolescent residential rehabilitation/treatment service program.

(A) Category 1: Medical functioning. The patient must meet the criteria in clauses (i) and (ii) of this subparagraph.

   (i) A documented medical assessment following admission (except in instances in which the patient is being referred from an inpatient service) indicates that the patient is medically stable and not in acute withdrawal.

   (ii) The patient is not bed-confined or has no medical complications that would hamper participation in the residential service.

(B) Category 2: family, social, or academic dysfunction and logistic impairments. The patient must meet the criteria in at least one (1) clause out of clauses (i) to (v) in this subparagraph.

   (i) The patient manifests severe social isolation or withdrawal from social contacts.

   (ii) The patient lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g., a chaotic family dominated by interpersonal conflict which undermines patient's efforts to change).

   (iii) The patient's family and/or significant others are opposed to the patient's treatment efforts and are not willing to participate in the treatment process.

   (iv) Family members and/or significant other(s) living with the patient manifest current chemical dependence disorders, and are likely to undermine treatment.

   (v) Logistic impairments (e.g., distance from treatment facility, mobility limitations, etc.) preclude participation in a partial hospitalization or outpatient treatment service.
(C) Category 3: Emotional/behavioral status. The patient must meet the criteria in all three (3) of the clauses (i) to (iii) of this subparagraph.
(i) The patient is coherent, rational and oriented for treatment.
(ii) The mental state of the patient does not preclude the patient's ability to:
   (I) Comprehend and understand the materials presented
   (II) Participate in rehabilitation/treatment process
(iii) There is documentation that:
   (I) With continued treatment the patient will be able to improve and/or internalize the patient's motivation toward recovery within the recommended length of stay time frames (e.g., becoming less defensive, verbalizing, and working on alcohol and/or drug related issues, etc.)
   (II) Interventions, treatment goals and/or contracts are in place to help the patient deal with or confront the blocks to treatment (e.g., family intervention, employee counseling confrontation, etc.).

(D) Category 4: Recent chemical substance use. The patient must meet the criteria in at least one (1) clause out of clauses (i) and (ii) of this subparagraph.
(i) The patient's chemical substance use is excessive, and the patient has attempted to reduce or control it, but has been unable to do so (as long as chemical substances are available).
(ii) Virtually all of the patient's daily activities revolve around obtaining, using and/or recuperating from the effects of chemical substances and the patient requires a secured environment to control the patient's access to chemical substances.

(E) Category 5: Maturation level. The patient must meet the criteria in both clauses (i) and (ii) of this subparagraph.
(i) The adolescent is assessed as manifesting physical maturation at least in middle adolescent range (i.e., post-pubescent; not growth retarded).
(ii) The history of the adolescent reflects cognitive development of at least 11 years of age.

(F) Category 6: Developmental status. The adolescent patient must display:
(i) Documented history of inability to function within the expected age norms despite normal cognitive and physical maturation (e.g., refusal to interact with family members, overt prostitution, felony, other criminal charges, etc.)
(ii) A recent history of moderate to severe conduct disorder, as defined in the Diagnostic and Statistical Manual, or impulsive disregard for social norms and rights of others
(iii) Documented difficulty in meeting developmental expectations in a major area of functioning (e.g., social, academic or psychosexual) to an extent which interferes with the capacity to remain behaviorally stable
Continued Stay Criteria For Inpatient Rehabilitation/Treatment (Hospital Or 24-hour Residential) Services

MHealth will comply with the following criteria when the member meets at least one (1) of the following criteria in sections (1) to (2):

(1) Chemical dependency rehabilitation/treatment complication. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.
   (A) Patient recognizes or identifies with the severity of the alcohol and/or drug problem, but demonstrates minimal insight into the patient's defeating use of alcohol/drugs, but documentation in the record indicates that the patient is progressing in treatment.
   (B) Patient:
      (i) Identifies with the severity of the patient's alcohol and/or drug problem and manifests insight into the patient's personal relationship with mood-altering chemicals, yet does not demonstrate behaviors indicating that the patient is developing problem-solving skills necessary to cope with the problem; and
      (ii) Would predictably relapse if moved to a lesser level of care.

(2) Psychiatric or medical complications. The patient must meet the conditions in subparagraph (A) or (B) of this paragraph.
   (A) Documentation in the record indicates an intervening medical or psychiatric event which was serious enough to interrupt rehabilitation/treatment, but the patient is again progressing in treatment.
   (B) Documentation in the record indicates that the patient is being held pending an immediate transfer to a psychiatric or acute medical service, or to an inpatient detoxification alcohol/drug service.
Discharge Criteria for Inpatient Rehabilitation/Treatment (Hospital or 24-hour Residential) Services

The patient is no longer considered eligible for inpatient rehabilitation/treatment (hospital or 24-hour residential) services for any particular episode when the patient meets the conditions of any one (1) paragraph out of paragraphs (1) to (4) of this section:

(1) **Diagnosis.** The patient no longer meets the diagnostic criteria as addressed above, relating to admission criteria for inpatient rehabilitation/treatment (hospital or 24-hour residential) services.

(2) **Psychiatric illness or medical complication.** The patient must meet the conditions of subparagraph (A) or (B) of this paragraph, as follows:
   (A) Documentation that a psychiatric or medical condition should be treated in another setting
   (B) Documentation that a psychiatric or medical condition which is interfering with alcohol/drug recovery is not being treated.

(3) **Chemical dependency rehabilitation/treatment.** The patient must meet all conditions under at least one (1) subparagraph out of subparagraphs (A) to (C) of this paragraph.
   (A) Patient displays behaviors which demonstrate that the patient:
      (i) Is medically stable
      (ii) Recognizes or identifies with the severity of chemical substance use
      (iii) Has insight into the patient's defeating relationship with alcohol/drugs
      (iv) Is applying the essential coping skills necessary to maintain sobriety either in a self-help fellowship and/or with post-treatment supportive care.
   (B) The provider and patient have developed an individualized aftercare plan to help the patient maintain the gains made during active treatment.
   (C) In the case of adolescents, the family or adult significant other refuses to participate in treatment (if the discharge plan is to return to the original setting), unless the attending provider can document that the adolescent is making progress toward established treatment goals and can demonstrate that active efforts are being made to involve the family or adult significant other in treatment.

(4) **Behavioral factors.** The patient must meet the conditions under subparagraphs (A) and (B) of this paragraph.
   (A) Patient is consistently uncooperative, to the degree that no further progress is likely to occur.
   (B) Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.
**MEDICAL MANAGEMENT POLICY**

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**PROCESS:** The member or provider must contact:
1. The Customer Service department to verify eligibility/benefits.
2. Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

**CPT, HCPC CODES:** Approved CMS codes for admission criteria for inpatient rehabilitation treatment (hospital or 24-hour residential) services being rendered must be medically necessary/related and a covered benefit for the member’s plan.