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Optum Idaho

Clinical Model 2.1
Level of Care Guidelines

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Introduction of Optum staff

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Agenda

- Introductions
- Level of Care Guidelines (LOCGs)
  - Updates in 2015 LOCGs
- Medical Necessity
  - Treatment Planning
  - Updated definitions for Adult and Child/Adolescent
  - Reference Guide
- Specific-Service Changes in 2015 LOCGs
  - Case Management
  - Peer Support Services
  - ***New*** Extended Outpatient Psychotherapy
- Q & A

Updates to 2015 LOCGs

- Update to Medical Necessity definition
  - Child/Adolescent Medical Necessity
- Revisions to two Level of Care Guidelines:
  - Case Management
  - Peer Support Service
- New addition: Extended Outpatient Psychotherapy (>45 mins)
- Minor edits
  - Continued Services Eligibility (*Common Admission and Continuing Service Criteria, page 6*)
  - Mandatory H&P documentation with last 12 months (*Outpatient, page 22)*

What is an LOCG and why is it important?

- The *Level of Care Guidelines:* a set of objective and evidence-based behavioral health guidelines used to **standardize coverage determinations, promote evidence-based practices, and support member's recovery, resiliency, and wellbeing**
- **Derived from generally accepted standards of behavioral health practice.** These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources.
- Also **derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators**
- Using *Level of Care Guidelines* **reduces undesirable variation from evidence-based practice**. In addition, member's presenting symptoms, clinical history, biopsychosocial factors, as well as the member's benefit plan and availability of services are taken into consideration

What is a Best Practice Guideline?

- Optum Idaho adheres to "evidence-based clinical practice guidelines“, which means our Best Practice guidelines follow a **rigorous development process and are based on the highest quality scientific evidence**
- Best Practice Guidelines are developed using the following methodology:
  - **Clinical literature** on a specified topic is assembled and reviewed
  - **Best scientific papers** are identified
  - Information is analyzed, reformulated and presented so that practitioners can readily **determine the usefulness of diagnostic tests, procedures, or treatments**
- **Optum Idaho recommends** using the following guidelines:
  - American Psychiatric Association (APA) Best Practice Treatment Guidelines for Adults
  - American Academy for Child and Adolescent Psychiatry (AACP)

MEDICAL NECESSITY

Adult

Child/Adolescent

Medical Necessity 2015 – Adult (not changed)

- For adults, services are medically necessary if:
  - The service is reasonably calculated to prevent, diagnose, or treat conditions that endanger life, cause pain or cause functionally significant deformity or malfunction;
  - There is no other equally effective course of treatment available or suitable for the member which is more conservative or substantially less costly;
  - Medical services must be of a quality that meets professionally-recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. Those records must be made available upon request; and
  - In addition to a., b. and c., services must also meet acceptable national standards of medical practice.

- *Medical Necessity as defined by the Idaho Administrative Procedures Act (IDAPA), regulation 16.03.09.16 in (a., b., and c.) and an additional contractual requirement as defined in (d.).*
- *The use of "national standards of medical practice" is a contractual requirement. Examples of "national standards" include American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, United States Psychiatric Rehabilitation Association (USPRA) and Boston University Center for Psychiatric Rehabilitation.*
- *Definition of Medical Necessity has been updated for both Adult and Children from 2013 version*

New Medical Necessity 2015 Update – Child/Adolescent

- For children and adolescents, services are medically necessary if:
- The service is necessary to correct or ameliorate defects or mental health conditions, and are not covered for cosmetic, convenience, or comfort reasons;
- The service is required as defined in Section 1905 of the Social Security Act;
- The service is safe and effective;
- There is no other equally effective course of treatment available or suitable for the member which is more conservative or substantially less costly;
- The service is substantiated by records including evidence of such medical necessity and quality as documented by the attending physician. Those records must be made available upon request; and
- In addition to a., b., c, d. and e., services must also meet acceptable national standards of medical practice.

- *Medical Necessity as defined by the Idaho Administrative Procedures Act (IDAPA), regulation 16.0.3.09. 880-883 and an additional contractual requirement as defined in (f.).*
- *Retrieved from www.ssa.gov/OP_Home/ssact/title19/1905.htm*
- *See footnote #4*
- *Child definition updated as noted above*

Appropriateness of care

- Services are clinically appropriate for the member's condition based on generally accepted standards of practice and benchmarks
- Optimal clinical outcomes results when evidence-based treatment is provided in an available level of care that is:
  - Structured and intensive enough to safely and adequately treat the member's presenting problem
  - Support the member's recovery and resiliency
- Evidence-based practices are interventions that:
  - Have been shown to be safe and effective
  - Have not been deemed experimental or investigative
  - Are appropriate for the treatment of the member's current condition
  - Sources of evidence include national standards as well as governmental standards

Medically necessary treatment planning

Treatment planning should take into account significant variables including:

- The member's current clinical need
- The member's age and level of development
- The member's motivation for treatment (treatment methods may need to address low motivation for treatment)
- Are proposed services covered in the member's benefit plan?
- Are the proposed forms of treatment and the frequency and duration of treatment evidence-based?
- Are proposed services available in or near the member's community?
- Are community resources such as support groups, peer services, and preventive health programs available to augment treatment?

Reference Guide for Evidence Based Practice (EBP)

Medical Necessity

- The State of Idaho's regulatory definition of medical necessity:
  - Location of definition: IDAPA 16.03.09.011.16: http://adminrules.idaho.gov/rules/current/16/0309.pdf
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services
  - Location of definition: IDAPA 16.03.09.880: http://adminrules.idaho.gov/rules/2014/16/0309.pdf
- The Optum Idaho Provider Manual defines medical necessity on page 16:
  - Location of manual: https://m1.optumidaho.com/c/document_library/get_file?uuid=852658a4-9743-4700-a850-7ef7cd19ebb2&groupId=110293

Best Practice Guidelines

- Links to the Best Practice Guidelines are located on the Optum website, Provider Express. Guidelines are always accessible at: https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/bpg.html

Level of Care Guidelines

- Optum Idaho Level of Care Guidelines are reviewed and approved by both Optum and the Idaho Department of Health and Welfare (IDHW)
- These guidelines are always accessible at: https://m1.optumidaho.com/web/optumidaho/providers Providers tab > Provider Guidelines and Policies > Level of Care Guidelines

2015 LOCGS

Revisions: Case Management, Peer Support Services

New: Extended Outpatient Psychotherapy

Case Management: Definition

- Case Management facilitates access to needed services through comprehensive assessment, service planning, referral, and monitoring of the member's service planning activities. ***Case Management services are provided to members who are unable to navigate the service system on their own, and do not have the assistance of other natural supports or resources to help them access needed services. Case management services do not include advocacy or the direct delivery of services.***
- ***Case management services are intended to help the member gain access to behavioral health, medical and social services until the member is capable of accessing these services independently.***
- Case Management services vary in intensity, frequency, and duration in order to support the member's ability to access and utilize social services, behavioral health services and/or medical services, or to otherwise realize recovery and resiliency goals.
- Case management can be delivered as a community-based service or in the outpatient clinic setting.

Case Management: Coverage Criteria

- Initial Coverage Criteria (See Common Criteria for All Levels of Care):
  - The member is not at imminent risk of serious harm to self or others;
  - AND The member requires access to behavioral, medical, and/or social services to remain stable in the community;
  - AND The member is unable to access and/or arrange social services on his/her own without Case Management assistance;
  - AND The member lacks natural supports that might otherwise help the member access needed services.
- Continued Service Criteria (See Common Criteria for All Levels of Care):
  - The Case Manager is actively helping the member obtain needed services by linking the member to services, providers and/or programs capable of delivering the needed services;
  - AND The Case Manager is monitoring and maintaining contact with the member as necessary to ensure the service plan is implemented and is adequately addressing the member's needs.

Case Management: Non-Covered Services

- Case Management is not covered when it is duplicative or integral of another covered Medicaid service being provided
- Collateral collaboration outside the activities of assessment, planning, linking, and monitoring is not a covered standalone service
- Case Management is not covered when it involves the direct delivery of medical, educational, social, or other non-Case Management services
- Case Management is not covered for the delivery of services integral of a non-Medicaid program
- Time spent traveling to a location to provide a Case Management service is not covered
- Transporting members to and from appointments is not covered
- Activities based on advocacy are excluded

Peer Support Services: Definition

- Peer Services are recovery support services in which a Certified Peer Support Specialist utilizes his/her training, lived experience and experiential knowledge to mentor, guide and coach the member as he/she works to achieve self-identified recovery and resiliency goals. These services are designed to promote empowerment, foster self-determination and choice, and inspire hope as the member progresses through the recovery process.
- Peer support services are typically delivered to a person with a serious mental illness or co-occurring mental health and substance use disorder who is actively involved in their own recovery process.
- The relationship between the Peer Support Specialist and member receiving services is highly supportive, rather than directive. The duration of the relationship between the two depends on a number of factors such as how much recovery time the member has, how much other support the member is receiving, or how quickly the member's most pressing problems can be addressed.

Peer Support Services: Examples

- Assistance with setting recovery goals, developing a recovery action plan, a relapse plan, solving problems and addressing barriers related to recovery
- Encouraging self-determination, hope, insight, and the development of new skills
- Connecting members with professional and non-professional recovery resources in the community and helping members navigate the service system in accessing resources independently
- Facilitating activation so that the member may effectively manage his/her own mental illness or co-occurring conditions by empowering the member to engage in their own treatment, healthcare and recovery
- Helping the member decrease isolation and build a community supportive of the member establishing and maintaining recovery

New Extended Outpatient Psychotherapy

- Extended outpatient (OP) sessions are individual psychotherapy sessions with or without a medical evaluation and/or management services lasting longer than 45 minutes. Outpatient psychotherapy is generally provided in sessions lasting up to 45 minutes. Coverage of extended outpatient sessions may occur for up to 60 minutes.
- All outpatient services are delivered by a provider licensed to practice independently.

Review 2015 Level of Care Guidelines and Best Practice Guidelines located under the Providers tab on www.optumidaho.com for Initial Coverage Criteria, Continued Service Criteria, and Treatment Needs for specific member conditions outlined in this training

Extended OP Services: Non-Routine Coverage

- The member is experiencing **an acute crisis**, is not at imminent risk of harm to self or others, and an extended outpatient session is appropriate for providing rapid and time-limited assessment and stabilization.
- Individual psychotherapy with medical evaluation and management services is being provided, and there is an **unexpected complication resulting from pharmacotherapy** or an acute worsening of the member's medical condition that would likely require a more intensive level of care if not addressed in an extended outpatient visit.
- Periodic involvement of a child/adolescent or geriatric patient's family in the member's psychotherapy session when such involvement is essential to the member's progress such as when psychoeducation is provided or parent management skills are being developed.
- An extended session is otherwise needed to address new symptoms or the re-emergence of old symptoms. Without an extended outpatient visit, the new/re-emerging symptoms are likely to worsen and require treatment in a more intensive level of care, and an extended session is appropriate for providing assessment and stabilization.

Extended OP Services: Specific Conditions

- The member has been diagnosed with **Posttraumatic Stress Disorder, Panic Disorder, Hoarding Disorder or Obsessive Compulsive Disorder and is being treated with Prolonged Exposure Therapy**.
- The member is being treated with Eye Movement Desensitization and Reprocessing (EMDR) for Post-Traumatic Stress Disorder (PTSD).
- Extended outpatient sessions may be necessary to deliver effective EMDR treatment for PTSD with a minimum of 12 sessions, up to a maximum of 25 sessions. The number and frequency of sessions within this range should be dictated by the number and severity of traumas present as well as the member's treatment goals.
- The member has been diagnosed with Posttraumatic Stress Disorder and is being treated with Traumatic Incident Reduction (TIR).

Extended OP Services: Procedure Codes

- **CPT Code 90837** – Psychotherapy, 60 minutes with patient and/or family member
- **CPT Code 90837 + 90785** – Psychotherapy, 60 minutes with patient and/or family member with interactive complexity add-on code
- **CPT Code 90839** – Psychotherapy for crisis, first 60 minutes
  - CPT Code 90839 + 90840 – Psychotherapy for crisis, first 60 minutes + crisis code add on for each additional 30 minutes
  - Prior authorization is not required for crisis sessions
- **E/M Codes**
  - **Appropriate E/M Code + 90838 + 90785** – Psychotherapy, 60 minutes with patient and/or family with add-on code and interactive complexity add-on code
  - **Appropriate E/M Code + CPT Code 90838** – Psychotherapy, 60 minutes with patient and/or family member with add-on code

Moving Toward Success

We believe that by relying on *lessons learned* and *provider feedback* to improve the clinical model we can work together to create a system that works better for everyone including providers and the individuals and families we jointly serve.

Together we can offer the right care, at the right time and at the right place.

Questions?

Thank you for attending!