

**Policy terminated because coverage is provided under equivalent Medicaid  
Policy 8L, Mental Health/Substance Abuse Targeted Case Management**

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## **1.0 Description of the Procedure, Product, or Service**

Mental Health Case Management is the utilization review agent for preauthorization and certification for medical necessity and medical appropriateness, of mental health and chemical dependency services provided to NC Health Choice participants in the treatment of such conditions.

The state-wide vendor is accessible 24 hours per day, 7 days per week, 365 days per year to accommodate requests for certification of emergency admissions.

Application of case management to mental health and chemical dependency services rendered in treatment of such conditions and diagnoses (current edition of ICD or DSM) is as follows:

- Benefits available include inpatient care, treatment in an intensive outpatient program, partial hospitalization, crisis evaluation and stabilization, residential care and treatment and detoxification only when authorized by the state-wide vendor.
- Precertification by the state-wide vendor is required for outpatient mental health and chemical dependency services in excess of the 26 unmanaged visits per Plan Year allowed by the NC Health Choice Program. (Mental health and chemical dependency services are combined to calculate the 26 visits.)
- Covered psychiatric and chemical dependency services are limited to services provided by licensed professionals or licensed facilities.
- Except as otherwise provided in this section, benefits for the treatment of mental illness and chemical dependency are covered by the NC Health Choice Program and generally shall be subject to the same deductibles and coinsurance factors as are benefits for physical illness.

## **2.0 Eligible Members**

### **2.1 General Provisions**

To be eligible, NCHC members must be enrolled on the date of service.

Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan. Refer to NCHC Medical Policy Number NCHC2009.28, "Behavioral Health Services for Children with Special Needs." When the Procedure, Product, or Service Is Covered

### **2.2 General Criteria**

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the member's needs;

- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider.

### 2.3 Specific Criteria

- a. Psychiatric certification decisions are made by the state-wide vendor according to medical necessity criteria and clinical protocols. Medical policies and link to medical necessity criteria are available at <http://www.ncdhhs.gov/dma/healthchoice/XXXXXXX>
- b. Chemical dependency certification decisions are made by the state-wide vendor in accordance with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders.

## 3.0 When the Procedure, Product, or Service Is Not Covered

### 3.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the member does not meet the eligibility requirements listed in **Section 2.0**;
- b. the member does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

**Note:** Notwithstanding General Criterion d. above, coverage is provided for eligible clinical trials for treatment of life-threatening conditions; see NCHC Policy No. 2009.10, Experimental and Investigational Procedures for specifics regarding this coverage.

### 3.2 Specific Criteria

- a. Two or more levels of care that occur simultaneously will not be certified by the state-wide vendor, e.g., outpatient therapy on an on-going basis when the patient is in partial hospitalization, or an inpatient setting.
- b. The following behavioral health services have limitations (this list is not all inclusive):
  - Biofeedback, except when medically necessary and pre-certified by the state-wide vendor prior to the treatment being administered.(see NCHC Medical Policy number NCHC2009.04, "Biofeedback.")
  - Couples therapy except when medically necessary as part of the treatment plan of a member covered by the NC Health Choice Program, based on diagnosis found in the current DSM or ICD manual.
  - Court-ordered psychiatric and chemical dependency services or treatment except when pre-certified by the state-wide vendor as medically necessary.

- Dialectical Behavioral Therapy (DBT) and individual therapy on the same day except when medically necessary AND approved by the state-wide vendor.
  - Electroconvulsive therapy except when medically necessary AND pre-certified by the state-wide vendor prior to treatment being administered.
  - Eye movement desensitization and reprocessing (EMDR) except as part of an on-going plan of psychotherapy when the psychotherapy meets criteria for medical necessity.
  - Family therapy except when medically necessary as a part of the treatment plan of a family member covered by the NC Health Choice Program, based on diagnosis found in the current DSM or ICD manual.
  - Hypnotherapy except when medically necessary and pre-certified by the state-wide vendor prior to treatment being administered.
  - Occupational therapy except when medically necessary and pre-certified by the state-wide vendor prior to the therapy being initiated or when included in the NC Health Choice Program's contracted per diem with the facility/program in which the therapy occurs.
  - Prescription drugs except where dispensed by a hospital, residential treatment center or day treatment program to a covered individual who, at the time of dispensing, is receiving treatment at the appropriate facility or program. Also refer to NCHC Medical Policy #NCHC2009.65, "Prescription Drugs."
  - Psychiatric home care except when medically necessary and pre-certified by the state-wide vendor.
  - Psychotherapy treatment is not covered when required as part of artificial means of conception.
  - Psychological assessment and psychotherapy treatment are not covered in conjunction with proposed gender transformation.
  - Psychological testing after the 26th visit is not covered except when medically necessary and pre-certified by the state-wide vendor prior to the testing. Also refer to NCHC Medical Policy #NCHC2009.62, "Psychological Testing."
  - Psychosurgery except when medically necessary and pre-certified by the state-wide vendor prior to the surgery.
  - Therapeutic boarding schools are not covered unless the program is licensed for psychiatric or chemical dependency residential treatment, and meets other requirements outlined in NCHC Medical Policy Number NCHC2009.64, "Residential Treatment for Chemical Dependency," or Policy Number NCHC2009.63, "Residential Treatment for Adolescent Psychiatric Care."
- c. Charges related to a noncovered service are not payable, even if the charges would have been covered if rendered in connection with a covered service.
- d. The following services are not covered (this list is not all inclusive):
- Academic education during residential treatment when charged separately.

- Administrative psychiatric services (e.g., expert testimony, report writing, medical records review and maintenance, case management or case coordination, etc.).
- Aversive treatment.
- Bioenergetic therapy.
- Carbon dioxide therapy.
- Charges for services, supplies or treatment that are covered charges under the medical benefit of the NC Health Choice Program.
- Chart review.
- Confrontational therapy.
- Consultation with a mental health professional for adjudication of marital, child support, and custody cases.
- Eating disorder, gambling programs, or other treatment programs based solely on the 12-step Model.
- Educational evaluation and vocational counseling
- EST (Erhard Seminar Training) or similar motivational services.
- Environmental ecology treatments.
- Evaluations, consultations, testing or therapy for educational, professional training, or for investigation purposes relating to employment, insurance, judicial or administrative proceedings.
- Experimental or investigational therapies (see NCHC policy 2009.10, "Experimental and Investigational Procedures").
- Expressive therapies (art, poetry, movement, psychodrama) when billed separately.
- Guided imagery when billed separately.
- Hemodialysis for schizophrenia.
- Housing costs for patients admitted to a partial hospital or intensive outpatient
- Hyperbaric or normobaric oxygen therapy
- L-tryptophan and vitamins, except thiamine injections on admission for alcoholism, when there is a diagnosed nutritional deficiency.
- Marathon therapy.
- Megavitamin therapy.
- Narcotherapy with LSD.
- Orthomolecular therapy.
- Primal therapy.
- Private duty nursing.

- Private rooms (except when required for infection control).
- Rebirthing therapy.
- Rolfing.
- Sedative action electrostimulation therapy.
- Sensitivity training.
- Services, treatment or supplies provided as a result of any Workers Compensation law or similar legislation.
- Sex therapy based on diagnosis found in the current DSM or ICD manual.
- Sleep therapy.
- Stress and relaxation therapy when billed separately.
- Supervision of treatment team.
- Therapeutic family care.
- Therapeutic foster care.
- Therapeutic home care.
- Training analysis (tuitional, orthodox).
- Transcendental meditation.
- Treatment for personal or professional growth, development, training or professional certification.
- Treatment or consultations provided by the member's parents, siblings, children, current or former spouse or domiciliary partner.
- Treatment, consultations, crisis intervention, psychotherapy or any mental health service provided via telephone.
- Wilderness camps
- Z therapy, also known as "holding therapy".

## **4.0 Requirements for and Limitations on Coverage**

### **4.1 Prior Approval**

The member must obtain precertification by calling the state-wide vendor prior to treatment. In the event of a psychiatric emergency, length of stay certification must be requested within two business days.

### **4.2 Other**

- a. Continuing certification for ongoing treatment must also be precertified by the state-wide vendor prior to the end of any previously authorized period.
- b. If additional outpatient visits are needed beyond the 26 visits allowed without case management in any Plan Year, the member or provider must receive authorization from the state-wide vendor prior to exhausting the 26 visit limit.

## 5.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 6.0 Additional Requirements

### 6.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 7.0 Policy Implementation/Revision Information

**Original Effective Date:** March 1999

**Revision Information:**

Date	Section Revised	Change
October 2009	All	Converted NCHC policy to DMA format. Implementation anticipated July 2010 per Session Law 2009-451, Senate Bill 202, <b>Part X DHHS, "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY"</b> <b>"SECTION 10.32.</b> Chapter 108A of the General Statutes is amended by adding a new section to read: <b>"§ 108A-54.3. Procedures for changing medical policy."</b>

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Refer to individual behavioral health and chemical dependency policies.

### B. Diagnosis Codes

Refer to individual behavioral health and chemical dependency policies.

### C. Procedure Code(s)

Refer to individual behavioral health and chemical dependency policies.

### D. Modifiers

Refer to individual behavioral health and chemical dependency policies.

### E. Billing Units

Refer to individual behavioral health and chemical dependency policies.

### F. Place of Service

Refer to individual behavioral health and chemical dependency policies.

### G. Co-payments

See NCHC General Policy Number NCHC 2009.01

### H. Reimbursement

Refer to individual behavioral health and chemical dependency policies.